The FSU Athletic Training Education Program is accredited by CAATE. Graduates of the program are eligible to sit for the Board of Certification (BOC) examination and will have obtained entry-level skills for the profession.

ACCREDITATION STATUS
The Athletic Training Education Program (ATP) earned initial accreditation from the Commission on Accreditation of Allied Health Education Professions (CAAHEP) September 2004. The new accrediting agency for the ATP is the Commission on Accreditation of Athletic Training Education (CAATE) effective July 1, 2006. The ATP is fully accredited by CAATE and completed a continuing accreditation site visit during the summer of 2009 and again in the spring of 2015. Students graduating from the CAATE accredited program are eligible to sit for the National Athletic Trainers’ Association Board of Certification (BOC) examination.

INTRODUCTION
This handbook is designed to assist you on your journey through the athletic training education program. It is a centralized location for important information about athletic training education program at Frostburg State University. Important policies, guidelines, and resources are presented.

Once admitted into the ATP, you are responsible for the information contained in this handbook. You are encouraged to read it at your earliest convenience and keep it as a reference while you are an athletic training student at Frostburg State University. This information is an adjunct to, not a replacement for, the Frostburg State University Undergraduate Catalog. Additional information can be obtained on the University’s web page at www.frostburg.edu under Athletics.
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. FSU Staff</td>
<td>4</td>
</tr>
<tr>
<td>II. Terminology</td>
<td>5</td>
</tr>
<tr>
<td>III. Overview of AT Profession</td>
<td>7</td>
</tr>
<tr>
<td>The Athletic Trainer</td>
<td>7</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
</tr>
<tr>
<td>Certification</td>
<td>7</td>
</tr>
<tr>
<td>NATA Mission Statement</td>
<td>8</td>
</tr>
<tr>
<td>NATA Code of Ethics</td>
<td>8</td>
</tr>
<tr>
<td>IV. Overview of FSU ATP</td>
<td>9</td>
</tr>
<tr>
<td>Mission Statements</td>
<td>9</td>
</tr>
<tr>
<td>Goal</td>
<td>9</td>
</tr>
<tr>
<td>Program Expectations</td>
<td>10</td>
</tr>
<tr>
<td>Student Expectations</td>
<td>10</td>
</tr>
<tr>
<td>Professionalism</td>
<td>11</td>
</tr>
<tr>
<td>Attitudes and Values</td>
<td>11</td>
</tr>
<tr>
<td>Personal Qualities</td>
<td>11</td>
</tr>
<tr>
<td>V. Structure, Policy and Procedures of FSU ATP</td>
<td>12</td>
</tr>
<tr>
<td>Entrance Requirements</td>
<td>12</td>
</tr>
<tr>
<td>Application Review Process</td>
<td>12</td>
</tr>
<tr>
<td>Provisional Admissions</td>
<td>13</td>
</tr>
<tr>
<td>Maintaining Good Standing in ATP</td>
<td>13</td>
</tr>
<tr>
<td>Summary of Degree Requirement</td>
<td>13</td>
</tr>
<tr>
<td>Academic Progression through the ATP</td>
<td>14</td>
</tr>
<tr>
<td>Athletic Training Major Course Schedule</td>
<td>15</td>
</tr>
<tr>
<td>VI. Clinical Experiences in AT</td>
<td>17</td>
</tr>
<tr>
<td>Clinical Experience Attendance</td>
<td>18</td>
</tr>
<tr>
<td>Direct Supervision of Students</td>
<td>18</td>
</tr>
<tr>
<td>Application of Clinical Proficiencies</td>
<td>19</td>
</tr>
<tr>
<td>Required Clinical Rotation Assignments</td>
<td>19</td>
</tr>
<tr>
<td>Team Rotation of Clinical Experience</td>
<td>20</td>
</tr>
<tr>
<td>August Pre-Season Requirements</td>
<td>20</td>
</tr>
<tr>
<td>Athletic Participation</td>
<td>20</td>
</tr>
<tr>
<td>Away Travel with Football / Men’s Lacrosse</td>
<td>20</td>
</tr>
<tr>
<td>Away Travel with Other Team</td>
<td>20</td>
</tr>
<tr>
<td>Clinical Experience Hours</td>
<td>20</td>
</tr>
<tr>
<td>Completion of Assigned Clinical Experience</td>
<td>21</td>
</tr>
<tr>
<td>Clinical Probation/Dismissal</td>
<td>22</td>
</tr>
<tr>
<td>Failed Clinical Assignment Procedure</td>
<td>22</td>
</tr>
<tr>
<td>Appeals Process</td>
<td>23</td>
</tr>
<tr>
<td>VII. General Guidelines</td>
<td>24</td>
</tr>
<tr>
<td>Change of Major</td>
<td>24</td>
</tr>
<tr>
<td>Student Employment</td>
<td>24</td>
</tr>
<tr>
<td>CPR/First Aid</td>
<td>24</td>
</tr>
<tr>
<td>Academic Portfolio</td>
<td>24</td>
</tr>
<tr>
<td>Student Travel to Clinical Experience Site</td>
<td>24</td>
</tr>
<tr>
<td>Student Travel in adverse weather</td>
<td>24</td>
</tr>
<tr>
<td>Student Transportation of injured/ill patient</td>
<td>25</td>
</tr>
<tr>
<td>Professional Appearance</td>
<td>25</td>
</tr>
</tbody>
</table>
Sexual Harassment 25
Confidentiality 26
Game Conduct 27
Gambling 27
Hazardous Waste/ infection control policy 27
Universal Body Substance isolation policy 27
Hepatitis B 27
Professional Organization Membership 27
Inclement Weather Policy 28
Lightning 28
Excessive Heat/Cold 28

VIII. Student Resources 29
Forms /Appendixes

Physical Capability Information 30
Technical Standards 31
Statement of Acknowledgement 32
Illness Policy 33
Entrance Checklist 34
Application for admittance 35
Faculty Recommendations 37
Clinical Observation Form 38
Student Conference Report 39
Student Agreement 40
FERPA 41
HIPPA 43
ATS Medical History Form 45
ATS Physical Examination Form 48
Student Violation 49
Code of Conduct 50
FSU Emergency Action Plan 53
FSU Athletics BBP & CD Exposure Plan 108
Frostburg State University
Athletic Training Program Staff

Jackie Durst, Ed.D., LAT, ATC, PES
AT Program Director
Preceptor

Ramonica Scott, MS, LAT, ATC
AT Clinical Education Coordinator

Joseph Hahn, MD
Medical Director

Karla Schoenly, MS, LAT, ATC
Head Athletic Trainer
Preceptor

Cassie Donahue, MS, LAT, ATC
Assistant Athletic Trainer
Preceptor

Morgan Cripe, MS, LAT, ATC
Intern Athletic Trainer/Preceptor

Megan Conway, LAT, ATC
Intern Athletic Trainer/Preceptor

Wunmi Jolaoso, LAT, ATC, CSCS
Intern Athletic Trainer/Preceptor

Kennedy Logsdon, LAT, ATC
Athletic Trainer
Mountain Ridge Hill High School/Preceptor

Dr. Joseph Hahn
FSU Team Physician/Preceptor
FSU ATHLETIC TRAINING PROGRAM
CAATE TERMINIOLOGY

- **Athletic Training Program (ATP)** - The abbreviation specifically refers to the Frostburg State University Entry-Level Athletic Training Program.

- **Athletic training students (ATS)** – the Athletic Training Student who is enrolled in a CAATE – accredited entry-level athletic training curriculum

- **CAATE** – Commission on Accreditation of Athletic Training Education; the organization that accredits Athletic Training Education Programs.

- **Clinical Assignment** – Student assignment to a specific preceptor, which function in a specific athletic training practice setting to satisfy accreditation and program requirements.

- **Clinical Education** - That portion of the educational experience that the ATS gets to learn the practical application of various skills and knowledge’s discussed in the classroom.

- **Clinical Experience** - synonymous with clinical assignment however it can also refer to specific experiences of the student during the entire clinical assignment (e.g., spine boarding the spine-injured patient, creating a post-surgical rehabilitation program)

- **Clinical rotation** - time frame in which a student will complete a specific clinical experience. In general, clinical experiences will be assigned as semester rotations.

- **Clinical site** - specific location where the student will be directly supervised while completing a clinical experience.

- **Clinical proficiency** - a skill or set of sub-skills identified by the National Athletic Trainers’ Association Education Council or the ATP, as a clinical ability the entry-level athletic trainer should possess. For these policies, a clinical skill is synonymous with a clinical proficiency.

- **Direct supervision** – Supervision of the athletic training student during clinical experience. A preceptor must always be physically present and have the ability to intervene on behalf of the athletic training student and patient.

- **Educational competencies** - The competencies encompass three domains: Cognitive (knowledge and intellectual skills), Psychomotor (manipulative and motor skills), and Affective (attitudes and values). These domains are applied clinically through the clinical proficiencies.

- **Learning Over Time (Mastery of Skills)** – The process by which professional knowledge and skills are learned and evaluated.

- **Pre-Professions Student** – A student who has not yet been admitted formally into the ATEP. May be required to participate in non-patient observational activities.

- **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 ATP.

- **Clinical Education Coordinator** - The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the Clinical portion of the Athletic Training Program.

---

**Preceptor** -

- **Preceptor Responsibilities**: A preceptor must function to:
  a) Supervise students during clinical education;
  b) Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
  c) Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
  d) Provide assessment of athletic training students’ clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
• e) Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training;
• f) Demonstrate understanding of and compliance with the program's policies and procedures.

• **Preceptor Qualification:** A preceptor must:
  • a) Be credentialed by the state in a health care profession (see glossary);
  • b) Not be currently enrolled in the professional athletic training education program at the institution;
  • c) Receive planned and ongoing education from the program designed to promote a constructive learning environment.

*Note: also refer to this online link*

OVERVIEW OF THE ATHLETIC TRAINING PROFESSION

THE CERTIFIED ATHLETIC TRAINER

Athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients, practice athletic training. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities. The Certified Athletic Trainer is a highly educated and skilled allied health care professional. In cooperation with physicians and other allied health personnel, the Athletic Trainer functions as an integral member of the athletic health care team in secondary schools, colleges and universities, sports medicine clinics, industrial settings, professional sports programs and other health care settings.

EDUCATION

Certified Athletic Trainers must possess, at minimum, a bachelor’s degree from an Accredited Athletic Training Program (ATP). The Commission on Accreditation of Athletic Training Education (CAATE) is the recognized accrediting body for ATP.

Educational Competencies

The educational content required of entry-level ATP’s described as educational objectives.

The educational competencies encompass four domains:

1. Cognitive Domain (knowledge and intellectual skills)
2. Psychomotor Domain (manipulative and motor skills)
3. Affective Domain (attitudes and values)
4. Clinical Integrated Proficiency Domain (decision making and skill application)

Athletic Training education occurs in 8 major subject areas:

- Evidence-Based Practice (EVP)
- Prevention and Health Promotion (PHP)
- Clinical Examination and Diagnosis (CE)
- Acute Care of Injury and Illness (AC)
- Therapeutic Intervention (TI)
- Psychosocial Strategies and Referral (PS)
- Healthcare Administration (HA)
- Professional Development and Responsibility (PD)

Athletic Training Students (ATS) also participate in extensive clinical affiliations with the active population under direct supervision of a BOC Certified Athletic Trainer who is considered to be their preceptor.

CERTIFICATION

Certified Athletic Trainers have satisfactorily fulfilled the requirements for certification established by the Board of Certification, Inc. (BOC). BOC certification is recognized by the National Commission for Certifying Agencies and is currently the only accredited certification program for Athletic Trainers. The certification examination administered by BOC evaluates a candidate’s knowledge, skills and abilities required for competent performance as an entry level Athletic Trainer. Candidates must complete an entry level accredited Athletic Training education program and pass the BOC certification examination.

For more information visit the National Athletic Trainers’ Association at www.nata.org and the Board of Certification, Inc. at www.bocatc.org
NATA MISSION STATEMENT
"The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession."

NATA CODE OF ETHICS
Preamble
The Code of Ethics of the National Athletic Trainers’ Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of Athletic Training. The primary goal of the Code is to assure the highest quality of health care administered. The Code presents standards of behavior that all members should strive to achieve. The principles cannot be expected to cover all specific situations that may be encountered by the practicing Athletic Trainer, but should be considered representative of the spirit with which Athletic Trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the Athletic Training profession develops and changes.

Principle 1: Members shall respect the rights, welfare and dignity of all individuals.
Principle 2: Members shall comply with the laws and regulations governing the practice of Athletic Training.
Principle 3: Members shall accept responsibility for the exercise of sound judgment.
Principle 4: Members shall maintain and promote high standards in the provision of services.
Principle 5: Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

For a complete copy of the ethics and for information reporting a violation of ethics, visit the NATA web page. http://www.nata.org/publications/brochures/ethics.ht
OVERVIEW OF FROSTBURG STATE UNIVERSITY’S
ATHLETIC TRAINING CURRICULUM

PROGRAM MISSION
The mission of the Athletic Training Program is to provide the highest quality of professional preparation and clinical experience to promote the development of future athletic trainers. In so doing, the Athletic Training program will provide an environment conducive to learning, strive for academic excellence, and foster a spirit of professionalism.

OVERALL GOALS:
The goal of the Frostburg State University’s undergraduate athletic training curriculum is to provide a comprehensive, multifaceted education coupled with a clinical foundation to prepare future health care professionals for a career in athletic training. The objective of this program parallels other prominent programs as to prepare graduates to enter a variety of employment settings and to provide quality health care to a variety of individuals.

SPECIFIC ATHLETIC TRAINING PROGRAM LEARNING GOALS:
Upon completion of the Athletic Training Education Program the student will:

1. Demonstrate the knowledge, skills, and attitudes required of an entry-level athletic trainer including:
   a. Abilities to incorporate the best available evidence, their own clinical skills and the needs of their patients to maximize patient outcomes.
   b. Knowledge and skills to develop and implement strategies and programs to prevent the incidence and/or the severity of injuries and illness and optimize their clients/patients overall health and quality of life.
   c. Strong clinical examinations skills in order to accurately diagnose and effectively treat their patients.
   d. Knowledge and skills in the evaluation and immediate management of acute injuries and illnesses.
   e. Knowledge and skills in the therapeutic intervention methods, techniques, equipment and activities in the treatment of injuries.
   f. Understanding of how to recognize clients/patients exhibiting abnormal social, emotional and mental health behaviors and refer them to the appropriate mental health professional as necessary.
   g. Abilities to function within the context of a complex health care system using the necessary understanding of risk management, health care delivery mechanisms, insurance, reimbursement, documentation, patient privacy and facility management.
   h. Insight to adjust to an ever-changing health care environment by maintaining current competency through continuing education.
   i. Embracing the need to practice within the limits of state and national regulations using sound moral and ethical judgment.

2. Develop critical thinking, problem solving, and decision-making skills.
3. Recognize and appreciate how athletic training scholarship, evidence based practice, and life-long learning supports the practice of athletic training.
4. Understand the importance of the involvement in the profession via membership in university, state,
district, and national athletic training organizations and related societies.

5. Develop the professional and ethical behaviors expected of the athletic trainer as a health care professional.

6. Experience the various clinical sites that Athletic Trainers may find employment.

7. Understand the need to pursue future continuing educational opportunities after graduation through either graduate school or workshops and seminars.

WHAT SHOULD ATS EXPECT FROM THIS PROGRAM?

Each member in this program has made a personal decision to aid in the education of ATSs wishing to enter the profession. While not taking away from other students/patients/responsibilities, the ATS should expect each faculty/staff member to provide input to their questions. The ATS should not, however, expect to just be given an answer for every question. To make this program an interactive learning process, the teacher will often guide the ATS to come up with a correct answers on their own. It is the job of the ATP to teach the ATS how to deal with similar situations that will have very contrasting outcomes. Each faculty member/preceptor within this program has a distinct educational background. This diversity brings about different ideas in healthcare. It is the responsibility of the ATS to take and respect these ideas and adapt them into their own unique philosophy. In addition, ATP also expect all ATS to apply and continually build their knowledge in the classroom and clinical experiences.

WHAT DOES THIS PROGRAM EXPECT FROM ATS?

It is our intent to make the learning process in this program as interactive as possible. This means the ATS must take an active and inquisitive role right from the start to achieve the personal goals each student wishes to ascertain. ATS are expected to be responsible for their own learning and to allow time to read, study, and practice athletic training materials and skills prior to class, practical exams and clinical experiences. The athletic training laboratory will be open at designated times for ATS practice. ATS should request help from an instructor if they are having difficulty with any skill.

Athletic Training is an allied health care profession and a highly visible aspect of the sports medicine team. For this reason, a high level of professionalism is expected at all times. It is the intent of the ATP to give the ATS an experience of what the “real world” is like in the field of athletic training. The clinical experiences are set up to give the ATS the knowledge of what athletic trainers are responsible for and what is expected of them.

PROFESSIONALISM

Besides meeting the academic standards of Frostburg State University and the Athletic Training Department, ATS enrolled in athletic training courses must demonstrate professionalism in all clinical and classroom educational experiences.

Professionalism is defined as behaviors and attitudes congruent with the NATA Code of Ethics, BOC Standards of Professional Practice, and policies and expectations of the academic institution. Inherent within the concept of professionalism is the development of those behaviors by the ATS during the program that demonstrate increasing maturity, competence, integrity, accountability, responsibility, and caring as they progress through the program. Therefore, professionalism includes, but is not limited to, satisfactory clinical and classroom performance and behaviors consistent with professional conduct.

Typical clinical expectations are safe, effective, ethical performance of athletic training tasks; problem solving; use of appropriate judgment; appropriate communication and interaction with others; and the ability to apply knowledge. Acts of dishonesty, failure to provide safe care, lack of professional accountability or maturity, and any acts that could be detrimental to one’s self or others are considered unprofessional behavior. Any ATS who demonstrates unprofessional behavior will be notified by the ATS’s preceptor and/or an ATP faculty or staff member at the time of the misconduct or discovery of the misconduct and the appropriate disciplinary action may be taken. [Refer to CLINICAL PROBATION/DISMISSAL FROM A CLINICAL SITE OR PROGRAM, PAGE 21]

ATTITUDES AND VALUES

The profession of Athletic Training is an allied health care profession devoted to the health and welfare of the physically active patient. The Athletic Trainer should keep the basic principle in view and be guided by it at all times.
1. ATS should develop a relationship with each patient that encourages him/her to trust the student with personal information.

2. ATS should develop a professional relationship with fellow clinicians; administrators and patients so they respect the ATS’s opinions and know the information will be objective.

3. Those who serve as members of the profession of Athletic Training commit themselves to uphold professional ideals and standards. Each Athletic Trainer acts as a representative of the whole profession and as such should conduct him/herself with honor and integrity.

4. ATS should develop a sense of loyalty to each member of the organization. Do not second-guess or belittle decisions made by preceptors. In particular, do not discuss controversial subjects concerning the organization outside the organization. Learn what information needs to be shared and with whom it is to be shared. For the most part, this includes your fellow athletic trainers and the Team Physician.

5. The ATS must act in a professional manner at all times, understanding that they are a direct reflection of the instructors, the university and the FSU ATP

6. The ATS’s willingness to accept responsibilities and carry them through completion, the way he/she performs those duties which are unpopular and distasteful, his/her personal appearance, and the tone of voice and the caliber or his/her language, are all qualities which will make assist a student in being successful in all endeavors. Athletic Training is an integral part of sports medicine. The ATS should carry out the techniques of the profession only with appropriate and specific medical direction of their preceptor.

PERSONAL QUALITIES

DEPENDABILITY: Dependability includes, punctuality, following directions, completion of tasks as assigned, asking for help if needed, and showing initiative.

DEDICATION: Athletic Training Students must be dedicated to their own personal success in the Athletic Training Education Program.

SINCERITY, HONESTY, LOYALTY AND INTEGRITY: Athletic Trainers work in an environment governed by many rules and requirements. Each student is responsible to ensure that rules are followed.

PROFESSIONALISM: Please keep in mind as an Athletic Training Student you are a representative of the FSU ATP. Your words and actions will have a direct reflection on the entire program. As an Athletic Training Student it is expected that all actions and demeanor will reflect professionalism while in attendance at any site.

Any Athletic Training Student caught using or in the possession of either illegal drugs or alcohol while acting in the capacity of an Athletic Training Student will be dismissed from the Athletic Training Program.
ATHLETIC TRAINING PROGRAM ADMISSION REQUIREMENTS

The FSU ATEP provides valuable experience to students interested in Athletic Training. The experience and exposure that Frostburg State University provides is a solid base for individuals entering the discipline of Athletic Training. Frostburg State University provides students with exposure to a variety of practice settings while preparing them for certification by the Board of Certification (BOC). Frostburg State University offers a competitive, four-year, co-educational program that allows all students to obtain clinical experience with a large variety of men and women’s sports teams and affiliated health care settings (intercollegiate, and clinical). Athletic Training students progress through several levels of competency during their academic and practical experience. Under the direction of BOC Certified Licensed Athletic Trainer [preceptor], the ATS will acquire a diverse variety of clinical experiences during their matriculation at FSU.

**Entrance Requirements**

To be considered for full admission into the Athletic Training Program (ATP), the student must meet each of the following criteria:

1. Completion of a minimum of 28 semester hours. Transfer students are required to have prerequisite course work approved by the Program Director.
2. A minimum 3.0 overall GPA.
3. A minimum of a “B” grade in each of the following courses:
   a. BIOL149 General Biology
   b. EXSS 103 Foundations of Exercise & Sport Science
   c. ATTR 206 Introductions to Athletic Training
4. Satisfactory completion of 50 observational hours in the FSU athletic training room. The student must make arrangements with the Program Director prior to starting observation. Before students are allowed to receive their observational hour they must complete Bloodborne Pathogen Training.
5. A completed formal application for admission into the ATP including an essay.
6. Two completed recommendation forms from non-Athletic Training faculty members.
7. Completion of a formal interview with the ATP selection committee.
8. Signed copy of the Technical Standards, HIPPA and FERPA forms for admission into the Athletic Training Program.
9. Application deadline will be the 13th week of ATTR 206.
10. The student must submit a Physical Examination and Medical History completed by an appropriate health care provider.
11. The student must submit the University [Brady Health Center] immunization/vaccination forms required of all students plus the three Hepatitis B vaccinations.

The total number of students that can be accepted into the program is dependent on the availability of clinical placements and the application scores of the students. Meeting the criteria listed in the section on the Application Review Process does not guarantee acceptance into the Athletic Training Program.

**Application Review Process**

1. To be considered for entrance, the student must meet the following criteria:
   a. Submit a complete application package (application form, recommendations, essay, and signed hours sheets) by deadline [13th week of ATTR 206].
   b. Pass/ in process of passing 28 semester hours
   c. Complete 50 observational hours by deadline.
   d. Receive a “B” in prerequisite courses taken to date
   e. Immunization record
   f. Technical Standards
2. Students who have met the above minimum requirements will be evaluated on the following criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall GPA</td>
<td>40</td>
</tr>
<tr>
<td>Prerequisite GPA</td>
<td>30</td>
</tr>
<tr>
<td>Faculty Recommendations</td>
<td>20</td>
</tr>
<tr>
<td>Interview</td>
<td>5</td>
</tr>
<tr>
<td>Application/Essay</td>
<td>5</td>
</tr>
</tbody>
</table>

100 points possible

3. Faculty Recommendations – Scores from two recommendations averaged for 20 points possible. See “ATP Applicant & Essay Evaluation” form.

4. Interview – Scores of interviewers averaged for 5 points possible. See “ATP Applicant & Essay Evaluation” form.

Retention/Maintaining Good Standing in the ATP

Once admitted, the Athletic Training student must maintain the following to remain fully admitted:

1. A minimum overall GPA of 3.0
2. A minimum grade of “B” in each of the required courses in the major
3. Maintain Current certifications in First Aid and CPR
4. Attendance at the annual OSHA blood borne pathogens presentation.

Students who fail to meet #1 and/or #2 have one academic year to correct the deficiency before being dismissed from the ATP.

Violations of #3 and/or #4 will result in an immediate suspension of clinical experiences until the student is in compliance.

SUMMARY OF DEGREE REQUIREMENTS FOR MAJOR IN ATHLETIC TRAINING

MAJOR

1. HPE Courses:

(70 hours)

EXSS 103 Foundations of Exercise & Sport Science
EXSS 200 Nutrition
ATTR 206 Introduction to Athletic Training
ATTR 210 Athletic Taping and Bracing Techniques
ATTR 222 Emergency Medical Techniques in Athletic Training
ATTR 223 Clinical Experiences in Athletic Training I
ATTR 318 Orthopedic Assessment I Lower Body
ATTR 319 Orthopedic Assessment II Upper Body
ATTR 320 Pharmacology and General Medical Conditions
ATTR 322 Clinical Experiences in Athletic Training II
ATTR 323 Clinical Experiences in Athletic Training III
ATTR 340 Organization & Administration of Athletic Training
ATTR 408 Therapeutic Modalities in Sports Medicine
ATTR 413 Rehabilitation Techniques in Sports Medicine
ATTR 414 Advanced Rehabilitation in Athletic Training
ATTR 422 Clinical Experiences in Athletic Training IV
ATTR 423 Clinical Experiences in Athletic Training V
ATTR 450 Seminar: Evidence Based Practice in Athletic Training
ATTR 480 Capstone I in Athletic Training
ATTR 485 Capstone II in Athletic Training
EXSS 175 Foundations of Resistance Training
EXSS 303 Biomechanics for Exercise and Sport Science
EXSS 341 Psychology of Physical Activity
EXSS 401 Physiology of Exercise
EXSS 410 Advanced Strength Training
EXSS 411 Evaluation and Prescription in Fitness

Courses in other departments:
(18 hours)

BIOL 149 General Biology (GEP Group C)
BIOL 321 Anatomy & Physiology I
BIOL 322 Anatomy & Physiology II
MATH 109 Elements of Applied Probability and Statistics (Core Skill 3)
PSYC 150 General Psychology (GEP Group D)

ADDITIONAL COSTS RELATED TO THE ATHLETIC TRAINING PROGRAM

- $40 Required/approved uniforms (minimum of 1 uniform shirt and 1 set of khakis slacks/shorts). Rain gear and 1 game day uniform polo will be provided. Additional clothing is suggested, but not mandatory: cold gear, weather appropriate shoes/boots, hats, and gloves.
- $78 NATA membership dues (includes NATA, MAATA and MATA dues, and ATrack access).
- $45 FSU fingerprinting fee required for criminal history background check. If a student has already been fingerprinted from a previous employer, the student must provide proof/documentation.
- Inoculations current with OSHA requirements for healthcare providers. Others may be required by affiliate sites.
- $36 American Red Cross Professional Rescuer Certification fee.
- $50-$100 Travel costs: Students are responsible for all travel costs during clinical education experiences. Cost may vary depending on geographical local and clinical setting (2 to 15 miles from FSU), cost of gas during specific off-campus rotation, and opportunities to car-pool.

ACADEMIC PROGRESSION THROUGH THE ATHLETIC TRAINING MAJOR

The Frostburg State University ATP is a four-year progressive curriculum. Each ATS must follow the curricula sequence. This sequence is based on the idea of learning-over-time and integration of the 5th edition Athletic Training Educational Competencies. To help ensure these concepts, students must maintain the required University and Program GPAs, successfully complete all competencies (70% or higher), acquire sufficient clinical education (must follow program guidelines), and demonstrate clinical mastery of specific competencies and proficiencies before they will be allowed to progress to the next level within the program. Should an ATS’s sequence be interrupted for any reason, that individual must meet with the ATP faculty to determine the course of action. This decision will be on an individual basis, taking the situation and circumstances into consideration.
<table>
<thead>
<tr>
<th>Course</th>
<th>Credit</th>
<th>Description</th>
<th>Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 149 (MOI/Nat.Sc)</td>
<td>4</td>
<td>General Biology</td>
<td></td>
</tr>
<tr>
<td>ENGL 101 (GEP)</td>
<td>3</td>
<td>Freshman Composition</td>
<td></td>
</tr>
<tr>
<td>EXSS 103</td>
<td>3</td>
<td>Foundations of Exercise &amp; Sport Science</td>
<td></td>
</tr>
<tr>
<td>ORIE 101</td>
<td>1</td>
<td>Orientation</td>
<td></td>
</tr>
<tr>
<td>COSC 100</td>
<td>3</td>
<td>Technology Fluency</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spring Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTR 206</td>
<td>3</td>
<td>Introduction to Athletic Training</td>
<td></td>
</tr>
<tr>
<td>IDIS 150</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH 109 (GEP)</td>
<td>3</td>
<td>Elements of Applied Probability and Statistics</td>
<td></td>
</tr>
<tr>
<td>MOI (Nat. Science)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 150 (MOI/SS)</td>
<td>3</td>
<td>General Psychology</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sophomore Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fall Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 321</td>
<td>4</td>
<td>Anatomy &amp; Physiology I</td>
<td></td>
</tr>
<tr>
<td>ATTR 210</td>
<td>1</td>
<td>Athletic Taping and Bracing</td>
<td></td>
</tr>
<tr>
<td>EXSS 175</td>
<td>1</td>
<td>Foundations of Resistance Training [AT section]</td>
<td></td>
</tr>
<tr>
<td>EXSS 200</td>
<td>3</td>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>MOI (Fine Art)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOI (Social Science)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spring Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 322</td>
<td>4</td>
<td>Anatomy &amp; Physiology II</td>
<td></td>
</tr>
<tr>
<td>ATTR 223</td>
<td>2</td>
<td>Clinical Experiences in Athletic Training I</td>
<td></td>
</tr>
<tr>
<td>ATTR 222</td>
<td>4</td>
<td>Emergency Medical Techniques in Athletic Training</td>
<td></td>
</tr>
<tr>
<td>EXSS 303</td>
<td>3</td>
<td>Biomechanics for Exercise and Sports Science</td>
<td></td>
</tr>
<tr>
<td>MOI (Humanities)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester</td>
<td>Course Code</td>
<td>Course Title</td>
<td>Credits</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td>------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>Junior Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fall Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGL 3xx (GEP)</td>
<td>3</td>
<td>O &amp; A of Athletic Training</td>
<td></td>
</tr>
<tr>
<td>ATTR 340</td>
<td>3</td>
<td>Orthopedic Assessment of the Lower Body</td>
<td></td>
</tr>
<tr>
<td>ATTR 318</td>
<td>2</td>
<td>Clinical Experiences in Athletic Training II</td>
<td></td>
</tr>
<tr>
<td>ATTR 413</td>
<td>4</td>
<td>Rehabilitation Techniques in Sports Medicine</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>16</strong></td>
</tr>
<tr>
<td><strong>Spring Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTR 319</td>
<td>4</td>
<td>Orthopedic Assessment of the Upper Body</td>
<td></td>
</tr>
<tr>
<td>ATTR 323</td>
<td>2</td>
<td>Clinical Experiences in Athletic Training III</td>
<td></td>
</tr>
<tr>
<td>ATTR 408</td>
<td>4</td>
<td>Therapeutic Modalities in Sports Medicine</td>
<td></td>
</tr>
<tr>
<td>ATTR 401</td>
<td>3</td>
<td>Physiology of Exercise</td>
<td></td>
</tr>
<tr>
<td>Identity and Difference</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>16</strong></td>
</tr>
<tr>
<td><strong>Senior Year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fall Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTR 414</td>
<td>3</td>
<td>Advance Rehabilitation in Athletic Training</td>
<td></td>
</tr>
<tr>
<td>ATTR 422</td>
<td>2</td>
<td>Clinical Experiences in Athletic Training IV</td>
<td></td>
</tr>
<tr>
<td>ATTR 480</td>
<td>3</td>
<td>Capstone I in Athletic Training</td>
<td></td>
</tr>
<tr>
<td>EXSS 411</td>
<td>3</td>
<td>Evaluation and Prescription in Fitness</td>
<td></td>
</tr>
<tr>
<td>IDIS 350 or MOI</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOI (Humanities)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>17</strong></td>
</tr>
<tr>
<td><strong>Spring Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTR 320</td>
<td>3</td>
<td>Pharmacology and General Medical Conditions</td>
<td></td>
</tr>
<tr>
<td>EXSS 410</td>
<td>3</td>
<td>Advanced Strength Training</td>
<td></td>
</tr>
<tr>
<td>ATTR 423</td>
<td>2</td>
<td>Clinical Experiences in Athletic Training V</td>
<td></td>
</tr>
<tr>
<td>ATTR 485</td>
<td>3</td>
<td>Capstone II in Athletic Training</td>
<td></td>
</tr>
<tr>
<td>ATTR 450</td>
<td>3</td>
<td>Seminar: Evidence Based Practice in Athletic Training</td>
<td></td>
</tr>
<tr>
<td>EXSS 341</td>
<td>3</td>
<td>Psychology of Physical Activity</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>17</strong></td>
</tr>
<tr>
<td><strong>OVERALL TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>128</strong></td>
</tr>
</tbody>
</table>
CLINICAL EDUCATION IN ATHLETIC TRAINING

Clinical education is a very vital portion of the ATP. To ensure a meaningful overall educational experience and to remain in good standing with the Commission on Accreditation of Athletic Training Education (CAATE), the program upholds strict clinical education requirements and guidelines. The objective of the clinical education portion is to provide students with “real-world” opportunities to integrate cognitive, psychomotor skills/clinical proficiency, and core athletic training values utilizing varied clinical assignments. These clinical assignments are also the time for ATS to utilize the knowledge gained from class, demonstrate learning over time, and practice professional behaviors.

When ATSs are receiving their Clinical Education the experience that they receive will vary from site to site. The ATS will receive hands-on experience when they are engaged with their preceptors at Frostburg State University. At all other affiliate sites the ATS will only be involved with an observational experience. The ATS should avoid any direct contact with any and all therapy and/or rehabilitation equipment when they are at these sites. This includes Brady Health Center, Dr. Hahn, Rehab 1st, Pivot Physical Therapy, Ft. Hill High School, and Mountain Ridge High School. When the ATS is visiting Mountain Ridge High School no equipment that the student could come in contact is available.

Clinical facilities and their preceptors have agreed to allow the ATS the opportunity to apply skills and knowledge and expect students to conduct themselves in a professional manner. It is the ATS’s responsibility to arrive on time and be present for the entire clinical assignment. If the ATS is anticipating arriving late or being absent from the clinical assignment, the student must notify the preceptor. Except in the case of an extreme emergency, lack of proper notification will result in an unexcused absence and possible failure of the clinical assignment and course. Being late or absent from clinical assignment more than once in a semester may involve any or all of the following:

- Discussion of the incident with preceptor and Clinical Education Coordinator
- Formal reprimand in students file (see Student Conference Report)
- Removal from clinical site

A pattern of tardiness at the clinical site is an unprofessional behavior and may result in failing the clinical component of the course. Failing a clinical practicum prohibits the ATS from progressing in the program until the course if offered again with space available for the student.

Clinical expectations are as follows for all clinical sites:
- Always be professionally dressed and on time for clinical assignment, each clinical site may have their own dress code
- Have a courteous approach that reflects respect of self, patients, colleagues, visitors, and the profession of athletic training
- Demonstrate safety in clinical performance. Recognize your own limitations and seek help accordingly
- Assist in controlling the environment to protect the patient, members of the health care team, and others from real and/or potential hazards.

CLASS AND CLINICAL ASSIGNMENT ATTENDANCE

Clinical assignments in Athletic Training are a required component of the ATS’s education and the ATS must schedule their course work accordingly whenever possible.

The following academic priorities (in order) have been established by the ATP to assist the student and his/her assigned preceptor with the completion of their clinical education.

1. The ATS’s first academic responsibility is to attend all major, minor, and elective courses the student enrolls in each semester. The ATP recognizes that the faculty for these courses has final determination of course attendance policy, and therefore defers class attendance to these policies. However, ATS are required to attend all class sessions for all ATP major required courses that will instruct and assess initial Athletic Training
Clinical Competencies. The instructor for the specific course may only grant excused absences for these class sessions.

2. The ATS’s second academic responsibility is to attend all scheduled clinical assignments (see “Recording of Clinical Education Hours” policy). A clinical assignment may not supersede a class session unless the instructor for the specific course has given the ATS an excused absence for the class session. The clinical assignment preceptor may not grant an excused absence for any course. Except for personal illness and emergencies with immediate family members, the preceptor may determine excused absences for all assigned students.

3. The ATS’s final responsibility is to all other activities outside the ATS’s class sessions and clinical assignments (e.g., jobs, athletic teams, student organizations, social activities, etc.). Any student who fails to follow the proper procedures for requesting excused absences from a specific course and/or from a clinical assignment may be subject to ATP, course, and/or clinical assignments disciplinary actions. ATS who are participating on an athletic team are allowed at times greater latitude with this. They are though still required to fulfill all the same clinical requirements of other ATS, but they may do so before or after their season is finished. They are required to attend all course work as other ATS.

DIRECT SUPERVISION OF ATS
NOTE: The terms “direct supervision” and “supervision” are synonymous for all ATP policies and procedures.

Supervision of the athletic training student during their clinical education is mandatory. The preceptor must be physically present and have the ability to intervene on behalf of the ATS and patient at all times.

Athletic trainers function under a physician’s direction.

The terms “direction” and “supervision” mean two different things. Most importantly, supervision may require the on-site physical presence of the physician and that the physician examines each and every patient treated by an athletic trainer. Direction, on the other hand, requires contact and interaction, but not necessarily physical presence.

During all required clinical education their assigned preceptor must directly supervise ATS. Another ATP affiliated preceptor may directly supervise the ATS at various times during the clinical assignment; however, the ATS’s assigned preceptor must provide the majority of the ATS’s supervision throughout the entire clinical assignment. The ATS’s assigned preceptor will also be ultimately responsible for all of the ATS’s evaluations and actions.

Prior to beginning a clinical assignment and during a clinical assignment, the preceptor will be advised by the ATS as to which clinical proficiencies the ATS has demonstrated initial competency. This will be done by way of a form. Although an ATS may have demonstrated initial competency with a clinical competency, it does not mean that the ATS has demonstrated final mastery of the proficiency. The preceptor is encouraged to perform follow-up assessments of the ATS’s clinical skills as the preceptor feels it is necessary (e.g., the preceptor may require the student to tape his or her ankle before allowing the student to tape an athlete’s ankle). Based on this assessment and ongoing evaluations of the ATS the preceptor may determine the level of direct supervision he or she must provide while the ATS is providing patient care. It must be understood, however, that the preceptor is still required to supervise the ATS as explained in this policy.

ATS APPLICATION OF CLINICAL PROFICIENCIES

Before an ATS may be allowed to utilize a clinical proficiency with an actual patient, the clinical skill must be formally instructed and assessed in a required course of the ATP. Once the ATS has demonstrated initial competency, ATP preceptors will be notified of the ATS’s clearance to practice the specific clinical proficiency on patients while being directly supervised. This again will be done with a form developed by the ATP. This procedure only addresses the initial instruction, assessment, and application of student clinical proficiencies.
If during a clinical assignment, a learning opportunity arises where the ATS may gain experience with a clinical skill but the clinical skill has not yet been taught or assessed in a required course, the preceptor may instruct the ATS on the clinical skill so that the ATS may gain the knowledge of specific learning experience. The ATP encourages these teachable moments; however, they may not replace the initial instruction and assessment of clinical proficiencies in an ATP required course. For example, ATSs are often not able to experience a positive stress test, such as a Lachman’s Stress Test of the knee, until a patient presents with the appropriate condition. If an ACL deficient patient is present during a clinical experience but the ATS has not yet learned how to perform the specific stress test, the preceptor may instruct the ATS on how to perform the test and then have the ATS perform the skill on the patient. Such instruction, however, will not constitute ATS autonomy to perform knee injury assessments.

REQUIRED CLINICAL ROTATIONS ASSIGNMENTS
Once admitted into the ATP, all ATS must complete clinical experiences under the direct supervision of a program preceptor. The majority of the assignment will come under the supervision of an Athletic Trainer; however, each ATS will also be given the opportunity to learn from a variety of sports medicine related allied health and medical professionals.

During clinical assignments, ATS are assigned to a preceptor, not a specific sport or team. The Clinical Education Coordinator in consultation with the Program Director will assign the rotations. Input relating to, but not limited to, the number of ATS they can effectively accommodate, the type of ATS that will be most successful in the setting, etc., will be sought from all ATP faculty, instructors, preceptors during this process. These rotations will assure that each ATS has the opportunity to gain clinical experience with a variety of different populations including:

- Lower Extremity
- Upper Extremity
- Gender
- Equipment Intensive (minimally including helmets and shoulder pads)
- General Medical
- Urgent Care

All ATSs will gain a combination of clinical education in each of the following categories. Possible rotations are listed below.

<table>
<thead>
<tr>
<th>SETTING</th>
<th>COLLEGE/UNIVERSITY/HS</th>
<th>Urgent Care</th>
<th>REHAB INTENSIVE SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FSU</td>
<td>Brady Health Center</td>
<td>Rehab 1st Physical Therapy Clinic</td>
</tr>
<tr>
<td></td>
<td>Fort Hill High School</td>
<td></td>
<td>Pivot Physical Therapy Clinic</td>
</tr>
<tr>
<td></td>
<td>Mountain Ridge High School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ATHLETIC PARTICIPATION
ATS may choose to participate in varsity athletics for one season per academic year. It is not recommended, but it is allowed. This may require more than four (4) years to complete the ATP.

AWAY TRAVEL WITH FOOTBALL / MEN’S LACROSSE
ATS who are assigned to football / men’s lacrosse are required to travel to some away contests with their preceptor during the season. The number of ATS assigned to the preceptor will determine the number of away contests the ATS will have to travel to.

STUDENT CLINICAL EDUCATION HOURS
Frostburg State University ATP requires 125 hours of clinical experience in C-II, C-III, C-IV and C-V. The maximum number allowed is 200 hours in the courses. Clinical I require a minimum of 75 hours of clinical experience. The maximum allowed is 125 hours. In addition, athletic training education accreditation requires the ATP to carefully monitor the student’s clinical education requirements. The Clinical Education Coordinator at the beginning of all these clinical courses will explain this.

Required clinical education for ATS will occur when classes are in session during the fall, winter and spring semesters. Students may be required to complete clinical assignments during Saturday, Sunday and University Holidays. Students will not be required to complete clinical assignments during, “reading day” or final exam week. The ATSs may volunteer to participate in clinical assignments during these days.

The Clinical Education Coordinator will determine each student’s clinical assignments. Once an ATS has been informed of their assignment, it is the ATS’s responsibility to contact their preceptor to determine the specific schedule.
First year students are limited to 8-12 hours of experience per week during the spring semester. A major outcome of the athletic training clinical assignment is the ATS becoming a mature, competent and professional. In order to aid in this process, the ATS is allowed some freedom and decision making as they progress in the program. One such area where they are allowed some latitude is in the amount of time spent in the clinical assignment (within set program ranges). Frostburg State University recommends a 20-hour workweek for all work-study students; therefore, the ATP has set a limit of 20 hours per week in the clinical education setting as the target for upper level athletic training students when classes are in session during the fall and spring semesters. Only those hours when the ATS is directly supervised and providing patient-care services or services to the clinical site that relate to the overall care provided at the site (e.g., filing papers in patient files, writing a SOAP note) or practicing clinical skills with an preceptor may be counted as clinical education. All ATS are required to have at least one day off per week.

**DOCUMENTATION OF CLINICAL EDUCATION HOURS**

It is the ATS’s responsibility to properly record the number of clinical education hours accumulated each day. Any hours accumulated that would be described as “Unsupervised Student Activities” (see related policy) may NOT be recorded as clinical education hours. In order to record hours the ATS must first become a member of the NATA. Once they are a member they will be able to access ATrack. This is the online system that the FSU ATP uses to document ATS clinical education hours.

Time spent at a clinical assignment must be recorded in the ATrack computer program each day. The supervising preceptor will verify clinical education hours on a regular basis. Clinical education hours not approved will not be counted towards the required number. In accordance with ATP policy, travel time to and from an away event may not be included in your practical hours.

Clinical performance evaluations will be completed using ATrack. The ATS’s preceptor will evaluate each ATS. Also, ATS will evaluate the preceptor they are assigned. Upper level ATS (C-II – C-V) will be evaluated twice (midterm/final) during their semester long assignment. There is a different evaluation form for each year in the major. The different evaluation forms are designed to evaluate an ATS’s skills/abilities and personal characteristics as they progress through the program. The evaluations are to be discussed between the preceptor and the ATS. After the discussion, both the preceptor and the ATS are to sign / date the documents. All evaluation forms will be stored in the ATrack system. All evaluations are to be submitted to the ATP Clinical Education Coordinator by the preceptor and retained in ATrack.

**COMMUNICABLE OR INFECTIOUS DISEASE POLICY**

Any ATS who has any communicable or infectious disease is not allowed to receive clinical education until the disease cleared by the medical staff at Brady Health Center and then the Athletic Training Education Program Director or Clinical Education Coordinator. [See enclosed section on this topic]

**COMPLETION OF ASSIGNED CLINICAL EDUCATION**

Participation in the Clinical Education in Athletic Training has a number of specific criteria (details contained in the course syllabus), which must be met to successfully complete the course and program. The largest portion of this component involves becoming proficient in the Athletic Training Educational Competencies 5th edition. It is the intention that the learning experience provided would allow the ATS to move from simple skill acquisition to clinical proficiency over the course of the program. Furthermore, the goal of such experiences is to contribute to the broadening of each ATS’s background and, in the process, better prepare him/her to become a successful Athletic Trainer.

It should be noted that completion of the clinical education requirement fulfills only one phase of the practicum course. Failure to successfully complete all components of the course will result in the ATS’s progression being altered or the ATS being removed from the program.
The ATP is primarily concerned about the quality of the ATS’s clinical education, not the length of time that an ATS spends at a clinical assignment. However, it is also recognized by the program that a minimum amount of time must be spent with a clinical assignment to satisfy the learning objectives of the experience. Therefore, each of the following requirements must be satisfied for an ATS to be considered eligible for completing a required clinical assignment. Clinical I will therefore require the ATS to receive a minimum of 75 hours of experience and a maximum of 100 hours. The others Clinical courses will require a minimum of 125 hours and a maximum of 150 hours.

- The ATS must receive permission to be excused from the clinical assignment for a time period greater than one week by the Program Director or Clinical Education Coordinator. The ATS must have an appropriate and documented reason for the clinical assignment absence. Such reasons can include, but are not limited to, personal illness, family emergency, and preceptor excused absences. Refer to Student Illness Policy Statement for further details. The Program Director and/or the site Clinical Education Coordinator will communicate with the preceptor rather or not permission to miss the clinical assignment has been granted or not.

CLINICAL PROBATION/DISMISSAL FROM A CLINICAL ASSIGNMENT OR PROGRAM

The supervising preceptor has the authority to immediately remove any ATS that acts unprofessional or inappropriately during a clinical assignment. The preceptor will contact the Clinical Education Coordinator to report the incident. Together the preceptor and Clinical Education Coordinator will determine the appropriate action. If the preceptor indicates that the ATS is not welcome back at that clinical site the ATS will be placed at another clinical assignment pending there is a spot available and the preceptor of that experience is willing to take the ATS. If the ATS cannot be placed in another clinical assignment the ATS will fail that clinical rotation. If ATS is allowed to remain in the academic program the ATS will be required to repeat the failed clinical assignment the next time it is offered before they are allowed to progress in the didactic and clinical education sequence. Program dismissal is possible for failing some or all program retention criteria in a specified time or manner.

NOTE: Any preceptor that wishes to document a clinical reprimand must fill out the reprimand notice and submit it to the ATP. The Clinical Education Coordinator will meet with the preceptor to determine the appropriate action. Severity of offense will be considered & may result in immediate dismissal.

FAILED CLINICAL ASSIGNMENT PROCEDURE

A failed clinical assignment occurs when the ATS does not average a minimum rating of (equivalent to 70%) on their evaluation for that clinical assignment, does not complete the clinical assignment, or is removed from a clinical assignment due to unprofessional behaviors.

A Mid-Term and Final evaluation will be kept on file in the ATrack computer system and the AT Clinical Education Coordinator’s office. All forms must be signed and dated the day of the review by both the approved preceptor and the student to justify a failed clinical assignment. If an ATS has a failing or borderline failing mid-term, a meeting with the Program Director or designee, preceptor, and ATS will be arranged within one week of the completion of the evaluation. The purpose of this meeting is to discuss any critical incidences (formal reprimand notice or other issues that might not have warranted an official reprimand) that have occurred, inform the ATS of what will be expected from them during the remainder of their assignment in order to pass, and the appeals/failed clinical assignment procedure. Any critical incidences should be in written form, signed and dated on day of review by all parties, and kept in the student’s file in the Program Director department office.

I. First Failed Clinical Assignment

Option A) ATS accepts the failure and the clinical assignment are repeated.

1. Will repeat the same or similar clinical assignment with the same preceptor. The Program Director’s discretion is used regarding a repeat of the same or similar assignment with the same preceptor. If they deem a personality conflict with the ATS and the preceptor is present, the ATS will still be required to repeat in that setting, but a different supervisor will be assigned if this is possible for that setting. If it is not possible to repeat the same
clinical assignment (i.e. ATS has been removed from the clinical site) then the ATS will do a similar clinical assignment.

2. The clinical assignment must be completed before an ATS is allowed to progress in the AT curriculum (didactic and clinical).

3. The ATS may utilize the appeals procedure to request a change of a particular clinical assignment or preceptor.

Option B) The ATS may withdraw from the AT major.

Option C) The ATS may appeal the failure of the clinical assignment:

1. The ATS must submit their request of appeal in writing that states a general reason for the request. The appeal should be sent to the Program Director. The ATP faculty will serve as the appeal committee.

2. The appeal request must be received or postmarked within 3 working days after receiving the final evaluation.

3. Once the appeal request is received the Program Director will notify the ATP faculty within 3 working days.

4. The ATP will set up a meeting with the ATS and the preceptor within 7 working days of receiving the appeal. Once this meeting is set, the supervisor and the involved ATS must send any written documentation supporting their case to the Program Director. The Program Director must receive this information within 3 working days after notification of the meeting has been given. The Program Director will have this documentation available for the appeals committee before the meeting.

5. The Program Director will respond in writing with the ATP faculty’s decision. The decision will come after all testimonies have been heard and any further investigation that is warranted is completed. The decision of the ATP faculty will bring forth one of the following two actions:

   a) The failed assignment is upheld, and the student may repeat the clinical assignment as in option A. If the ATS does not choose option A, they must then withdraw from the AT major or the ATS may make an appeal through Frostburg State University’s campus appeals process.

   b) The evaluation is overturned and the student may resume current progression through the major.

II. Second Failed Clinical Assignment

Option A) If the ATS fails a second clinical assignment then the student is dismissed from the AT Major.

Option B) The ATS does have the right to appeal as in option C above.

**APPEAL PROCESS**

Any ATS in the Athletic Training Program has the right to appeal or petition any decision made by the Athletic Training Program faculty and staff. The appropriate appeal process is as follows:

- The ATS must submit a written appeal to Athletic Training Program Director.
- The ATS may then appeal to the Department Head of Kinesiology & Recreation
- The ATS may then appeal to the Dean of the College of Education
- The ATS may then appeal to the Provost of the University.

*At each level the appeal must be made within one week of receiving notification of the decision.*
General Guidelines

CHANGE OF MAJOR
If at any time an ATS decides that Athletic Training is not the major/profession for them, the ATS is encouraged to first discuss this decision with an ATP staff or faculty member. However, if the ATS still desires to change majors, the ATS needs to inform their supervisor and submit a letter to the ATP Director stating their intent to change majors. All equipment (Medical bags, scissors, etc.) distributed to the ATS by the ATP must be returned. All privileges received due to status as an ATS will be forfeited.

STUDENT EMPLOYMENT
The AT curriculum is rigorous and time consuming. The time commitment is very challenging with the academic load and the time spent with the clinical assignments. Working a side job while in the program is NOT encouraged, but it is allowed. ATS that do elect to work are strongly advised to limit outside employment and to consider the amount of personal responsibly prior to entering the AT program. ATS will find it necessary to study outside regularly scheduled classes to maintain a satisfactory grade average. ATS must make their AT education a priority above work.

The ATS seeking outside employment is not to work as an ATS or wear the athletic training student uniform or in any way represent him or herself as an ATS from Frostburg State University. The ATS is not to perform any task on the basis of being an ATS at Frostburg State University while employed outside of the athletic training education program assignment.

CPR/FIRST AID CERTIFICATION (Cost $36.00)
All ATS are required to have Professional Rescuer CPR and First Aid certification. Certification must be current while performing all clinical experiences. Professional Rescuer CPR and First Aid will be initially taught as part as Emergency Medical Techniques ATTR 222. Professional Rescuer is valid for two years while First Aid is a three-year certification. The ATP will offer recertification during the Fall and Spring Semesters. This will be a one-time course strictly for recertification purposes. ATS that are unable to attend this certification course must make their own arrangements to get recertified before they start their fall clinical experience. ATS will submit a signed photocopy front and back of their certification cards to the Clinical Education Coordinator.

STUDENT TRAVEL TO A CLINICAL ASSIGNMENT SITE
Students will be given the opportunity to gain clinical experience at a variety of locations. In some cases the clinical setting will be off-campus. In these cases, students will be responsible for traveling to and from their primary clinical site. Transportation to Clinical Sites
Students are responsible for obtaining transportation to and from all clinical site assignments at the student’s expense. This includes, but is not limited to, the expenses associated with fuel and parking. The ATP is not responsible for costs or damages incurred while traveling to or from the clinical sites. This policy pertains to both on campus and off campus sites.

STUDENT TRAVEL TO A CLINICAL ASSIGNMENT SITES IN ADVERSE WEATHER POLICY
In the event that Frostburg State University is closed all off-site clinical assignment sites are also closed. ATS are NOT required to attend Frostburg State University Athletics practice if the University is closed. If a varsity contest is still being played when the university is closed it is the ATS’s responsibility to contact the preceptor and let them know if they will be attending.

In the event of bad weather or hazardous road conditions, each individual ATS must determine if they feel they can safely travel to the clinical assignment. If an ATS determines it is unsafe, they need to contact their preceptor and let them know. If the ATS is unsure of their safety then they SHOULD NOT drive. The ATS will call the preceptor to tell them...
they will not be able to attend. It is the ATS’s responsibility to reschedule the missed assignment. If the clinical site is closed due to bad weather, the ATS is NOT required to attend the clinical assignment.

STUDENT TRANSPORTATION OF INJURED/ILL PATIENTS
Under no circumstance should an ATS transport an injured/ill patient in any vehicle for off-site emergency care, physician appointments, or any other reason. Preceptor should not ask or expect ATS to provide such services in their own or the institution’s vehicle. The issues involved with such actions expose the ATS, preceptor, and institution to great potential legal liability. Assisting an injured/ill patient to the facility’s on-site athletic training room is exempted from this policy. Just as it is the preceptor’s responsibility to avoid placing ATS in such situations it is also the ATS’s responsibility to inform the ATP administration of any instance in which the ATS feels they were placed in a compromising situation.

PROFESSIONAL APPEARANCE (SEE CODE OF CONDUCT)
The Frostburg State University Athletic Training Education Program strives to create a professional image that is consistent with the public’s expectation of an allied health professional. Professional appearance includes grooming, hygiene and dress. Individual dress should reflect a professional appearance at all times in order foster a professional atmosphere. In order to be a professional, it is important to dress and behave like one. This program requires its ATS to do the same. ATS are required to have approved FSU AT collared (will be handed out) shirts for use at their clinical assignments. When attending practice all ATS are to have approved FSU AT t-shirts. Specific information on shirts and ordering will be provided through the ATP early in the school year. Each clinical assignment has different policies, which will be covered during the specific clinical course. Any ATS, who is inappropriately dressed, in the opinion of the site supervisor, will be sent home for the day. It is the ATS responsibility to supplement opportunities lost due to these actions.

SEXUAL HARRASSMENT
Frostburg State University - Sexual Harassment Policy
The Frostburg State University community is committed to maintaining a working and learning environment in which students, faculty and staff can develop intellectually, professionally, personally and socially. Sexual harassment is inconsistent with maintaining such an environment and is a form of discrimination prohibited by federal and state law. The position of this University is that sexual harassment within the campus community will not be tolerated.

By law, sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1) Submission to such conduct is made explicitly or implicitly a term or condition of an individual’s educational or career advancement;
2) Submission to or rejection of such conduct by an individual is used as the basis for decisions affecting such individual’s career or educational advancement; or
3) Such conduct has the purpose or effect of substantially interfering with an individual’s performance or creating an intimidating, hostile, or offensive employment or educational environment.

Sexual harassment includes a variety of behaviors and may occur within a variety of relationships, including relationships between persons of the same or different genders or persons of equal or unequal power. For example, sexual harassment may be as undisguised as a direct solicitation of sexual favors or solicitation accompanied by overt threats. Harassment may also be implied by unwelcome physical contact; sexual remarks about a person’s clothing, body or sexual relations; conversations or jokes and stories of a sexual nature; or the display in the work place or use in the classroom of sexually explicit materials which are inappropriate or without defensible educational purpose. Such acts are more likely than not to result in allegations of sexual harassment. In assessing whether a particular act constitutes
sexual harassment forbidden under this policy, the rules of common sense and reason shall prevail. The standard shall be the perspective of a reasonable person within the campus community. Members of the university community with personal knowledge of incidents of harassment are encouraged and university employees are required to report such knowledge to the Director of ADA/EEO Compliance.

All allegations of sexual harassment will be expeditiously, thoroughly and confidentially investigated following the Office of ADA/EEO Compliance Allegation of Discrimination/Harassment Procedures. The rights of both the alleged offender and the offended will be protected, including protection from retaliation. Frivolous or false reports of sexual harassment will be treated as seriously as the offense itself. Sanctions for sexual harassment may vary from reprimand to termination of employment or dismissal from the University. In addition, an individual may be criminally prosecuted for sexual harassment.

The University’s commitment to maintaining a learning environment in which the intellectual, professional, personal and social development of members of the campus community is assured requires that all members of the community adhere to ethical and professional standards of conduct, as well as to legal standards. Therefore, consenting romantic or sexual relationships between faculty or staff member and student or between supervisor and employee, while not expressly forbidden, are generally deemed very unwise. Power differences between faculty and students or between supervisors and supervisees make the subordinate’s voluntary consent to even an apparently consensual relationship questionable. Sexual relationships between a professor or supervisor and a subordinate may result in conflicts of interest or raise questions of favoritism. Wherever a power differential exists between persons who are romantically or sexually involved, the parties must realize that if a charge of sexual harassment is subsequently lodged; mutual consent will not necessarily be accepted as a reasonable defense.

If at any time an Athletic Training Student feels as though they have been the victim or witness to an act of sexual harassment they are encouraged to report the incidence to the preceptor, Clinical Education Coordinator or the Program Director. Any ATS found guilty of sexual harassment will be removed from the ATP immediately.

Procedures for Filing Complaints of Discrimination or Sexual Harassment

Overview

Note: This information is only a summary. Complete details necessary for filing complaints are available in the text of “Procedures for Filing Complaints of Discrimination or Sexual Harassment.” Copies are available on-line at www.frostburg.edu, ADA/EEO Compliance or at the Office of ADA/EEO Compliance, 307 Hitchins Administration Building Frostburg, Maryland (301)687-4102.

CONFIDENTIALITY
Health Insurance Portability and Accountability Act (HIPPA)

ATS are in a unique situation in which the ATS may at times have access to confidential information regarding a patient’s medical condition. At no time should an ATS discuss any information concerning the status of an injured or ill patient with any party outside of those directly responsible for the patient’s care. All questions or comments regarding the status of a patient should be directed to the site preceptor. Each ATS is required to sign the “Confidentiality Agreement”, located in the Student Forms section of this handbook. ATS are required to place a copy of the signed agreement in their application and are encouraged to keep a paper copy for themselves.
GAME CONDUCT
ATS must be on time and in proper uniform. ATS do not cheerlead or make critical comments in regard to an athlete’s performance, an official’s calls and/or coaching strategies. Only comments of positive or encouraging nature are to be made to an athlete. Remember that coaches will correct mistakes made by athletes, not the ATS.

GAMBLING
As a member of the FSU athletic family the ATS has knowledge that is of great value to gamblers and game enthusiasts. Any of the following activities may result in severe disciplinary action or termination.
• Providing any information (e.g. reports concerning team morale, game plans, and injuries to team members) to any individual that could assist anyone involved in organized gambling activities.
• Making a bet or wager on any intercollegiate athletic contest.
• Accepting a bet or a bribe, or agreeing to fix or influence illegally the outcome of any intercollegiate contest.
• Failing to report any bribe offer or any knowledge of any attempts to “throw”, “fix” or otherwise influence the outcome of a game.

HAZARDOUS WASTE AND INFECTION CONTROL POLICY – OSHA
All ATS receive Blood Borne Pathogen training in HEED 206 and during site-specific clinical in-service sessions in the fall prior to beginning their clinical assignments. Additionally, ATS are required to view an on-line OSHA training module at the beginning of each fall semester before they can receive any clinical education.

UNIVERSAL BODY SUBSTANCE ISOLATION POLICY AND PROCEDURE
The FSU Athletic Training Program believes ATS and staff/faculty deserve to be protected from all foreseeable hazards in their clinical assignments. The Athletic Training Program has made efforts to ensure that the best information concerning the growing threat of infectious disease is provided to our ATS and that an effective policy and procedure have been developed. Direct exposure of ATS’s and/ or staff/faculty to blood or other potentially infectious materials represents a hazard for transmission of blood-borne pathogens and other infections. To decrease the likelihood of transmission of those infections and to minimize ATS and faculty contact with blood and bodily fluids, the following policy is in effect.
• Orientation to the Universal Precautions will be provided for all new students prior to their clinical assignments and updates will be provided each semester for all ATS in the program.

HEPATITIS B VACCINATION
ATSs must present sufficient documentation of having received the HBV vaccination. The ATS must present a valid shot record, or begin the series of shots by October of his/her first year in the program. ATS should talk to the ATP Director about paper work needed and scheduling of shots.

PROFESSIONAL ORGANIZATION MEMBERSHIP
ATSs are required to become a member of the National Athletic Trainers’ Association (NATA) [$73.00]. This will allow access to ATrack. ATS are also encouraged to become a member of Mid-Atlantic Athletic Trainers’ Association (MAATA, District 3). These professional organizations provide the student with valuable information, contacts, and opportunities. All ATS are strongly encouraged to join these organizations as student members. ATS are also urged to attend as many professional and educational meetings as possible. It is a great way to meet people and network, as well as learn from a variety of different professionals. Assistance with cost of membership and meetings may be obtained from, MAATA, NATA, or other organizations. Fundraising will be available throughout the year to defray the costs. ATSs are also encouraged to join the FSU Athletic Training Student Association (ATSA). This is a student run organization.
INCLEMENT WEATHER POLICY

ATS may be exposed to inclement weather (rain, snow, hail, and heat) conditions during their participation in clinical rotations. ATS are expected to fulfill their clinical rotation assignments, even when the weather is less than desired. However, if a ATS feels that his / her health and / or safety is or will be compromised due to inclement weather, he / she should relay this to the preceptor and take the appropriate actions to remove himself / herself from the environment. The following policies should be followed when dealing with inclement weather.

Lightning

Clinical site may have a different lightning policy in effect. Typically, athletic trainers are not given the authority to suspend an activity due to lightning as an administrator, coach, or official often makes the decision. ATS are expected to follow the clinical site’s lightning policy. However, in the event that a ATS feels unsafe due to lightning and the activity has not been suspended, he / she should notify the preceptor that he / she feels unsafe and will be taking shelter. The ATS should then proceed to take shelter based on the lightning policy or commonly accepted guidelines. ATS are urged to read the following article on lightning safety

http://www.nata.org/statements/position/lightning.pdf

Excessive Heat or Cold

ATS are responsible for taking precautions against environmental illnesses related to heat and cold. Information on heat related illnesses can be found at

http://www.nata.org/statements/position/exertionalheatillness.pdf

ATSs should follow the precautions and guidelines listed in the above article. If an ATS feels that s/he is suffering from a heat-related illness, they should notify their preceptor and take the appropriate actions to treat the condition. Considering the weather patterns of Western Maryland, ATS may be exposed to excessive cold during their clinical rotations. However, if a ATS feels that he / she is suffering from a cold-related illness, they should notify his / her preceptor of their concern and take the appropriate actions to treat the condition.
FROSTBURG STATE UNIVERSITY

ATHLETIC TRAINING PROGRAM

STUDENT FORMS SECTION
Assumption of Risk

I, (print name) ____________________________, understand that participating in the field of athletic training as an athletic training student at Frostburg State University may be physically demanding, requiring me to sometimes lift heavy objects (i.e. lifting an athlete on a spine board, coolers of water, medical bags), run (i.e. get to an injured athlete on the field of play), and otherwise engage in activity or positions to perform necessary medical and facility related task (i.e. evaluating an injury and cleaning the athletic training clinic respectively). The physically demanding activities pose an inherent risk of injury and I acknowledge that these risks exist and I am willing to assume these risks and will not hold Frostburg State University and its personnel responsible for any pre-existing medical condition(s) that I may have.

Applicant’s signature: ____________________________ Date: ___________
Frostburg State University
Athletic Training Program

TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program at Frostburg State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). All students admitted to the Athletic Training Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, the student will not be admitted into the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC certification exam.

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

Candidates for selection to the Athletic Training Program will be required to verify they understand and meet these technical standards. Frostburg State University is committed to providing an accessible and supportive environment for students with disabilities. Students requesting accommodations for a disability are responsible for notifying the University of their disability and their request for accommodation. To initiate a request for accommodations, students must contact the Disabled Student Services, (DSS), 150 Pullen Hall, 301-687-4438.

The Office of Disability Services (DSO), in conjunction with the Athletic Training Program faculty, will evaluate a student's request for accommodations to ascertain if the request is able to fulfill the program's technical standards with reasonable accommodations.

I certify that I have read and understand the technical standards for selection into the Athletic Training Program. I understand that if I am unable to meet these requirements, with or without reasonable accommodations, I will not be admitted into the program.

_____________________________________________
Print Name

_____________________________________________  ____________________
Applicant’s Signature                                                                           Date
My signature represents that I, (print name) ______________________________ have read and understand all of the policies and procedures contained within the 2018-2019 Frostburg State University Athletic Training Programs’ Student Handbook. I further understand that these policies and procedures preside over all aspects of the FSU ATP. I also understand that non-compliance with these written policies and procedures may result in my dismissal from the FSU ATP as well as the academic major of the Athletic Training at Frostburg State University.

______________________________  __________________
Applicant’s Signature                                                                           Date
Frostburg State University
Athletic Training Program

**Student Illness Policy**

We understand that illnesses are common amongst college-aged students and that illnesses are usually difficult to predict. We want all our athletic training students (ATS) to remain healthy but understand that illnesses do occur. If you become ill and feel that you are unable to attend class and/or your clinical assignment because of an illness you must contact the Program Director, your individual preceptor, as well as any instructors in any class you are missing (whether the instructor is affiliated with the FSU ATP or not) in a timely manner. It will be noted that your absence from the day was because of an illness and the absence may be excused. *The clinical or curriculum instructor(s) will determine if any assignments and/or test missed during your absence may be “made-up” based on their particular guidelines described in the syllabus of each class.*

If you are ill for more than 2 days we will ask you to see (Brady Health Center) for your health and the health of others (classmates, instructors, athletes, and coaches) to determine if your condition is communicable or requires further treatment. If the physician/nurse believes you should not return to class or your clinical assignments because the illness may be spread amongst others please inform the Program Director, Clinical Education Coordinator, and your individual preceptor so you are not unfairly penalized.

If you attend a practice, game, or event and your preceptor determines that you are ill or if your preceptor believes that you may spread the illness amongst the athletes, coaches, clinical staff, or other students; the preceptor may require you to leave the facility and return when your symptoms have resolved. You may ask for an extended leave of absence from the FSU ATP if you are diagnosed with a condition that requires further treatment or the condition prevents you from continuing your education while you are being treated. If this occurs you must request an extended leave of absence from the FSU ATP Program Director. An extended leave of absence may delay your date of graduation.

By signing this document, I acknowledge the FSU ATP Student Illness Policy. I understand this policy is in effect while I am enrolled as an athletic training student at FSU.

Student Name (print): _________________________________

Student Signature: ____________________________________

Date: _____________
# FSU ATP Entrance Checklist

Student Name _____________________________

Semester of Application _____________________

<table>
<thead>
<tr>
<th>Material</th>
<th>Complete</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application/Essay</td>
<td></td>
<td>/ 5</td>
</tr>
<tr>
<td>Interview</td>
<td></td>
<td>/ 5</td>
</tr>
<tr>
<td>Faculty Recommendations</td>
<td></td>
<td>/ 20</td>
</tr>
<tr>
<td>Prerequisite Courses GPA ( )</td>
<td></td>
<td>/ 30</td>
</tr>
<tr>
<td>Overall GPA ( )</td>
<td></td>
<td>/ 40</td>
</tr>
<tr>
<td>Technical Standards:</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Physical Capability Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Standards for Admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of Acknowledgement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Illness Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 Observational Hours</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Physical Exam &amp; Medical History</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>FSU Immunization Records</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>HB Vaccination</td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 149</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F of Ex &amp; Sp Sc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intro to AT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total GPA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Personal Data

Name ___________________________  Student ID Number # __________________

FSU Address ____________________________________________________________

Home Address __________________________________________________________

Home Phone Number _____________________________

Student’s Cell Phone Number _____________________________

E-mail Address _____________________________

Academic Information

Credits Completed ________________  Credits in Progress ________________

GPA to date ________________

Prerequisite Course Work: Please indicate the grade obtained or “IP” (in progress) if you are currently enrolled in the course.

BIOL 149 General Biology ______
HEED 206 Introduction to Athletic Training _____
HEED 103 Foundations of Exercise & Sport Science _____

Pre-professional Memberships

List any professional organization in which you have membership.

Organization ___________________________  Date(s) of Membership ___________________________

Extracurricular Activities

List any club or organization that you belong to on or off-campus. Please include any activities that have provided you with experience with diverse populations or technology.

Organization ___________________________  Activities Participated In ___________________________  Dates of Activities ___________________________

Awards and Honors

List any awards and/or honors that you have received as a FSU student or while in high school.

Name of Award ___________________________  Date Received ___________________________  Description of Award ___________________________
Work Experience
Please list your three most recent work experiences.

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Dates of Employment</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>

Other Interests
List any other interests that you may have.

Essay
Please attach a typewritten 500-word essay that includes:
1. A statement on why you are interested in Athletic Training as a career.
2. A reflection on your 50 observational hour’s experience.
3. A brief description of your career goals.

______________________________________  ______________
Applicant’s Signature      Date
Frostburg State University
Athletic Training Program

Faculty Recommendation of ATP Applicant

To be filled out by student
Applicant’s Name (print) _______________________________________

School Address ______________________________________ Phone __________________

Name of Recommender ________________________________ Class Taught ________________________

To be completed by faculty member
The above student is applying for admission into the professional phase of the Athletic Training Program. Your evaluation will help to assess this student’s potential in the program. Please take a few moments to rate the student on the following criteria.

Scale: 4.0 = Always, 3.0 = Usually, 2.0 = Occasionally, 1.0 = Rarely, 0 = Never

<table>
<thead>
<tr>
<th>Student Characteristic</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended all class sessions.</td>
<td>4.0</td>
</tr>
<tr>
<td>Provided insightful comments during class discussions.</td>
<td>4.0</td>
</tr>
<tr>
<td>Appeared interested and attentive during class activities.</td>
<td>4.0</td>
</tr>
<tr>
<td>Followed direction and submitted assignments on time.</td>
<td>4.0</td>
</tr>
<tr>
<td>Was courteous and respectful of rights and feelings of others.</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Total Score ____________

Additional comments:

Faculty Member’s Signature ___________________________ Date ____________

Phone Extension __________

Please return to: Dr. Jackie Durst, Athletic Training Program Director, 259 Cordt’s PECenter
FROSTBURG STATE UNIVERSITY
ATHLETIC TRAINING PROGRAM

Clinical Observation Hours

Techniques Observed

Name of Student: _________________________________

All students must observe each of the following techniques during their 50 hours of Athletic Training Room observation. Document your techniques that you observed with the approval of a preceptor’s initial.

Submit this form in your application packet.

All 50 Observational Hours Requirements must be submitted on ATrack. This must be done within 3 days of receiving the experience.

Recommended Experiences:
1. Women’s Sport: 20 hours plus a game for each sport during the FALL or SPRING
   1 game each sport –
      FALL -w. soccer/field hockey/volleyball
      SPRING lacrosse/ softball
2. Men’s Sport 20 hours plus a game for each sport during the FALL or SPRING
   1 game each sport –
      FALL – football/soccer
      SPRING -Lacrosse/baseball
3. General Athletic Training Room experience: (10 hours) including above completed sheet

<table>
<thead>
<tr>
<th>Techniques Observed</th>
<th>Preceptor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper body evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower body evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-stim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocollator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper body taping technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower body taping technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury: ____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Athletic Training Program

Student Conference Report

(Please Print)

Preceptor________________________________________  Date: _______________________

Student______________________________________  Date: _______________________

Date of incident: ______________________________

Type of Report  

_________ Written Warning

_________ 2nd Written Warning/Suspension 1 Week

_________ Re-entry Meeting

_________ 3rd Written Warning

Conference with: _______________________________

Date of conference: _____________________________

Persons Present at Conference:

1.  

2.  

3.  

4.  

Reason for Conference:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Reaction/Comment of Student:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Action Taken:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Student’s Signature: __________________________________________ Date: ____________________

Faculty/ Staff Member: ________________________________________Date:____________________

ATP Director: ________________________________________________Date:_____________________

39
Frostburg State University
Athletic Training Program

Student Agreement

I received a copy of the Athletic Training Code of Conduct and the Student Violation Report (2018-2019) at the beginning of the Fall Semester. The contents of policies and procedures of the following have been read and understood. These include:

I. Code of Conduct
II. Student Violations Report

I intend to comply fully with the policies and procedures stated above as prescribed by the ATEP staff. Failure to follow the above rules, regulations, and guidelines can result in disciplinary measures, and/or not completing the major in the desired time frame. I also understand my rights and responsibilities of a student in the Frostburg State University Athletic Training courses and/or clinical experiences.

Students Full Name (Printed) ____________________________________________

ATS Signature _______________________________________________________

Date ________________________
FERPA

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  School officials with legitimate educational interest;
  Other schools to which a student is transferring;
  Specified officials for audit or evaluation purposes;
  Appropriate parties in connection with financial aid to a student;
  Organizations conducting certain studies for or on behalf of the school;
  Accrediting organizations;
  To comply with a judicial order or lawfully issued subpoena;
  Appropriate officials in cases of health and safety emergencies; and
  State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.
For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may call 1-800-437-0833.

Or you may contact us at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520

Taken from: http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

I have read and understand the above statement:

Student’s Name [Print] ______________________________________________

Student’s Signature_______________________________________________
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a federal law that:

-Limits the ability of a new employer plan to exclude coverage for preexisting conditions;
-Provides additional opportunities to enroll in a group health plan if you lose other coverage or experience certain life events;
-Prohibits discrimination against employees and their dependent family members based on any health factors they may have, including prior medical conditions, previous claims experience, and genetic information; and
-Guarantees that certain individuals will have access to, and can renew, individual health insurance policies.

HIPAA is complemented by state laws that, while similar to HIPAA, may offer more generous protections. You may want to contact your state insurance commissioner's office to ask about the law where you live. A good place to start is the Web site of the National Association of Insurance Commissioners at www.naic.org.

One of the most important protections under HIPAA is that it helps those with preexisting conditions get health coverage. In the past, some employers' group health plans limited, or even denied, coverage if a new employee had such a condition before enrolling in the plan. Under HIPAA, that is not allowed. If the plan generally provides coverage but denies benefits to you because you had a condition before your coverage began, then HIPAA applies.

Under HIPAA, a plan is allowed to look back only 6 months for a condition that was present before the start of coverage in a group health plan. Specifically, the law says that a preexisting condition exclusion can be imposed on a condition only if medical advice, diagnosis, care, or treatment was recommended or received during the 6 months prior to your enrollment date in the plan. As an example, you may have had arthritis for many years before you came to your current job. If you did not have medical advice, diagnosis, care, or treatment – recommended or received – in the 6 months before you enrolled in the plan, then the prior condition cannot be subject to a preexisting condition exclusion. If you did receive medical advice, diagnosis, care, or treatment within the past 6 months, then the plan may impose a preexisting condition exclusion for that condition (arthritis). In addition, HIPAA prohibits plans from applying a preexisting condition exclusion to pregnancy, genetic information, and certain children.

If you have a preexisting condition that can be excluded from your plan coverage, then there is a limit to the preexisting condition exclusion period that can be applied. HIPAA limits the preexisting condition exclusion period for most people to 12 months (18 months if you enroll late), although some plans may have a shorter time period or none at all. In addition, some people with a history of prior health coverage will be able to reduce the exclusion period even further using "creditable coverage." Remember, a preexisting condition exclusion relates only to benefits for your (and your family's) preexisting conditions. If you enroll, you will receive coverage for the plan's other benefits during that time.

Although HIPAA adds protections and makes it easier to switch jobs without fear of losing health coverage for a preexisting condition, the law has limitations. For instance, HIPAA:
Does not require that employers offer health coverage;
Does not guarantee that any conditions you now have (or have had in the past) are covered by your new employer's health plan; and
Does not prohibit an employer from imposing a preexisting condition exclusion period if you have been treated for a condition during the past 6 months.

Taken from: http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html

I have read and understand the above statement:

Name__________________________________________
Date____________________________
Signature _____________________________________________________________________
Name: __________________________________________________________________

Date: _____/_____/_____

Disease and Illness

When reply is YES, place mark (x) before the condition and the date after, along with any
information that we should be aware of.

_____ Epilepsy (Seizures)
_____ Hepatitis
_____ Mononucleosis
_____ Diabetes
_____ Rheumatic Fever
_____ Allergies
_____ Menstrual Problems
_____ High Blood Pressure
_____ Frequent Headaches

Injuries

Please take your time and complete each area carefully and accurately. Your description of each
injury should be in as much detail as possible. Include dates if possible and the exact diagnosis by your
physician. If you are unsure please consult your physician. List any surgical procedure performed. The
primary emphasis should be given to injuries suffered in the past three- (3) years.

1) History of concussions? Date ___/___/___ Yes____ No____
If yes, were you hospitalized? Yes_____ No____
2) Neck or pinched nerves: Date___/___/___ Yes____ No____

3) Shoulder: Date___/___/___ Yes____ No____

4) Elbow or Wrist: Date___/___/___ Yes____ No____

5) Hands or Fingers: Date___/___/___ Yes____ No____

6) Upper and lower back: Date___/___/___ Yes____ No____

7) Hip/Groin: Date___/___/___ Yes____ No____

8) Knee (please be specific) Date___/___/___ Yes____ No____
   Anterior cruciate ligament________________________________________________________
   Medial collateral ligament________________________________________________________
   Meniscus______________________________________________________________________
   Other structures________________________________________________________________
   Surgeries_____________________________________________________________________

9) Ankle Date___/___/___ Yes____ No____
10) Foot/toes Date__/__/___ Yes____ No____
______________________________________________________________________________________

11) Muscle Strains Date__/__/___ Yes____ No____
______________________________________________________________________________________

12) Fractures Date__/__/___ Yes____ No____
______________________________________________________________________________________

13) Major non-orthopedic problems or surgeries: Date__/__/___ Yes____ No___
Please explain________________________________________________________________________
______________________________________________________________________________________

14) Has student/athlete been told that he/she needs surgery now or in the future?
Yes___ No___
Please explain________________________________________________________________________
______________________________________________________________________________________

15) Has any immediate family member suffered sudden or unexplained death?
Yes___ No___
If yes, please explain:___________________________________________________________________
______________________________________________________________________________________

Athletic Training Student Signature_______________________________________________________Date:__/__/___
FROSTBURG STATE UNIVERSITY

DEPARTMENT OF KINESIOLOGY & RECREATION

ATHLETIC TRAINING STUDENT

PHYSICAL EXAMINATION FORM

NAME______________________________ DATE_______________________

AGE_________ HEIGHT_________ WEIGHT________ BLOOD PRESSURE_____/____

EXAMINATION: PLEASE CHECK AND EXPLAIN ANY ABNORMALITIES OR IRREGULARITIES THAT ARE FOUND DURING EXAMINATION.

EXTREMITIES

(SPECIAL ATTENTION)

_____EYES
_____EARS
_____NOSE
_____OROPHARYX
_____TEETH
_____BREASTS
_____RESPIRATION
_____CARDIOVASCULAR (PEDAL, PULSE, MURMURS OR ANY OTHER)
_____ABDOMEN (HERNIA, SPLEEN, LIVER)
_____GENITALIA/ANUS

EXPLANATION OF ABNORMAL FINDINGS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

______________________________________________________
I have on this date personally examined this student, reviewed the medical history and other data, and find the student physically able to perform the duties of an athletic training student.

________WITH NO EXCLUSIONS

________________________________________________________________________

HEALTH CARE PROVIDER’S SIGNATURE __________________ DATE ___________
Frostburg State University
Athletic Training Program

Student Violation Report

Students enrolled in the Athletic Training Program (ATP) must undergo an extensive clinical education rotation in order to fulfill the accreditation requirements of CAATE.

This clinical experience working with the FSU Athletic Department and its teams is a privilege, not a right. Therefore, each student is responsible for strictly adhering to the Athletic Training Student Code of Conduct. During the clinical educational program, when a student fails to meet any of the stated regulations, the following action will take place:

1. Verbal notice:
   a. A verbal warning will be issued to each athletic training education student at the beginning of each semester. By signing the Athletic Training Student Code of Conduct the student is receiving their verbal notice.

2. Written warning:
   a. Within a day of any violation to the Athletic Training Student Code of Conduct the student will receive written notification of the violation.
      i. The preceptor will provide documentation stating what the written warning was for.
      ii. Both preceptor and the student will sign and date the form.
      iii. The form will be submitted to the Clinical Education Coordinator and ATP Director to be kept in the student’s file.

3. Two written warnings leads to a suspension
   The second written warning is placed in the student’s file. The student is suspended from the clinical rotation for 1 week. When suspended from the clinical rotation the student will be required to receive their experience at some other location. (There are no sites in close proximity to FSU.) Upon re-entry the Director of the ATP will initiate a meeting with the preceptor and the student to discuss the violations.
   The student will then be reinstated on probation for the remainder of their clinical rotations.

4. Three written violations leads to termination
   a. A third warning will result in the student being terminated from receiving their clinical experience at Frostburg State University.

5. Student Appeals
   a. The student may appeal the suspension by filing a grievance to the Athletic Training Program Director.
Frostburg State University Athletic Training Program

Code of Conduct

Athletic Training Students are expected to abide by the following Code of Conduct while engaged in clinical education hours. The Athletic Training Staff will support these rules. It is at their discretion to have you change clothing or attitude. Failure to adhere to these policies will result in immediate dismissal from the clinical education site and written notice will be sent to the Clinical Education Coordinator.

Take Pride in the Athletic Training Profession

Professional Appearance/Dress Code
As a demonstration of professionalism ATS are expected to adhere to a professional standard of appearance considered prudent in the field of Athletic Training. Professional appearance includes the use of appropriate attire (listed below), maintenance of good hygiene, no visible body piercings (except earrings) or body décor.
In addition to demonstrating a level of professionalism through appearance, attire and body décor must be safe and functional, by allowing an Athletic Trainer to deliver athletic training services with minimal interference.

1. Standard Attire
*Clothing must be neat & clean; iron if necessary.
* Athletic Training T-shirt logo must be visible at all times while working in the AT Clinic.
*If you purchase your own clothing, this logo must be the official Athletic Department logo.

- FSU AT Polo shirt (may be worn with dress pants/dress shorts/jeans)
- FSU AT t-shirt (may be worn with dress pants/dress shorts/jeans)
- FSU AT Sweater/Jacket/Hoodie
- Dress pants- khakis material; color may be khakis, navy blue, gray, or black
- Dress shorts- khakis material; color may be khakis, navy blue, gray, or black
- Wind pants- must be worn with FSU AT Polo shirt or AT t-shirt
- Jeans- must be worn with FSU AT Polo shirt or AT t-shirt
- Sneakers (must be worn outside)/ Closed Toe casual shoes/flats
- Wind Pants/Jacket (outdoors only)
- Hats/Visors/Beanie (outdoors only)
- Long Hair must be pulled back
- Student medical kits (fanny packs)

2. Inappropriate Attire
- Hats/Visors/Beanie (indoors)
- Jeans- cut-offs, baggy, with holes, or dirty/”grungy”
- Short Shorts or gym shorts
- Leggings/Spandex (bottoms or tops)
- Open toe shoes/ high heels (flip flops/sandals/cowboy boots)
- Skirts
- Revealing clothing
- Gym clothing/sweat pants/clothing with holes
- Sleeveless shirts
- External view of undergarments
- Attire that is not the official FSU or FSU Athletic Training logo (example: Redskins, Towson University)
- Long/dangling jewelry
- Clothing that advertises alcohol/tobacco products
- Alcohol/tobacco products will not be consumed during practice/games.
- No book bags, clothing or personal items are to be put on counters or taping tables. Place personal items inside ATS lockers.

3. Appropriate Game Day Attire (outdoors)
   - Khakis dress pants & FSU AT Polo shirt tucked in
   - Outdoor/weather appropriate gear (wind/rain jacket/pants)
   - Boots for inclement weather
   - Student medical kits (fanny packs)
   - NO Hoodies

4. Appropriate Game Day Attire (indoors)
   - Khakis dress pants & FSU AT Polo shirt tucked in
   - Dress slacks, blouses, button-down shirt, ties- are also appropriate, but not mandatory
   - Student medical kits (fanny packs)
   - NO Hoodies

Cell Phones and Electronic Devices
The use of cell phones, iPads, iPods, laptops, MP3 players (music & headphones) and other electronic devices are not permissible in the Athletic Training Clinic or while attending clinical education experiences. Cell phones are used for emergency situations only. Personal cell phone use must be conducted outside the clinical education site (cell phones may be used in the hallway or away from practice fields/arena).

Student Athletes
Athletic training students who are participating in Frostburg State University sponsored varsity athletics must be aware of the following information:
1. Students are not expected to complete any clinical education experience hours while in the traditional season on a varsity team.
2. Students may have limited participation in the non-traditional season of their sport. It must not interfere with the student’s clinical education.
3. Students participating in a varsity sport will be expected to complete their clinical education experience outside of the traditional academic semesters. The Clinical Education Coordinator in consultation with the student’s Preceptor will arrange for the student to complete clinical education experience during fall preseason (August), winter intersession (January) or after the end of the school year (May). The additional time is needed to adequately complete all course requirements.
**Professional Behavior**

Athletic Training Education Program students will be required to act in a professional manner while attending professional courses and on affiliation. Professional behavior encompasses adhering to policies and procedures, professional communication, attitude and interaction with patients, supervisors and faculty. The ATS will be assessed on professional behavior during their clinical education experience and in athletic training clinical course.

- Be polite/courteous (no swearing) to each other and visiting teams and coaches.
- If tables/equipment is dirty take the initiative and clean it.
- Assist in getting equipment ready for practice/games (i.e., water, ice, med kits)
- Keep med kits in NEAT order; do not throw supplies in game med kits.
- Arrive 1 hour prior to practice/ 2 hours prior to game (according to your preceptor).
- It is your responsibility to find out when practice begins. Changes in practice times due to weather, field usage occur, so times may vary.

Professional conduct for all athletic trainers includes nondiscriminatory behaviors, honesty and respect for fellow athletic training students, student-athletes, coaches, athletic trainers, athletic department personnel and teachers/professors. Cheering for your team is encouraged. Unsportsmanlike conduct, such as heckling the officials or opponents is not acceptable. An ATS’s conduct at games, practices, and in the athletic training clinic will be professional and courteous at all times. Please refer to the NATA code of ethics.

I will abide to these bylaws while I am an Athletic Training Student at Frostburg State University. Athletic Training students please sign below.

ATS (print name): ___________________________ Date: ____________

ATS (signature): ___________________________
INTRODUCTION

During times of stress, such as after a serious injury, it is very important that a very detailed and thorough guide be in place so that all involved know what must be done. When medical attention is needed, all of those involved must have an understanding of how to proceed so that conflict does not occur and the injured athlete is treated on a timely basis.

At FSU we have a number of different sites at which a situation such as this could occur. This includes, but is not limited to, the Cordt’s Physical Education Center, Bobcat Stadium (Field A), Bob Well’s Baseball field, Softball field (Field B), practice fields (Field C and D) and the tennis courts. This emergency action plan has been developed so that there can be a sense of cooperation between the coaching staff and the Athletic Training staff. The Plan may at times be used for coaches, athletic trainers, managers, officials or even spectators instead of an injured athlete.
**FROSTBURG STATE UNIVERSITY**  
**DEPARTMENT OF ATHLETICS**

**Administration and Athletic Training Directory**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troy Dell</td>
<td>Director of Athletics</td>
<td>(301) 687 4455 (office)</td>
</tr>
<tr>
<td>Rubin Stevenson</td>
<td>Associate Athletic Director</td>
<td>(301) 687 4086 (office)</td>
</tr>
<tr>
<td>Keith Byrnes</td>
<td>Assistant Athletic Director/ Men’s Soccer coach</td>
<td>(301) 687 3072 (office)</td>
</tr>
<tr>
<td>Guy Robertson</td>
<td>Assistant Athletic Director /Baseball coach</td>
<td>(301) 687 4414 (office)</td>
</tr>
<tr>
<td>Karla Schoenly, LAT</td>
<td>Head Athletic Trainer</td>
<td>(301) 697 9174 (cell)</td>
</tr>
<tr>
<td>Cassie Donahue, LAT</td>
<td>Assistant Athletic Trainer</td>
<td>(814) 521-0347 (cell)</td>
</tr>
<tr>
<td>Morgan Cripe, LAT</td>
<td>Intern Athletic Trainer</td>
<td>(703) 881-1848 (cell)</td>
</tr>
<tr>
<td>Megan Conway, LAT</td>
<td>Intern Athletic Trainer</td>
<td>(301) 602-9699 (cell)</td>
</tr>
<tr>
<td>Wunmi Jolaoso, LAT</td>
<td>Intern Athletic Trainer</td>
<td>(267) 475 -8034 (cell)</td>
</tr>
<tr>
<td>Ramonica Scott, LAT</td>
<td>Part-time Assistant Athletic Trainer</td>
<td>(301) 687-4488 (office)</td>
</tr>
<tr>
<td>Jackie Durst, LAT</td>
<td>Part-time Assistant Athletic Trainer</td>
<td>(301) 697-2801 (cell)</td>
</tr>
</tbody>
</table>

*Note* If calling from a campus landline, only the last four digits need to be dialed for office numbers

Campus Police Emergency Line: 301-687-4222

Campus Police Non-Emergency Line: 301-687-4223

EMS: 911 – on campus phone dial 9-9-1-1
Emergency Supplies: AED/Oxygen

There are a number of AEDs/Oxygen tanks located around campus and they are available shall a cardiac emergency arise. It is required that all members of the Frostburg State University Athletic Staff hold current CPR/First Aid Certifications to assist in case of an emergency.

Locations of AEDs/ Oxygen Tanks

AED Locations:
- Cordt’s PE Center-1st floor-located on the wall between the men’s and women’s locker rooms
- Cordt’s PE Center-1st floor pool-located on the wall outside of the Activities For Life Office
- Cordt’s PE Center-2nd floor- located on the wall beside the door of the women’s restroom
- (2) AEDs located in the Athletic Training Room storage closet. These are portable and taken to practices
- Field A: Stadium Athletic Training Room
- Field C and D when Football and Rugby are in season

Oxygen Tanks (4)
- Athletic Training Room in Cordt’s (2). These are taken to practices and home events
- Field A: Stadium Athletic Training Room
- Field C and D when Football and Rugby are in season

Frostburg State University Athletic Venues

FIELD NAMES
- Bob Wells Baseball Field
- Cordt’s PE Center
  - 1st floor- Practice Gyms/ Athletic Training Clinic
  - 2nd floor- Main Arena
- Tennis Courts
- Field A: Bobcat Stadium / Track/ Stadium Athletic Training Room
- Field B: Softball / Track and Field throwing area
- Field C Front/Back: Upper Grass Field (LEFT SIDE)
- Field D Front/Back: Upper Grass Field (RIGHT SIDE)

EMERGENCY VEHICLE ACCESS FOR ATHLETIC FACILITIES

CORDT’S PHYSICAL EDUCATION CENTER
First Floor: Access Stadium Drive
Practice Gym / Auxiliary Gym (Cage Area)
Climbing Wall
Aquatics Area
Cardio/ Weight Room
Athletic Training Clinic

Second Floor: Access Circle Area
Main Arena
FIELD DIRECTIONS

Directions from Interstate 68 – Exit 33 – Off of Braddock Rd.

Bob Wells Baseball Field
L onto University Drive
R onto Stadium Drive/ Susan Eisel Dr.
Field is on the right

Cordt’s PE Center 1st Floor / Tennis Courts
L onto University Drive
R onto Stadium Drive/ Susan Eisel Dr.
L at entrance to PE building/ Tennis court entrance passed building on left

Cordt’s PE Center 2nd Floor
L at Main Entrance - Circle Parking area

Field A: Bobcat Stadium / Track / Stadium Athletic Training Room
L onto University Drive
R onto Stadium Drive/ Susan Eisel Dr. – follow road down to stadium access

Field B: Softball / Lower Grass
L onto University Drive; field is on the immediate Right

Field C Front/Back: Upper Grass Field LEFT SIDE
Field D Front/Back: Upper Grass Field RIGHT SIDE
L onto University Drive
Past Edgewood Common Apartments
L at top of hill
Field C: (Left Side) Front field located at field entrance; back field located behind front field, along the woods
Field D: (Right Side) Front field located at field entrance; back field located behind front field

DIRECTIONS for Frostburg Ambulance – from College Avenue

Bob Wells Baseball Field
R onto University Drive
L onto Stadium Drive/ Susan Eisel Dr
Field is on the right

Cordt’s PE Center
First Floor/ Tennis Courts:
R onto University Drive
L onto Stadium Drive/ Susan Eisel Dr.
Entrance at PE Center/ Tennis courts on left
Second Floor/Main Arena/ Access Circle Area:
R onto University Drive
L onto Braddock Road
L into Circle Parking area

Field A: Bobcat Stadium / Track / Stadium Athletic Training Room
R onto University Drive
L onto Stadium Drive/ Susan Eisel Dr. – follow road down to stadium access

Field B: Softball / Lower Grass / Track and Field Throwing Area
R onto University Drive; field is on the immediate left, end of road

Field C Front/Back: Upper Grass Field (LEFT SIDE)
Field D Front/Back: Upper Grass Field (RIGHT SIDE)
R onto University Drive
R at top of hill
Field C: (Left Side) Front field located at field entrance; back field located behind front field, along the woods
Field D: (Right Side) Front field located at field entrance; back field located behind front field
Venue Specific Emergency Procedures

Bob Wells Baseball Field

All coaches and athletic training students must be familiar with and be able to implement the Emergency Action Plan.

1. CERTIFIED STAFF ATHLETIC TRAINER ON SITE

A. Assess injury and provides initial injury management procedures.

B. If Emergency Medical Services (EMS) are needed either calls with cellular phone or sends designated person to call 911.

Locations of nearest phones:

1. Athletic Trainer and/or Administrative Personnel cell phone
2. Cords Physical Education Center Athletic Training Clinic
3. Coach’s Office

C. Procedures for Calling 911:

1. Remain calm. This will help the operator in receiving the vital information.
2. Dial 911 (on-campus phone- must dial 9-911)
3. My name is _____________ the (AT/AT Student/Head Coach/Asst Coach) at Frostburg State University.
4. I need EMS at ___________ Bob Well’s Baseball Field
5. The exact address is (directions from I-68 from Braddock Rd.):

**Bob Wells Field**- L onto University Dr; make a R onto Stadium Dr./Susan Eisel Dr; field is on R.

6. There is a (male/female) athlete with a __________ (injury).
7. The athlete’s name is _________ age __________.
8. I am calling from __________ (give cell phone number).
9. Send another Student AT or staff member to direct ambulance to the field.
10. WAIT until the operator hangs up first!
11. Remain with the injured athlete until EMS arrives.

**REFER TO CAMPUS/FIELD MAP ON NEXT PAGE**
D. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete. If this is not available, and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.

E. If EMS is accessed; the athlete is not to be taken to the emergency room alone. A coach will accompany the athlete w/EMS.

F. The initial telephone call to the parents will be made by either the Athletic Training Staff or hospital personnel. Coaches are not to call the athlete’s parents until they have been contacted by the Athletic Training Staff or the hospital personnel.

G. An Injury report will be completed by the Athletic Training staff.

H. Designated Roles:

1. AT-1 attends to injured athlete, controls the scene.
2. AT-2 may assist AT-1 if needed
3. AT-1 calls 911 & campus police at ext. 4222 (may designate person to call)
4. ATS-1 notifies FSU Athletics Administrative Game Management of emergency
5. ATS-2 & 3 assists AT-1
6. ATS-4 meets paramedics at gate and guides to injured athlete
7. Asst Coach-1 supervises the rest of the athletes
8. Admin. Asst. 1 & 2 supervises crowd control
9. Asst Coach-2 accompanies injured athlete to the Hospital (Each team will be responsible for sending a coach with their injured athlete. A member of FSU will NOT accompany an athlete from another institution)
10. AT-1 notifies parents of injured athlete and will give them the (AD) or (Associate Athletic Director) numbers
2. NO ATHLETIC TRAINER ON SITE

A. Coach will complete a primary survey.

B. Contact AT and follow instructions. Contact EMS if AT is not available.

C. If EMS is needed, call with cell phone or send a designated person to call. Then contact campus security at ext. 4222. Provide campus security with nature and location of injury, and where someone will meet the EMS personnel (Follow Part C, Steps 1-11 from above for Procedures for Calling 911).

**Locations of nearest phones:**

1. Cordt’s Physical Education Center Athletic Training Clinic
2. Coach’s office

D. Remain with athlete until EMS or AT arrives.

E. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete in a state vehicle. If this is not available and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.

F. If EMS is accessed, the athlete is not to be taken to the emergency room alone. A coach must accompany the athlete.

G. The initial telephone call to the parents will be made by the athlete or hospital personnel. Members of the Athletic Department are not to call the athlete’s parents without the athlete’s permission.

H. An injury report will be completed by the Athletic Training staff.
Bobcat Stadium

All coaches and athletic training students must be familiar with and be able to implement the Emergency Action Plan.

1. CERTIFIED STAFF ATHLETIC TRAINER ON SITE
   A. Assess injury and provides initial injury management procedures.
   B. If Emergency Medical Services (EMS) are needed either calls with cellular phone or sends designated person to call 911.

Locations of nearest phones:
   1. AT and/or Administrative Personnel cell phone
   2. Cords Physical Education Center Athletic Training Clinic
   3. Coach’s Office

C. Procedures for Calling 911:
   1. Remain calm. This will help the operator in receiving the vital information.
   2. Dial 911 (on-campus phone- must dial 9-911)
   3. My name is ______________ the (AT/AT Student/Head Coach/Asst. Coach) at Frostburg State University.
   4. I need EMS at ___________ (Bobcat Stadium- Field A)
   5. The exact address is (directions from I-68 from Braddock Rd.):
      Bobcat Stadium (Field A)- L onto University Dr; make a R onto Stadium Drive/ Susan Eisel Dr (after the baseball field) and follow road down to track/turf field.
   6. There is a (male/female) athlete with a ___________ (injury).
   7. The athlete’s name is _________ age __________.
   8. I am calling from ___________ (give cell phone number).
   9. Send another Student AT or staff member to direct ambulance to the field/stadium.
   10. WAIT until the operator hangs up first!
   11. Remain with the injured athlete until EMS arrives.

**REFER TO CAMPUS/FIELD MAP ON NEXT PAGE**
D. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete. If this is not available, and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.

E. If EMS is accessed; the athlete is not to be taken to the emergency room alone. A coach will accompany the athlete w/EMS.

F. The initial telephone call to the parents will be made by either the Athletic Training Staff or hospital personnel. Coaches are not to call the athlete’s parents until they have been contacted by the Athletic Training Staff or the hospital personnel.

G. An Injury report will be completed by the Athletic Training staff.

H. Designated Roles:

1. AT-1 attends to injured athlete, controls the scene.
2. AT-2 may assist AT-1 if needed
3. AT-1 calls 911 & campus police at ext. 4222 (may designate person to call)
4. ATS-1 notifies FSU Athletics Administrative Game Management of emergency
5. ATS-2 & 3 assists AT-1
6. ATS-4 meets paramedics at gate and guides to injured athlete
7. Asst Coach-1 supervises the rest of the athletes
8. Admin. Asst. 1 & 2 supervises crowd control
9. Asst Coach-2 accompanies injured athlete to the Hospital (Each team will be responsible for sending a coach with their injured athlete. A member of FSU will NOT accompany an athlete from another institution)
10. AT-1 notifies parents of injured athlete and will give them the (AD) or (Associate Athletic Director) numbers
2. NO AT ON SITE
   A. Coach will complete a primary survey.
   B. Contact AT and follow instructions. Contact EMS if AT is not available.
   C. If EMS is needed, call with cell phone or send a designated person to call. Then contact campus security at ext. 4222. Provide campus security with nature and location of injury, and where someone will meet the EMS personnel (Follow Part C, Steps 1-11 from above for Procedures for Calling 911).

   Locations of nearest phones:
   1. Cordt’s Physical Education Center Athletic Training Clinic
   2. Coach’s office

   D. Remain with athlete until EMS or AT arrives.
   E. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete in a state vehicle. If this is not available and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.
   F. If EMS is accessed, the athlete is not to be taken to the emergency room alone. A coach must accompany the athlete.
   G. The initial telephone call to the parents will be made by the athlete or hospital personnel. Members of the Athletic Department are not to call the athlete’s parents without the athlete’s permission.
   H. An injury report will be completed by the Athletic Training staff.
Tennis Courts

All coaches and athletic training students must be familiar with and be able to implement the Emergency Action Plan.

1. CERTIFIED STAFF ATHLETIC TRAINER ON SITE

A. Assess injury and provides initial injury management procedures.

B. If Emergency Medical Services (EMS) are needed either calls with cellular phone or sends designated person to call 911.

Locations of nearest phones:

1. AT and/or Administrative Personnel cell phone
2. Cords Physical Education Center Athletic Training Clinic
3. Coach’s Office

C. Procedures for Calling 911:

1. Remain calm. This will help the operation in receiving the vital information.

2. Dial 911 (on-campus phone- must dial 9-911)

3. My name is _____________ the (AT/AT Student/Head Coach/Asst. Coach) at Frostburg State University.

4. I need EMS at ___________ (Tennis Courts).

5. The exact address is (directions from I-68 from Braddock Rd.):

   Tennis Courts- Braddock Rd.; L into Cordt’s PE Center parking lot.

6. There is a (male/female) athlete with a ____________ (injury).

7. The athlete’s name is ___________ age ___________.

8. I am calling from ____________ (give cell phone number).

9. Send another Student AT or staff member to direct ambulance to the field/stadium.

10. WAIT until the operator hangs up first!

11. Remain with the injured athlete until EMS arrives.

**REFER TO CAMPUS/FIELD MAP ON NEXT PAGE**
D. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete. If this is not available, and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.

E. If EMS is accessed; the athlete is not to be taken to the emergency room alone. A coach will accompany the athlete w/EMS.

F. The initial telephone call to the parents will be made by either the Athletic Training Staff or hospital personnel. Coaches are not to call the athlete’s parents until they have been contacted by the Athletic Training Staff or the hospital personnel.

G. An Injury report will be completed by the Athletic Training staff.

H. Designated Roles:
   1. AT-1 attends to injured athlete, controls the scene.
   2. AT-2 may assist AT-1 if needed
   3. AT-1 calls 911 & campus police at ext. 4222 (may designate person to call)
   4. ATS-1 notifies FSU Athletics Administrative Game Management of emergency
   5. ATS-2 & 3 assists AT-1
   6. ATS-4 meets paramedics at gate and guides to injured athlete
   7. Asst. Coach-1 supervises the rest of the athletes
   8. Admin. Asst. 1 & 2 supervises crowd control
   9. Asst. Coach-2 accompanies injured athlete to the Hospital (Each team will be responsible for sending a coach with their injured athlete. A member of FSU will NOT accompany an athlete from another institution)
   10. AT-1 notifies parents of injured athlete and will give them the (AD) or (Associate Athletic Director) numbers
2. NO AT ON SITE

A. Coach will complete a primary survey.

B. Contact AT and follow instructions. Contact EMS if AT is not available.

C. If EMS is needed, call with cell phone or send a designated person to call.

Then contact campus security at ext. 4222. Provide campus security with
nature and location of injury, and where someone will meet the EMS
personnel (Follow Part C, Steps 1-11 from above for Procedures for
Calling 911).

Locations of nearest phones:

1. Cordt’s Physical Education Center Athletic Training Clinic

2. Coach’s office

D. Remain with athlete until EMS or AT arrives.

E. If EMS is not necessary, but assessment by a physician is indicated, an
approved driver, such as: FSU Athletics Administrator / AT / Coach /
Graduate Assistant; NO athletic training students, should transport the
athlete in a state vehicle. If this is not available and the athlete is capable,
he/she should transport himself/herself. If neither of these is available, a
friend or teammate should transport the athlete.

F. If EMS is accessed, the athlete is not to be taken to the emergency room
alone. A coach must accompany the athlete.

G. The initial telephone call to the parents will be made by the athlete or
hospital personnel. Members of the Athletic Department are not to call the
athlete’s parents without the athlete’s permission.

H. An injury report will be completed by the Athletic Training staff.
All coaches and athletic training students must be familiar with and be able to implement the Emergency Action Plan.

1. CERTIFIED STAFF ATHLETIC TRAINER ON SITE

   A. Assess injury and provides initial injury management procedures.
   B. If Emergency Medical Services (EMS) are needed either calls with cellular phone or sends designated person to call 911.

   **Locations of nearest phones:**
   1. AT and/or Administrative Personnel cell phone
   2. Cords Physical Education Center Athletic Training Clinic
   3. Coach’s Office

   **C. Procedures for Calling 911:**
   1. Remain calm. This will help the operation in receiving the vital information.
   2. Dial 911 (on-campus phone- must dial 9-911)
   3. My name is ___________ the (AT/AT Student/Head Coach/Asst. Coach) at Frostburg State University.
   4. I need EMS at ___________ (Cordt’s PE Center).
   5. The exact address is (directions from I-68 from Braddock Rd.):

   **Cordt’s PE Center -** Braddock Rd; L into Cordt’s PE Center Parking Lot, Main arena located on 2nd floor.
   6. There is a (male/female) athlete with a ___________ (injury).
   7. The athlete’s name is _________ age __________.
   8. I am calling from ___________ (give cell phone number).
   9. Send another Student AT or staff member to direct ambulance to the field/stadium.
   10. WAIT until the operator hangs up first!
   11. Remain with the injured athlete until EMS arrives.

   **REFER TO CAMPUS/FIELD MAP ON NEXT PAGE**
Emergency Access Map for FSU Athletic Buildings/Fields

- **A** - Bobcat Stadium
- **B** - Softball Field
- **C** - Intramural Fields
- **D** - Front/Back Practice Fields

* * First Floor entry to Cordts PC Center
** ** Second Floor entry to Cordts PC Center
D. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete. If this is not available, and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.

E. If EMS is accessed; the athlete **is not** to be taken to the emergency room alone. A coach will accompany the athlete w/EMS.

F. The initial telephone call to the parents will be made by either the Athletic Training Staff or hospital personnel. Coaches are not to call the athlete’s parents until they have been contacted by the Athletic Training Staff or the hospital personnel.

G. An Injury report will be completed by the Athletic Training staff.

H. **Designated Roles:**

1. AT-1 attends to injured athlete, controls the scene.
2. AT-2 may assist AT-1 if needed
3. AT-1 calls 911 & campus police at ext. 4222 (may designate person to call)
4. ATS-1 notifies FSU Athletics Administrative Game Management of emergency
5. ATS-2 & 3 assists AT-1
6. ATS-4 meets paramedics at gate and guides to injured athlete
7. Asst. Coach-1 supervises the rest of the athletes
8. Admin. Asst. 1 & 2 supervises crowd control
9. Asst. Coach-2 accompanies injured athlete to the Hospital (Each team will be responsible for sending a coach with their injured athlete. A member of FSU will NOT accompany an athlete from another institution)
10. AT-1 notifies parents of injured athlete and will give them the (AD) or (Associate Athletic Director) numbers
2. NO AT ON SITE

A. Coach will complete a primary survey.
B. Contact AT and follow instructions. Contact EMS if AT is not available.
C. If EMS is needed, call with cell phone or send a designated person to call. Then contact campus security at ext. 4222. Provide campus security with nature and location of injury, and where someone will meet the EMS personnel (Follow Part C, Steps 1-11 from above for Procedures for Calling 911).

Locations of nearest phones:
1. Cordt’s Physical Education Center Athletic Training Clinic
2. Coach’s office
D. Remain with athlete until EMS or AT arrives.
E. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete in a state vehicle. If this is not available and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.
F. If EMS is accessed, the athlete is not to be taken to the emergency room alone. A coach must accompany the athlete.
G. The initial telephone call to the parents will be made by the athlete or hospital personnel. Members of the Athletic Department are not to call the athlete’s parents without the athlete’s permission.
H. An injury report will be completed by the Athletic Training staff.
Field B

All coaches and athletic training students must be familiar with and be able to implement the Emergency Action Plan.

1. CERTIFIED STAFF ATHLETIC TRAINER ON SITE

   A. Assess injury and provides initial injury management procedures.
   
   B. If Emergency Medical Services (EMS) are needed either calls with cellular phone or sends designated person to call 911.

Locations of nearest phones:

1. AT and/or Administrative Personnel cell phone
2. Cords Physical Education Center Athletic Training Clinic
3. Coach’s Office

C. Procedures for Calling 911:

1. Remain calm. This will help the operation in receiving the vital information.
2. Dial 911 (on-campus phone- must dial 9-911)
3. My name is _____________ the (AT/AT Student/Head Coach/Asst. Coach) at Frostburg State University.
4. I need EMS at _____________ (Field B).
5. The exact address is (directions from I-68 from Braddock Rd.):

   **Field B**- L onto University Dr.; field is on the R
6. There is a (male/female) athlete with a _____________ (injury).
7. The athlete’s name is _________ age _________.
8. I am calling from ___________ (give cell phone number).
9. Send another Student AT or staff member to direct ambulance to the field/stadium.
10. WAIT until the operator hangs up first!
11. Remain with the injured athlete until EMS arrives.

**REFER TO CAMPUS/FIELD MAP ON NEXT PAGE**
D. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete. If this is not available, and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.

E. If EMS is accessed; the athlete is not to be taken to the emergency room alone. A coach will accompany the athlete w/EMS.

F. The initial telephone call to the parents will be made by either the Athletic Training Staff or hospital personnel. Coaches are not to call the athlete’s parents until they have been contacted by the Athletic Training Staff or the hospital personnel.

G. An Injury report will be completed by the Athletic Training staff.

H. Designated Roles:
   1. AT-1 attends to injured athlete, controls the scene.
   2. AT-2 may assist AT-1 if needed
   3. AT-1 calls 911 & campus police at ext. 4222 (may designate person to call)
   4. ATS-1 notifies FSU Athletics Administrative Game Management of emergency
   5. ATS-2 & 3 assists AT-1
   6. ATS-4 meets paramedics at gate and guides to injured athlete
   7. Asst. Coach-1 supervises the rest of the athletes
   8. Admin. Asst. 1 & 2 supervises crowd control
   9. Asst. Coach-2 accompanies injured athlete to the Hospital (Each team will be responsible for sending a coach with their injured athlete. A member of FSU will NOT accompany an athlete from another institution)
   10. AT-1 notifies parents of injured athlete and will give them the (AD) or (Associate Athletic Director) numbers
2. NO AT ON SITE

A. Coach will complete a primary survey.

B. Contact AT and follow instructions. Contact EMS if AT is not available.

C. If EMS is needed, call with cell phone or send a designated person to call.
   Then contact campus security at ext. 4222. Provide campus security with
   nature and location of injury, and where someone will meet the EMS
   personnel (Follow Part C, Steps 1-11 from above for Procedures for
   Calling 911).

Locations of nearest phones:

1. Cordt’s Physical Education Center Athletic Training Clinic
2. Coach’s office

D. Remain with athlete until EMS or AT arrives.

E. If EMS is not necessary, but assessment by a physician is indicated, an
   approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the
   athlete in a state vehicle. If this is not available and the athlete is capable,
   he/she should transport himself/herself. If neither of these is available, a
   friend or teammate should transport the athlete.

F. If EMS is accessed, the athlete is not to be taken to the emergency room
   alone. A coach must accompany the athlete.

G. The initial telephone call to the parents will be made by the athlete or
   hospital personnel. Members of the Athletic Department are not to call the
   athlete’s parents without the athlete’s permission.

H. An injury report will be completed by the Athletic Training staff.
Field C and D

All coaches and athletic training students must be familiar with and be able to implement the Emergency Action Plan.

1. CERTIFIED STAFF ATHLETIC TRAINER ON SITE
   A. Assess injury and provides initial injury management procedures.
   B. If Emergency Medical Services (EMS) are needed either calls with cellular phone or sends designated person to call 911.

Locations of nearest phones:
   1. AT and/or Administrative Personnel cell phone
   2. Cords Physical Education Center Athletic Training Clinic
   3. Coach’s Office

C. Procedures for Calling 911:
   1. Remain calm. This will help the operation in receiving the vital information.
   2. Dial 911 (on-campus phone- must dial 9-911)
   3. My name is ______________ the (AT/AT Student/Head Coach/Asst Coach) at Frostburg State University.
   4. I need EMS at ___________ (Field C Front/ Back or Field D/ Front/ Back).
   5. The exact address is (directions from I-68 from Braddock Rd.)
      **Field C and D** – L onto University Dr.; past Edgewood Common apartments; L at top of hill; Field C on the Left/Field D on the Right
   6. There is a (male/female) athlete with a ___________ (injury).
   7. The athlete’s name is __________ age __________.
   8. I am calling from ___________ (give cell phone number).
   9. Send another Student AT or staff member to direct ambulance to the field/stadium.
   10. WAIT until the operator hangs up first!
   11. Remain with the injured athlete until EMS arrives.

**REFER TO CAMPUS/FIELD MAP ON NEXT PAGE**
D. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete. If this is not available, and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.

E. If EMS is accessed; the athlete is not to be taken to the emergency room alone. A coach will accompany the athlete w/EMS.

F. The initial telephone call to the parents will be made by either the Athletic Training Staff or hospital personnel. Coaches are not to call the athlete’s parents until they have been contacted by the Athletic Training Staff or the hospital personnel.

G. An Injury report will be completed by the Athletic Training staff.

H. Designated Roles:

1. AT-1 attends to injured athlete, controls the scene.
2. AT-2 may assist AT-1 if needed
3. AT-1 calls 911 & campus police at ext. 4222 (may designate person to call)
4. ATS-1 notifies FSU Athletics Administrative Game Management of emergency
5. ATS-2 & 3 assists AT-1
6. ATS-4 meets paramedics at gate and guides to injured athlete
7. Asst. Coach-1 supervises the rest of the athletes
8. Admin. Asst. 1 & 2 supervises crowd control
9. Asst. Coach-2 accompanies injured athlete to the Hospital (Each team will be responsible for sending a coach with their injured athlete. A member of FSU will NOT accompany an athlete from another institution)
10. AT-1 notifies parents of injured athlete and will give them the (AD) or (Associate Athletic Director) numbers
2. NO AT ON SITE

A. Coach will complete a primary survey.
B. Contact AT and follow instructions. Contact EMS if AT is not available.
C. If EMS is needed, call with cell phone or send a designated person to call. Then contact campus security at ext. 4222. Provide campus security with nature and location of injury, and where someone will meet the EMS personnel (Follow Part C, Steps 1-11 from above for Procedures for Calling 911).

Locations of nearest phones:
1. Cordt’s Physical Education Center Athletic Training Clinic
2. Coach’s office

D. Remain with athlete until EMS or AT arrives.
E. If EMS is not necessary, but assessment by a physician is indicated, an approved driver, such as: FSU Athletics Administrator / AT / Coach / Graduate Assistant; NO athletic training students, should transport the athlete in a state vehicle. If this is not available and the athlete is capable, he/she should transport himself/herself. If neither of these is available, a friend or teammate should transport the athlete.
F. If EMS is accessed, the athlete is not to be taken to the emergency room alone. A coach must accompany the athlete.
G. The initial telephone call to the parents will be made by the athlete or hospital personnel. Members of the Athletic Department are not to call the athlete’s parents without the athlete’s permission.
H. An injury report will be completed by the Athletic Training staff.
Concussion Home Instructions

Athlete________________________________ Date of concussion: ______________________
Sport______________________________ Time of concussion: _______________ am/pm

*I believe the above mentioned athlete has sustained a concussion.
*To make sure he/she recovers, please follow these important recommendations:

1. ___________________________ must report to the athletic training facility on
   ___________________________ at __________________ am/pm for a follow-up evaluation.

2. If any of the problems below develop before the follow-up visit, please call
   ___________________________ at ___________________________ or contact the local emergency
   medical system or your family physician.
   • Decreasing level of consciousness
   • Increasing confusion
   • Increasing irritability
   • Loss of or fluctuating level of consciousness
   • Numbness in the arms or legs
   • Pupils becoming unequal in size
   • Repeated vomiting
   • Seizures
   • Slurred speech or inability to speak
   • Inability to recognize people or places
   • Worsening headache

3. Otherwise, you can follow the instructions below:

   It is OK to
   • Use acetaminophen (Tylenol) for headaches
   • Use ice pack on head and neck as needed for comfort
   • Eat a carbohydrate-rich diet
   • Go to sleep
   • Rest (no strenuous activity or sports)

   There is NO need to
   • Check eyes with flashlight
   • Wake up frequently (unless otherwise instructed)
   • Test reflexes
   • Stay in bed

   Do NOT
   • Drink alcohol
   • Drive a car or operate machinery
   • Engage in physical activity (eg, exercise, weight lifting, physical education, sport participation) that makes symptoms worse
   • Engage in mental activity (eg, school, job, homework, computer games) that makes symptoms worse
Other recommendations:

Recommendations provided to: ____________________________

Please feel free to contact me if you have any questions. I can be reached at ________.

Please follow up in the athletic training facility on _________________________ (date).

Recommendations provided by: _____________________________, AT

Signature: _____________________________, AT   Date: __________________________
FROSTBURG STATE UNIVERSITY
ATHLETIC TRAINING

Concussion Information Sheet for the Patient
*If there is anything on this sheet that you do not understand, please ask an adult to explain or read it you.

Patient Name: ___________________________ Sport: ___________________
This form must be completed for each patient, even if there are multiple patients in the household.

☐ I have read the “Patient Concussion Information Sheet” and received the Concussion Home Instructions.
   If true, please check box.

After reading the information sheet, I am aware of the following information:

Patient Initials

A concussion is a brain injury, which should be reported to my athletic trainer, coach(es), or a medical professional if one is available.

A concussion can affect the ability to perform everyday activities such as the ability to think, balance and perform in the classroom.

A concussion cannot be “seen”. Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.

I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.

I will need permission from a medical professional trained in concussion management to return to play or practice after a concussion.

According to the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than 1 medical evaluation.

I realize that emergency department or urgent care physicians will not provide clearance if the patient is seen right away after injury.

After a concussion, the brain needs time to heal. I understand that I am much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.

Sometimes, repeat concussions can cause serious and ling-lasting problems.

I have read and understand the concussion symptoms on the Concussion Information Sheet.

____________________  ______________
Signature of Student Athlete     Date

____________________  ______________
Signature of Athletic Trainer     Date
Information for Student Athletes about Concussion

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. The concussion may or may not cause you to black out or pass out. It can happen from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have after a concussion. A concussion can affect your thinking, the way your body feels, your mood, or you sleep. Here is what to look for the following symptoms:

<table>
<thead>
<tr>
<th>Thinking</th>
<th>Physical</th>
<th>Emotional/Mood</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty thinking clearly</td>
<td>Headache</td>
<td>Irritability-things bother you more easily</td>
<td>Sleeping more than usual</td>
</tr>
<tr>
<td>Taking longer to figure things out</td>
<td>Fuzzy or blurry vision</td>
<td>Sadness</td>
<td>Sleeping less than usual</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Feeling sick to your stomach/queasy</td>
<td>Being more moody</td>
<td>Trouble falling asleep</td>
</tr>
<tr>
<td>Difficulty remembering new information</td>
<td>Vomiting/throwing up</td>
<td>Feeling nervous or worried</td>
<td>Feeling tired</td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balance problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sensitivity to noise or light</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/).

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your athletic trainer or coach so you can get the help you need. If a friend notices these symptoms, he or she should inform the athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are in able to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny or slurred, let an athletic trainer or coach know right away or tell a friend to call for help so you can get the help you need before things get worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes or even with activities at home. If you continue to play or return to play too early after a concussion, you may have long-term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion you are more likely to have another concussion.

How do I know when it’s OK to return to physical activity and my sport after a concussion? After telling your coach, athletic trainer and any available medical personnel that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your athletic trainer can help you decide who is best to treat you and help make the decision on when you should return to activity, play and practice. Your university has a policy in place on how to treat concussions. You should not return to play or practice on the same day as your suspected concussion occurred.

You should not begin the return-to-play progression until all symptoms are gone, both at rest and during and after activity. Symptoms indicate that your brain has not yet recovered from the concussion and needs more rest.
**Physician Referral Checklist for Concussions**

**Day of injury Referral:**
1. Amnesia lasting longer than 15 minutes
2. Deterioration of neurologic function
3. Decreasing level of consciousness
4. Decrease or irregular respirations
5. Decrease or irregular pulse
6. Dilated, unequal or unresponsive pupils
7. Any signs or symptoms of associated injuries
8. Spine or skull fracture or bleeding
9. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
10. Seizure activity
11. Vomiting
12. Post-concussion symptoms that worsen

**Delayed referral (after the day of injury):** Any of the findings in the day of injury referral category, post-concussion symptoms worsen or do not improve over time, increase in the number of post-concussion symptoms reported, post-concussion symptoms begin to interfere with the athlete’s daily activities (i.e., sleep disturbances or cognitive difficulties).
LIGHTNING GUIDELINES

Thunderstorms and the threat of lighting is particularly prevalent from afternoon to early evening from late spring to early fall. The athletic training staff will use the WeatherBug app to monitor severe weather. When it is determined that there is severe weather in the area the athletic trainer will notify the coach, and game administrator. A decision to suspend activity will be discussed with the athletic trainer, game officials and administrators. If storms are in the area, the protocol and safe shelters should be discussed with the coaches of all visiting teams.

Bob Wells Field, Field A must leave the field when a storm is a minimum of 8 miles (Capital Athletic Conference Guideline)

Fields B, C or D: Teams that cannot fit all athletes into the storage building or bathrooms must add additional miles to allow time to seek shelter. Teams must leave the field when a storm is a minimum of 10 miles away to seek shelter.

Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or the last flash of lightning before resuming an activity or returning outdoors. Continue to monitor the WeatherBug app. This 30-minute clock restarts for each lightning flash within 5 minutes and each time thunder is heard. (Walsh)

Safe Shelters:
Bob Wells Baseball Field
Cordt’s PE Center
Ort Library
Field A
Press Box (Bathrooms, Locker rooms)
Cordt’s PE Building
Field B
Bathrooms located behind field
Press Box
Cordt’s PE Building
Field C and D – large teams must report to the Cordt’s PE Center or Field A: (Press box)
Bathrooms
Cordt’s PE Building
Tennis Courts
Cordt’s PE Center

CRITERIA FOR POSTPONEMENT AND RESUMPTION OF ACTIVITIES

Activities should be suspended until 30 minutes after the last strike of lightning is seen (or at least 5 mi away) and after the last sound of thunder is heard. This 30-minute clock restarts for each lightning flash within 5 minutes and each time thunder is heard. Consideration must be given to patrons leaving safe locations and returning to the venue.

Reference:

MANAGEMENT OF AN ATHLETE WITH TYPE 1 DIABETES

Supplies that should be provided by athlete for Athletic Trainer to keep on hand during practice and games for an Athlete with Type I Diabetes:

- Copy of Diabetes Care Plan
  - Diabetes Care Plan should include the following:
    - Blood glucose monitoring guidelines - frequency of monitoring and pre-exercise exclusion values
    - Insulin therapy guidelines
    - List of any medications that athlete may be taking
    - Guidelines for hypoglycemic and hyperglycemic recognition and treatment

- Blood Glucose Monitoring equipment and supplies
  - Ensure that these supplies are not expired - check expiration dates regularly

- Supplies to treat hypoglycemia
  - Sugary foods or drinks - glucose tablets, orange juice, glucose shots
    - Athlete supply his/her sugar of choice in treating hypoglycemia
  - Glucagon injection kit - check expiration date regularly
    - Ensure that members of Athletic Training staff are trained in mixing and administering glucagon

- A “sharps” container and spare batteries
ADMINISTERING MEDICATION

If an athlete needs medication while in the Athletic Training Clinic:

1. The athlete should speak with their AT, or the AT on duty, and talk to them about the medication they are requesting and why it is requested.
2. The only person that should give the athlete medicine is an AT. Athletic Training students are not allowed to administer medication. However, the students are allowed to get the proper paperwork that is needed for the athlete, in order to receive the medication.
3. The required paperwork for medication is located on a designated clipboard in the team physician’s office, and should be filled out in its entirety before the medication is given.
   - The medication form has specific information to be filled out for each athlete receiving medicine: name, date, time, sport, reason for medication, dosage, and a required signature of the student athlete and AT initials.
4. Once the required paperwork is filled out and medication has been given to the athlete, all medications administered must be taken in the ATR.
5. In the case of traveling, and the AT is with their team, the same documentation must be filled out. AT will have appropriate medications and medical forms in their medical kits. If AT is not traveling with their team, medications are not sent with the team or in the travel med kits. Medications are not to be stored in unattended med kits, or easily accessible unattended areas.
To help ensure consistency and accuracy the Weather Bug app, will be used to determine the real feel/wind chill temperature [Frostburg State University as the location].

Cold exposure in general can affect many body systems. Physiological factors such as strength, power, endurance and aerobic capacity are reduced by a drop in muscle temperature or body core temperature. The combination of cold air and the deep breathing of exercise can trigger an asthma attack (bronchospasm). When the body and clothing are wet (whether from sweat, rain, or snow or immersion), the cooling is even more pronounced due to evaporation of the water held close to the skin by wet clothing.

To identify cold stress conditions, regular measurements of environmental conditions are recommended during cold conditions by referring to the Wind-Chill Equivalent Index (WCEI). The WCEI is a tool used to monitor the air temperature index that measures the heat loss from exposed human skin surfaces. Wind chill is the temperature it “feels like” outside, based on the rate of heat loss from exposed skin caused by the effects of the wind and cold.

COLD WEATHER TEMPERATURE GUIDELINES

- When temperature or wind-chill/real feel is from 25 degrees and up
  - No modification of practice

- When wind-chill/real feel is from 15-24 degrees F
  - There will be a modified outside participation limit of 1 1/2 hour

- When wind-chill/real feel is from 10-14 degrees F
  - There will be a modified outside participation limit of 1 hour

- When wind-chill/real feel reaches 9 degrees F and below
  - There will be a termination of all outside practices and contests.

There are two primary issues that are of concern when dealing with cold exposure…. hypothermia and frostbite. Hypothermia is more prevalent in our athletic setting and is the primary concern.

HYPOTHERMIA

The severity of hypothermia can vary, depending on how low the core body temperature gets. Hypothermia frequently occurs at temperatures above freezing. There are specific signs and symptoms to look for. The condition worsens as the core body temperature lowers. Some unique predisposing factors to hypothermia are individuals who are diabetic and those that have an active infection of some sort. Others include being exposed to rain, wind, or increased sweatiness.

Mild Hypothermia (core body temperature ranges from 99-95 degrees F):
- Involuntary shivering
- Inability to perform complex motor functions
• Increased blood pressure

Moderate Hypothermia (core body temperature ranges from 95-90 degrees F):
• Slurred speech
• Violent shivering
• Dazed consciousness
• Irrational behavior (for example, the person may begin undressing and is unaware of being cold)
• Loss of fine motor coordination

Severe Hypothermia (core body temperature ranges from 90-75 degrees F):
• Pupils are dilated
• Skin is pale
• Pulse rate decreases
• Muscle rigidity develops
• Shivering occurs in waves, it is violent and then pauses; the pauses eventually grow longer and longer until shivering ceases
• Person falls to the ground and cannot walk; may curl into a fetal position to conserve heat
• Person loses consciousness, heartbeat and respiration are erratic
• Cardiac and respiratory failure, then death

***Causes of Hypothermia***
• Cold temperatures
• Improper dress/equipment
• Wetness
• Poor food intake
• Prolonged exposure
• Exposed skin
• Poor hydration

FROSTBITE
• Frostbite is the freezing of superficial tissues, usually of the face, ears, fingers and toes. In conditions of prolonged cold exposure, your body sends signals to the blood vessels in your arms and legs telling them to constrict (narrow).
• By slowing blood flow to the skin, your body is able to send more blood to the vital organs, supplying them with critical nutrients, while also preventing a further decrease in internal body temperature by exposing less blood to the outside cold.
• As this process continues and your extremities (the parts farthest from your heart) become colder and colder, a condition called the Hunter’s response is initiated.
• Your blood vessels are dilated (widened) for a period of time and then constricted again. Periods of dilatation are cycled with times of constriction in order to preserve as much function in your extremities as possible.
• However, when your brain senses that you are in danger of hypothermia (when your body temperature drops significantly below 98.6°F), it permanently constricts these blood vessels in order to prevent them from returning cold blood to the internal organs. When this happens, frostbite has begun.
Some factors that predispose someone to frostbite are: wet skin, wind-chill, dehydration, African-Americans, women, hypotensive individuals, anemia, diabetes, and those with sickle cell disease.
COLD EXPOSURE (Wind Chill/Real Feel)

Temperature is a measure of the heat of a substance. Convectional heat loss occurs when air or water passes over the body. Convection dramatically increases heat loss and must be factored into any decision concerning exposure. The greater the wind speed, the faster the object will lose heat. Some days feel colder than others when there is a strong wind blowing, even if the temperatures are the same! This phenomenon is known as wind chill or real feel. To estimate the heat loss based on temperature and wind speeds, we use the Wind Chill or Real Feel Index.

Why should we care about wind chill/real feel?

A lower wind chill can increase the rate at which certain cold-weather dangers, such as frostbite and hypothermia can develop. There are precautions that we can take to avoid them when outside in extreme weather, such as wearing proper clothing and using appropriate equipment.
COLD EXPOSURE REQUIREMENTS

Cold weather is defined as any temperature that can negatively affect the body’s temperature regulatory system. These do not have to be freezing temperatures. The following Cold Exposure Policy has been established for FSU Athletics practice and event/game participation. The wind chill/real feel temperature will be initially determined by 11 am and monitored throughout the practice time. The FSU administration, coaching staff and Athletic Training Clinic will work together to make sure that this program provide a safe playing environment for our student-athletes.

APPROPRIATE CLOTHING: (*)

In cold weather temperatures proper layered clothing should be worn and encouraged and required by the FSU Athletics department coaching staff. Clothing should be layered to allow adjustments as activity level may increase and decrease within a practice which may elevate or drop body temperature. The first layer of clothing on the skin should wick sweat and moisture away from the body to prevent evaporative heat loss. Most major manufactures have products such as “cold gear” that has been developed for this purpose. The top layers should act as insulators to trap heat and block wind. Gore-Tex or some other wind blocking materials are best.

These include:

- Several layers around the core of the body, especially for those individuals that are not very active.
- Long pants designed to insulate. On very cold days a nylon shell or wind pant can be worn on top of them for additional wind break.
- Long sleeve shirt/sweatshirt/coat designed to insulate and break the wind.
- Gloves
- Ear protection/Hat or helmet.
- Face protection.
- Wicking socks that do not hold moisture inside. Wool is excellent. Cotton absorbs and holds in moisture.

COLD WEATHER CAUTION:

When temperature or wind chill/real feel is from 25 degrees F and up

- No modification of practice, but coaches are expected to warn their student-athletes must dress appropriately or else they are not allowed to practice
- Dressing appropriately (*)
- Coaches and Athletic Trainers must watch “high risk” athletes

COLD WEATHER MODIFICATION:

*When wind chill/real feel is from 15-24 degrees F, there will be a modified outside participation limit of 1 1/2 hour.

- All student-athletes must have appropriate clothing on, specifically they must have all skin covered except the facial area
- Hat, gloves and clothing on the lower extremity MUST BE in place. Failure to do so will prevent the student-athlete from practicing until they are appropriately dressed
- Warm-up should be started indoors (stretching, etc.) to not take away from practice time.
- Practice should be planned that keeps student-athletes moving
• Coaches should try to avoid having student-athletes work up a big sweat in the first 20 minutes of practice; this will help them decrease evaporative heat loss that the perspiration will cause
• Coaches should try to keep all student-athletes moving during practice and not stand around watching
• Both Coaches and Athletic Trainers must keeping a very close eye on “high risk” athletes
• If available cool-down indoors.

COLD WEATHER MODIFICATION:
*When wind chill/real feel is from 10-14 degrees F, there will be a modification outside participation limit of 1 hour.
• All student-athletes must have appropriate clothing on, specifically they must have all skin covered except the facial area. See Appropriate Clothing (*).
• Athletes will NEVER TRAIN ALONE. Athletes will always have a training partner.
• Hat, gloves and clothing on the lower extremity must be in place
• Failure to do so will prevent the student –athlete from practicing until they are appropriately dressed
• Warm-up indoors (stretching, etc.) to not take away from practice time.
• Practice should be planned that keeps student-athletes moving
• Coaches should try to avoid having student-athletes work up a big sweat in the first 20 minutes of practice; this will help them decrease evaporative heat loss that the perspiration will cause
• Coaches will keep all student-athletes moving during practice and not stand around watching
• Both Coaches and Athletic Trainers must keeping a very close eye on “high risk” athletes
• Cool-down indoors.

COLD WEATHER TERMINATION:
*When wind chill/real feel reaches 9 degrees F and below, there will be a TERMINATION of all outside practices and contests.

COLD EXPOSURE POLICY for HOME EVENTS
• FSU Athletic Training Staff will check weather at least 3 days prior to game. In the event of anticipated inclement weather, they will contact visiting Athletic Trainer to discuss FSU Cold Exposure Policy, and discuss plan of action should the weather be a concern on the day of the competition.
• After initial contact is made with visiting athletic trainer, FSU Athletic Training staff will check the weather each day leading up to the game to monitor changes. Communication will be maintained with the visiting athletic trainer should any changes occur following initial discussion.
• The same policy will be applied to games as is done with practice.
ADDITIONAL INFORMATION:

It is recommended that additional directives are given to the student-athletes by FSU coaches.

- Cold exposure/activity requires more energy from the body. Additional calorie intake may be required.
- Cold exposure can be affected by poor hydration. Dehydration affects the body’s ability to regulate temperature and increases the risk of frostbite. Make sure that student-athletes are hydrated before practicing or competing.
- Cold exposure/activity requires similar hydration to room temperature; however, the thirst reflex is not activated. Conscious efforts should be made before and after practice to hydrate.
- Never train alone. A simple ankle sprain in cold weather may become life threatening!
- Student-athletes should be instructed on signs of cold stress (wind chill, frostbite and hypothermia). Fatigue, confusion, slurred speech, red or painful extremities, swollen extremities, blurred vision, red watery eyes, dizziness, headache, numbness, tingling of skin and extremities, shivering, uncontrollable shivering etc. are a few warning signs of cold stress.

Predisposing Medical Conditions

- Exercise-Induced Bronchospasm (Asthma)
- Raynaud Syndrome
- Anorexia Nervosa
- Cold Urticaria
- Cardiovascular Disease

Non-environmental Risk Factors

- Previous cold injuries
- Low caloric intake, dehydration, fatigue
- Race
- Nicotine, alcohol, drugs
- Body size & composition
- Aerobic fitness level
- Sex
- Clothing

References:


EXERTIONAL Rhabdomyolysis

DEFINITION
Rhabdomyolysis is the breakdown of skeletal muscle. An acute clinical syndrome of major muscle breakdown and leakage into the bloodstream of muscle contents as reflected by a sharp rise in serum creatine kinase (CK). The many causes of rhabdomyolysis can be categorized as: 1) trauma; 2) muscle hypoxia; 3) genetic defects; 4) infections; 5) body temperature changes; 6) metabolic or electrolyte disturbances; 7) drugs or toxins; and 8) exercise. This guideline focuses on rhabdomyolysis from exercise, or exertional rhabdomyolysis (ER). These guidelines will focus on the NCAA student-athlete.

RECOGNITION
Exertional rhabdomyolysis occurs in the setting of strenuous exercise and can range from mild to severe. Clinical signs are often nonspecific: muscle pain, soreness, stiffness, and, in severe cases, weakness, loss of mobility, and swollen, tender muscles. Severe ER is far more problematic than the milder form known as delayed onset muscle soreness (DOMS), in which muscles become sore and stiff in the first few days after a bout of unaccustomed, moderately strenuous exercise. DOMS is rarely a clinical problem and tends to be self-limited with only relative rest or a cutback in level of training. An even milder form of ER is the physiologic breakdown of muscle that commonly occurs while athletes train. This physiological muscle adaption to exercise overload has few or no symptoms, or only mild muscle symptoms that are generally ignored by the athlete, and so is manifest only by an elevation in serum creatine kinase (CK) – a condition sometimes called hyperCKemia.

SEVERE EXERTIONAL Rhabdomyolysis
The clinical diagnosis of severe exertional rhabdomyolysis soon after an overly intense exercise bout is a physician’s judgment call that hinges in part on the following features that help separate severe ER from the overlapping but milder DOMS:

1. Muscle pain more severe and sustained than expected.
2. Swelling of muscles and adjacent soft tissues.
3. Weak muscles, especially in hip or shoulder girdle.
4. Limited active and passive range of motion.
5. Brown (“Coca-Cola”) urine from myoglobin.

RISK FACTORS OF EXERTIONAL Rhabdomyolysis
Exertional rhabdomyolysis that occurs in an NCAA student-athlete is commonly linked to three conditions:

- Novel overexertion
- Exertional heatstroke
- Exertional collapse with complications in athletes with sickle cell trait

Novel overexertion is by far the most common cause of ER; with early diagnosis and proper therapy, this condition is benign. During exercise, athletes and coaches can monitor distress by watching an athlete’s posture. Figure 1 depicts green, yellow and red situations, which correspond to a series of postures showing an athlete moving into a distressful condition.
Eccentric exercise is when a muscle contracts as an external force tries to lengthen it. Examples include downhill running, squats, push-ups, sit-ups, pull-ups, chair dips, plyometrics and lowering weights. Even though almost every athletic workout has an eccentric component, ER often occurs when exertion is pushed beyond the point at which fatigue would normally compel an individual to stop, such as what can occur during group exercise under demanding supervision or peer pressure.

Exertional heatstroke (EHS) and ER share common risk factors such as history of prior heat illness, elevated environmental heat and humidity, dehydration, or the abuse of stimulants. ER can accompany EHS but is rarely if ever the vital problem. Deaths in EHS are from heat damage to vital organs; the victim dies with some ER, but not directly from ER. In contrast, sickle cell trait is a critical risk factor for ER as deaths have been attributed directly to a seemingly unrecoverable metabolic cascade of ER.

It is vital that all coaches, strength and conditioning personnel, and athletic trainers prevent ER from novel overexertion, recognize it early and activate their emergency action plan while notifying the team physician for full clinical and laboratory assessment, rehydration to ensure good urine output, pain relief, and monitoring for acute compartment syndrome. After treatment for ER, the physician must assess the athlete for risk of recurrence, consider further testing, and decide on when, if and under what conditions the athlete can safely return to play.

https://www.nata.org/blog/beth-sitzler/ncaa-addresses-exertional-rhabdomyolysis
SICKLE CELL EMERGENCY GUIDELINES

Teams that have a student-athlete that is positive sickle cell must have **oxygen** available at all games, practices and strength and conditioning sessions.

(Refer to Emergency Action Plan procedures on calling EMS- page 8)

In the event of a sickling collapse, treat it as a medical emergency by doing the following:

1) Check vital signs – Call 911
2) Administer high-flow oxygen, 15 L/PM, with a non-rebreather face mask.
3) Cool the athlete, if necessary.
4) If the athlete is obtunded (semi-comatose) or as vital signs decline, attach an AED, start an IV, and get the athlete to the hospital fast.
5) Tell EMS to expect explosive rhabdomyolysis and grave metabolic complications.
6) Contact Head Athletic Trainer.

NATA Consensus Statement: Sickle Cell Trait and the Athlete

OXYGEN ADMINISTRATION GUIDELINES

- Check cylinder and ensure it is labeled with a yellow diamond that states “oxygen”
- Clear the valve by removing protective covering, remove the O-ring gasket and turn the cylinder away from yourself and others before opening to clear the valve of debris.
- Open counter clockwise to open and check pressure. Ensure pressure is 200 PSI or greater. Do not use if pressure is less than 200 PSI
- To attach the delivery device, attach the plastic tubing between the flowmeter and delivery device.
- Turn the unit on and adjust the flow as necessary. For variable-flow-rate oxygen system, turn the flowmeter to desired flow rate
  - Nasal cannula: 1 to 6 LPM
  - Resuscitation mask: 6 to 15 LPM
  - Non-rebreather mask: 10 to 15 LPM
  - BVM: 15 LPM or more
- Verify oxygen flow by listening for a hissing sound and/or feeling oxygen flow through the delivery device
- Place the delivery device on the patient and provide care as needed.

Information used from The American National Red Cross
SICKLE CELL TRAIT STUDENT-ATHLETES CONDITIONING GUIDELINES

To assure that all of those involved with the conditioning of athletes with sickle cell trait understand how to proceed, the following guidelines have been taken from a document developed by the National Athletic Trainers’ Association.

Prior to the start of the season, the head coach of the sport, student-athlete, athletic trainer assigned to the sport and strength and conditioning director will discuss these guidelines so that it is clear to all involved what is expected. After meeting and reviewing these guidelines, all must sign this form to assure that this process has been completed.

Precautions
No sickle-trait athlete is ever disqualified, because simple precautions seem to suffice. For the athlete with sickle cell trait, the following guidelines should be adhered to:

1) Build up slowly in training with paced progressions, allowing longer periods of rest and recovery between repetitions.

2) Encourage participation in preseason strength and conditioning programs to enhance the preparedness of athletes for performance testing which should be sports-specific. Athletes with sickle cell trait should be excluded from participation in performance tests such as mile runs, serial sprints, etc., as several deaths have occurred from participation in this setting.

3) Cessation of activity with onset of symptoms [muscle ‘cramping’, pain, swelling, weakness, tenderness; inability to "catch breath", fatigue].

4) If sickle-trait athletes can set their own pace, they seem to do fine.

5) All athletes should participate in a year-round, periodized strength and conditioning program that is consistent with individual needs, goals, abilities and sport-specific demands. Athletes with sickle cell trait who perform repetitive high speed sprints and/or interval training that induces high levels of lactic acid should be allowed extended recovery between repetitions since this type of conditioning poses special risk to these athletes.

6) Ambient heat stress, dehydration, asthma, illness, and altitude predispose the athlete with sickle trait to an onset of crisis in physical exertion.
   a. Adjust work/rest cycles for environmental heat stress
   b. Emphasize hydration
   c. Control asthma
   d. No workout if an athlete with sickle trait is ill
   e. Watch closely the athlete with sickle cell trait who is new to altitude. Modify training and have supplemental oxygen available for competitions

7) Educate to create an environment that encourages athletes with sickle cell trait to report any symptoms immediately; any signs or symptoms such as fatigue, difficulty breathing, leg or low back pain, or leg or low back cramping in an athlete with sickle cell trait should be assumed to be sickling.

Sickling Collapse: Telltale Features
Sickling collapse has been mistaken for cardiac collapse or heat collapse. But unlike sickling collapse, cardiac collapse tends to be “instantaneous,” has no “cramping” with it, and the athlete (with ventricular fibrillation) who hits the ground no longer talks. Unlike heat collapse, sickling collapse often occurs within the first half hour on-field, as during initial windsprints. Core temperature is not greatly elevated. Sickling is often confused with heat cramping; but, athletes who have had both syndromes know the difference, as indicated by the following distinctions:

1) Heat cramping often has a prodrome of muscle twinges; whereas, sickling has none;
2) The pain is different – heat-cramping pain is more excruciating;
3) What stops the athlete is different – heat crampers hobble to a halt with “locked-up” muscles, while sickling players slump to the ground with weak muscles;
4) Physical findings are different – heat crampers writhe and yell in pain, with muscles visibly contracted and rock-hard; whereas, sicklers lie fairly still, not yelling in pain, with muscles that look and feel normal;

5) The response is different – sickling players caught early and treated right recover faster than players with major heat cramping (7)


Signatures

<table>
<thead>
<tr>
<th>Head Coach</th>
<th>Sport</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student-Athlete</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Athletic Trainer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strength and Conditioning Specialist</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEAT ILLNESS POLICY

PREVENTION

- All athletes must have completed all required medical documentation prior to practice or sessions with strength and conditioning.
- Athletes are acclimatized gradually over 7-14 days by progressively increasing the intensity and duration of physical activity and phasing in protective equipment.
- Any athlete who is currently ill (viral infection, upper respiratory tract infection or gastroenteritis) or fever will be monitored until the condition is resolved.
- The athletic training staff will education relevant personal (coaches, administrators, graduate assistants, interns, EMS, and athletes) on preventing and recognizing exertional heat illnesses.
- Players will have free access to readily available fluids at all times, not just during designated breaks.
- The DataTherm (core temperature monitor) will be kept near the cold water immersion tub.
- This policy will be reviewed during the “Medical Time Out”. This includes the FSU medical staff/team physician and students, visiting team medical staff, local EMS, and game events management.

HEAT ILLNESS TREATMENT

EXERCISE ASSOCIATED MUSCLE CRAMPS

- Immediate treatment for acute EAMCs related to muscle overload or fatigue is rest and passive static stretching of the affected muscle until cramps abate. Icing, massage, or both may also help relieve some of the discomfort after EAMCs. For EAMCs related to excessive sweating and a suspected whole-body sodium deficit, the patient must ingest sodium-containing fluids (preferably) or foods (or both) to help return the body to normal fluid, electrolyte, and energy distribution. Patients with recurring EAMCs should undergo a thorough medical screening to rule out more serious neuromuscular conditions (eg, fatigue, hydration level, improper nutrition).

HEAT SYNCPE

- The clinician should move the patient to a shaded area, monitor vital signs, elevate the legs above the level of the heart, cool the skin, and rehydrate.
- The AT may take them to a cool or shaded place to get out of the sun:
  Field A: take the athlete into the Stadium Athletic Training Room.
  Field C/D: The AT may take the athlete into shed where the Honda is kept or transport the athlete back to the athletic training clinic.

EXERCISE EXHAUSTION

- Remove any excess clothing and equipment and move the patient to a cool or shaded area. Further body cooling should be accomplished via fans or ice towels if necessary. While monitoring vital signs, the clinician should place the patient in the supine position with legs elevated above the level of the heart to promote venous return of intravenous
fluids are needed or if recovery is not rapid (within 30 minutes of initiation of treatment) and uneventful, fluid replacement should begin and the patient’s care transferred to a physician. If the condition worsens during or after treatment, EMS should be activated. Additionally, rectal temperature should be obtained; if the patient should be treated for EHS.

EXERTIONAL HEAT STROKE

- The goal is to lower core body temperature to less than 38.9C (102F) within 30 minutes of collapse. When EHS is suspected, the patient’s body (trunk and extremities) should be quickly immersed in a pool or tub of cold water prior to transporting to a hospital. Removing excess clothing and equipment will enhance cooling by maximizing the surface area of the skin. However, because removing excess clothing and equipment can be time consuming, cold water immersion should begin immediately and equipment should be removed while the patient is in the tub (or while temperature is being assessed or the tub is being prepared). Rectal temperature and other vital signs should be monitored during cooling every 5 to 10 minutes if a continuous monitoring device is not available.

Location of Submersion Tubs:

- In case of a heat emergency and cold submersion tubs are needed FSU has two available.

- Submersion Tub #1- is located at the Bobcat Stadium (Field A). During summer camps and the fall season, the tub is located behind the (home) bleachers of the field. When sports are not in session, the tub is located in the closet on the ground floor level of the press box, located behind the concession stand.

- Submersion Tub #2- is located in the shed between the upper fields (C&D). During fall camps and the fall season the tub will be located in proximity to the field that the practice/game is on. When the fields are not being used, the tub will be kept inside of the shed that the FSU Athletic Training equipment is kept in, which is located in between the practice fields.

Implementation of Athlete in Submersion Tub:

In the event that an athlete needs to be put in the submersion tub, the following steps should be immediately executed:

1. Initial response. Once exertional heat stroke is suspected, prepare to cool the patient and contact EMS immediately.

2. Prepare for ice-water immersion, on the playing field or in close proximity, half-fill the tub with water and ice.
   - The tub should be filled with ice and water before the event begins (or have the tub half-filled with water and keep 3 to 4 coolers of ice next to the tub; this prevents having to keep the tub cold throughout the day.
   - If the athlete collapses near the athletic training clinic, the cold whirlpool tub (temperature needs to be below 60 degrees) or cold shower may be used.
3. Determine vital signs. Immediately before immersing the athlete, obtain their vital signs.

Rectal Probe insertion:
   a. Drape the athlete for privacy (use towels or sheets)
   b. Position the athlete on their side with their top knee and hip flexed forward
   c. Make sure the thermistor probe is cleaned and lubricated
   d. Plug the probe into the Datatherm before turning on
   e. Turn the Datatherm on
   f. Insert the rectal probe 10 cm into anal sphincter, if you meet resistance while inserting, stop and remove the probe, then try again.
   g. Check airway, breathing, pulse, and blood pressure.
      Assess the level of central nervous system dysfunction.

4. Remove extra clothing/equipment and begin ice-water immersion. Place the patient in the ice water–immersion tub. AT staff/students, team mates/coaches, and volunteers may be needed to assist with entry to and exit from the tub.

5. Total-body coverage: cover as much of the body as possible with ice water, while cooling.
   - If full-body coverage is not possible due to the tub size, cover the torso as much as possible.
   - To keep the patient’s head and neck from going under water, an assistant may hold him or her under the axillae with a towel or sheet wrapped across the chest and under the arms.
   - Place an ice/wet towel over the head and neck while body is being cooled in the tub.
   - Use a water temperature under 15.6°C (60 degrees F).

6. Vigorously circulate the water. During cooling, water should be continuously circulated or stirred to enhance the water-to-skin temperature gradient, which optimizes cooling. Have an assistant stir the water during cooling.

7. Continue medical assessment. Vital signs should be monitored at regular intervals along with rectal temperature.

8. Fluid administration: If a qualified medical professional is available, an intravenous fluid line can be placed for hydration and support of cardiovascular function.

9. Cooling duration: Continue cold water immersion until the patient’s rectal temperature lowers to 38.9°C (102°F).

10. Patient transfer: Remove the patient from the immersion tub only after rectal temperature reaches 38.9°C (102°F) and then transfer to the nearest medical facility via emergency medical services as quickly as possible.

RETURN TO PLAY

EXERCISE ASSOCIATED MUSCLE CRAMPS AND SYNCOPE
   - The athletic trainer should monitor the patient’s condition until signs and symptoms are no longer present.

HEAT EXHAUSTION
   - The athlete will not participate in same-day return to activity.
• If the athlete is transported to the hospital, the team physician will make the final return to play decision.

HEAT STROKE
• Athletes must complete a 7-21 day rest period and be asymptomatic before beginning gradual return to activity.
• The team physician will determine gradual return to activity, supervised by the Athletic Trainer, and final return to competition decision.

### Heat Policy for Practice and Competition

<table>
<thead>
<tr>
<th>WBGT</th>
<th>Football with Pads</th>
<th>Sports while wearing shorts, T-shirts, socks and, shoes</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50°F</td>
<td>Normal activity</td>
<td>Normal activity</td>
</tr>
<tr>
<td>50.1-65.0°F</td>
<td>Increase the rest: work ratio/ Monitor fluid intake</td>
<td>Increase the rest: work ratio/ Monitor fluid intake</td>
</tr>
<tr>
<td>65.1-72.0°F</td>
<td>Increase the rest: work ratio and decrease total duration of activity</td>
<td>Increase the rest: work ratio and decrease total duration of activity</td>
</tr>
<tr>
<td>72.1-78.0°F</td>
<td>Increase the rest: work ratio and decrease the intensity and total duration of activity</td>
<td>Increase the rest: work ratio and decrease the intensity and total duration of activity</td>
</tr>
<tr>
<td>78.1-82.0°F</td>
<td>Increase the rest: work ratio to 1:1, decrease intensity and total duration of activity, limit intense exercise, and watch at-risk individuals carefully</td>
<td>Increase the rest: work ratio to 1:1, decrease intensity and total duration of activity, limit intense exercise, and watch at-risk individuals carefully</td>
</tr>
<tr>
<td>82.1-86.0°F</td>
<td>Cancel or stop practice and competition</td>
<td>Increase the rest: work ratio to 1:1, decrease intensity and total duration of activity, limit intense exercise, and watch at-risk individuals carefully</td>
</tr>
<tr>
<td>&gt;86.1°F</td>
<td>Cancel or stop practice and competition</td>
<td>Cancel or stop practice and competition</td>
</tr>
</tbody>
</table>

NATA Position Statement: Exertional Heat Illness, 2002
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC164365/pdf/attr_37_03_0329.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC164365/pdf/attr_37_03_0329.pdf)


References:


Frostburg State University
Athletic Training Referral Location Information List

Advanced Diagnostic Radiology (ADR)
952 Seton Dr. #210
Cumberland, MD 21502
(301)-777-3522

Brady Health Center
Frostburg State University
101 Braddock Rd
Frostburg, MD 21532
Hours: Mon-Th. 8:30am-5pm, Fr 9am-4pm
Summer and Intersession- 9am-4pm
(301)-687-4310

Hahn Orthopedics & Sports Medicine
100 Pin Oak Lane
Keyser, WV 26726
304-597-2027

Health Matters Urgent Care
14302 Barton Boulevard SW
Cumberland, MD 21502
(301)-729-3278

Mir Neurology & Spine Center
924 Seton Dr. Suite C
Cumberland, MD 21502
(301)-797-7600

Western Maryland Health Center
12500 Willowbrook Rd
Cumberland, MD 21502
(240)-964-7000

Regional Eye Associates
1415 River Ave.
Suite A
Cumberland, MD 21502
301-722-3500
FROSTBURG STATE UNIVERSITY
ATHLETIC TRAINING PROGRAM

BLOODBORNE PATHOGENS, INFECTIOUS/COMMUNICABLE DISEASE
AND EXPOSURE CONTROL PLAN POLICY:

INTRODUCTION
The Athletic Training Program must do whatever is necessary to ensure that the ATS are provided a safe environment to receive their clinical education. With this in mind the following Policy has been developed. Much of this specific policy has been taken from the Frostburg State University’s Exposure Plan which can be found at: http://www.frostburg.edu/fsu/assets/File/Administration/plant/ecp10-18-13.pdf

The Occupational Safety Health Administration (OSHA) issued the Bloodborne Pathogens Standard to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) have been shown to be the most responsible for infecting health care providers who are exposed to human blood and certain other body fluids containing these viruses. This occurs through routes like needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials. Occupational transmission of HBV occurs much more often than transmission of HIV or HCV.

The following exposure control plan has been established by the Frostburg State University (FSU) Athletic Training Program in order to minimize and/or prevent exposure of our ATS to disease-causing microorganisms transmitted through human blood and any other potential method. It is also meant to comply with the Bloodborne Pathogens Standard established by OSHA.

All ATS who are exposed to blood and other potentially infectious materials as a part of their clinical education are included in this plan. This plan will be reviewed at least annually and updated as necessary by the Athletic Training Program. Copies of this plan are available for review in the Athletic Training Program Director’s Office [Cordts PEC 259].

Components of this exposure control plan include:
I. Exposure Determination
II. Hepatitis B Vaccination Policy
III. Methods of Compliance
IV. Procedures for Evaluation Follow-up of Exposure Incidents
V. AT Student Training
VI. Recordkeeping Procedures
VII. Appendix 1, 2, 3 and 4
I. EXPOSURE DETERMINATION

For the purposes of this document, exposure is defined as a needle stick or as any skin, eye, mucous membrane, or parenteral contact that a student has with blood or any of the other potentially infectious materials (OPIM) listed below, experienced by the ATS during the course of their clinical education experiences.

AT student with anticipated or possible risk of exposure are outlined below in sections A-C.

Other Potentially Infectious Materials (OPIM) Body Fluids:
- semen
- vaginal secretions
- cerebrospinal fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- any body fluid visibly contaminated with blood
- saliva in dental procedures

AT STUDENT ANTICIPATED/POSSIBLE EXPOSURES

AT students have an anticipated risk of exposure due to tasks or procedures occurring in the normal performance of their clinical education.

Position Tasks/Procedures Causing Risk;
- Clinical and emergency care of athletic injuries, cleaning of potentially contaminated equipment and/or surfaces, handling of contaminated materials

ATS are required to obtain clinical experience under the supervision of a certified/licensed athletic trainer [preceptor] in a clinical setting as part of the Athletic Training Program (ATP) as determined by the Commission Accreditation Athletic Training Education (CAATE) requirements. These experiences include the evaluation and management of athletic injuries and/or conditions involving the intercollegiate athletes. The administering of first aid and/or managing injuries and conditions, may potentially expose students to blood or other potentially infections materials. ATS will receive blood-borne pathogen training annually before they may begin their clinical experience for that year.

II. VACCINATION POLICY

HBV vaccination will be required for all students prior to their acceptance into the ATP, but not reimbursed, and the AT Program Director will keep records. Exposure counseling will take place in the event of an exposure incident, in accordance with the University's policy and procedures. Documentation of annual training and verification of HBV vaccination will be kept in the ATP Director’s office. Any ATS who refuse the vaccine for any reason must sign the Declination Form at the end of this document.
III. METHODS OF COMPLIANCE
A. UNIVERSAL PRECAUTIONS
All blood or other potentially infectious materials as described in section I, Exposure Determination, shall be handled as if contaminated by a Bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. The Athletic Training Program will follow Universal Precautions, as described by the FSU exposure control plan and Bloodborne training program.

B. ENGINEERING AND CLINICAL PRACTICE CONTROLS
Engineering and clinical practice controls shall be used to eliminate or minimize ATS exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering controls will be utilized:
1. Hand Washing Techniques
2. Regulated Waste - Non-Sharps
3. Regulated Waste - Sharps
4. Precautions in Handling Specimens
5. Management of Contaminated Instruments/Equipment
6. Whirlpool Cleaning
7. Personal Protective Equipment
8. Housekeeping (Environmental and Working Surfaces)
9. Laundry
10. Communication of Hazards to Employees, Students, Managers, and Athletes
The above controls will be maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is to be done annually by the Athletic Training Program Director.

1. Hand Washing and Other General Hygiene Measures
Hand washing is a primary infection control measure, protecting both the ATS and the patient. ATS will wash their hands using non-abrasive soap and water whenever they have become contaminated and as soon as possible after removing gloves or other personal protective equipment. If soap and water are not available, a waterless hand sanitizer may be used. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin will be washed with soap and water, and the mucous membranes shall be flushed with water, as soon as possible. Hand washing facilities are located inside the PEC Athletic Training Room. ATS should wash hands between patients, before and after contact with non-intact skin, after removing gloves, or in any other instance where contact has occurred/may have occurred with any potentially infectious materials.
ATS should observe the following rules for proper hand washing:
- Vigorously lather hands using soap and rub together for at least 15 seconds under a moderate stream of water at a comfortable temperature.
- Rinse hands well with fingertips down and dry hands with paper towel.
- Paper towel will be used to turn faucets off. (This will help prevent contamination of "clean" areas)
A waterless cleaner will be available to all students for use when functioning in areas where a hand washing facility is not available.
Eating, drinking, tobacco use, applying cosmetics or lip balm, and handling contact lenses are prohibited in the FSU Athletic Training Room or other clinical areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops were blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

2. Regulated Waste (Non-sharps)
The substances listed below must be placed in containers which are: closable, constructed to contain all contents, and able to prevent leakage of fluids during handling, storage, transport or shipping.
- liquid or semi-liquid blood or other potentially infectious materials;
- gloves that have come into contact with blood or OPIM
- contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; (band-aids, steri-strips, telpha pads, gauze, etc.)
- items that are capable of releasing these materials during handling;
- pathological and microbiological wastes containing blood or other potentially infectious materials.
In the Athletic Training Rooms red biohazard bags are placed in red trash receptacle with a foot controlled lid. Red biohazard bags will be placed in each Athletic Training field kit so as to accommodate non-sharp regulated waste on the playing fields and courts.
Regulated waste that has been decontaminated need not be labeled or color-coded.

3. Regulated Waste - Sharps
Contaminated needles shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. Syringes will not be bent, broken, or disassembled before disposal. Contaminated needles, scalpels, and syringes are to be disposed of in an approved sharps container.
Contaminated broken glass is also to be placed in disposable sharps containers. When cleaning up broken glass, which may be contaminated, use mechanical means such as a brush, and dustpan, tongs, or forceps. DO NOT pick up directly with the hands.
Sharps containers will be closable, puncture resistant, labeled or color-coded, and leak proof on sides and bottom, and maintained upright throughout use. Containers will be located in all athletic training rooms and the physician's exam office.
Once the lid on the Sharps container is closed, it officially becomes "waste" and will be placed with other medical waste for disposal.
Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner, which will expose employees to the risk of injury. DO NOT reach by hand into a container, which stores reusable contaminated sharps.
Overfilling of sharps containers creates a hazard when needles protrude from openings. Close Sharps containers when 3/4 full, then dispose in the proper manner.
The bio hazardous waste must be in an appropriately labeled box that is packed and closed in accordance with the directions marked on the box. Also, ensure that the lids on all sharps containers are closed and securely fastened.

4. Medical Waste Disposal
A medical waste disposal collection container for consolidation of biohazard waste is located in the Athletic Training Room. This metal box is red and labeled with the universal biohazard symbol. A heavy-duty plastic red leak proof bag is secured in the box. The medical waste boxes are never overfilled. When full, the red bag is tied closed and removed. Another bag is then put in place. A contracted licensed medical waste removal company removes the closed bags as needed. Brady Health Center assists with notifying the contractor when collections are needed.

5. Precautions in Handling Specimens/Collection of Blood or OPIM
Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. During the entire specimen collection process, the athletic trainer must use gloves and may need other personal protective equipment as appropriate.

6. Personal Protective Equipment General Guidelines
Either the Athletic Department or the Athletic Training Program will provide all necessary personal protective equipment at no cost to ATS. ATS shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Various sizes will be kept on hand. ATS who have allergies to regular gloves may obtain hypoallergenic gloves.

The following items will be made available to ATS providing service in the Athletic Training Room:

- gloves
- goggles
- CPR mouth shields/masks
- facemasks

7. Protection for Hands
Gloves shall be worn by the ATS in the following situations:
- when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin. (Blisters, lacerations, abrasions, subungual hematoma, etc.)
- when handling or touching contaminated items or surfaces. (Laundry, soiled bandages, gauze, etc.)
- when assisting team physician is suturing, draining hematoma auris, managing ingrown toenails, paronychia, dermatological lesions etc.
- when collecting specimens
- if the ATS has cuts, scratches, or other breaks in the skin
Disposable Gloves
These must be replaced as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Do not wash or decontaminate single use gloves for re-use.

8. Protection for Eyes/Nose/Mouth/Body
ATS shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields 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. When cleaning a potentially infectious material spill, employees or students will wear gloves in addition to eye protection.

9. Housekeeping by staff ATs and ATS (Environmental and Working Surfaces)
The Athletic Training clinical facilities will be maintained in a clean and sanitary condition. Countertops, treatment tables, rehabilitation equipment and other work surfaces will be cleaned using a disinfectant with virucidal, fungicidal, and antibacterial properties. Cleaning will take place in the following situations:
- After completing procedures on an individual patient
- Immediately or as soon as feasible after overt contamination with of blood or OPIM
- At the end of the shift if the surface may have become contaminated since the last cleaning.

10. Laundry
ATS who handle contaminated laundry are to wear gloves and other appropriate personal protective equipment as needed. Universal precautions will be used when dealing with laundry that has come into contact with blood or OPIM. Contaminated laundry will be handled as little as possible with a minimum of agitation. It will not to be sorted or rinsed, but will be placed in a container or bag immediately. Contaminated laundry which may soak-through or cause leakage will be put in a biohazard bag to prevent soak through or leakage of fluids to the exterior. Laundry will be cleaned in the Laundry Rooms located in the PEC. Contaminated laundry will be washed using detergent and bleach.

10. Communication of Hazards to ATS
ATS will be informed of hazards through a system utilizing red biohazard bags as well as a BBP training program. Warning labels will be easily visible on all containers of regulated waste. Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as possible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the biohazard symbol and the text BIOHAZARD. Red bags or red containers may be substituted for the warning label.
IV. PROCEDURES FOR EVALUATION AND FOLLOW-UP FOR POST-EXPOSURE

FSU’s POST-EXPOSURE EVALUATION AND FOLLOW-UP POLICY
[This plan has been modified to meet the needs of the Athletic Training Program]

OSHA defines an exposure as “a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that may result from the performance of an AT student’s duties.”

Immediate treatment for an exposure:

Skin: wash the affected area with soap and water immediately or as soon as possible

Eyes or mucous membranes: immediately flush the affected areas with water 15-20 minutes

Intact skin that sustains a contaminated sharp injury: immediately wash the affected area with soap and water

- After immediate treatment, the exposure must be reported promptly to the preceptor and ATP Director, who shall ensure that a medical evaluation is IMMEDIATELY made available to the ATS. The ATS’s ATP Director is responsible for initiating the investigation by notifying the University’s Safety Officer. The ATP Director, from information obtained from the ATS will initiate a BBP Occupational Exposure Evaluation.

- Immediate medical evaluation is not available on campus. The ATS is to be transported to Western Maryland Regional Health Center for evaluation. The emergency room is open 24/7.

- Following the initial first aid, the following activities will be performed:
  - Complete the BBP Occupational Exposure Evaluation form (Appendix 2). This form includes the injury demographics (route of exposure and circumstances), type of exposure, and identification of source individual (if known). A copy of the completed Occupational Exposure form is maintained in the Safety Officer and a copy is forwarded to the Brady Health Center for follow-up.

The AT student’s ATP Director ensures that the healthcare professional evaluating an ATS with an exposure incident receives the following:

- A copy of OSHA’s Bloodborne pathogens standard
- BBP Occupational Exposure Evaluation Form (Appendix 2)
- Hepatitis B vaccine status
- Report of evaluation by Medical Consultant (Appendix 3)

The University Police and Brady Health Center maintain copies of the above. If an AT student refuses the medical evaluation, the ATP Director must document the circumstances and report the event to the University’s Safety Officer. The ATS will be encouraged to have a medical examination.

A Nurse Practitioner at Brady Health Center shall follow up on referrals to Western Maryland Regional Health Center. A WMHS release of information form will be completed by the ATS in order to have information released to the health center. Brady Health Center
will provide the ATS with a copy of the evaluating healthcare professional's written opinion within 7 days of receipt of the completed evaluation.

The Health Center professional’s written opinion (Appendix 4) for post-exposure evaluation and follow-up will be limited to the following information:
1. That the AT student has been informed of the results of the evaluation.
2. Hepatitis B vaccination will be limited to whether HBV vaccination is indicated for an ATS and if the ATS has received such vaccination.
3. That the ATS has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials with require further evaluation or treatment.

All other findings or diagnoses will remain confidential and shall not be included in the written report.
Counseling services will be offered to the employee per Office of Human Resources guidelines.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT
The Safety Officer will review the circumstances of all exposure incidents to determine:
Engineering controls in use work practices followed a description of the device being used
1. Protective equipment or clothing that was used (gloves, eye shields, etc.)
2. Location of the incident
3. Procedure being performed when the incident occurred
4. Employee’s training

V. ATHLETIC TRAINING STUDENT BBP TRAINING
ATS will be trained regarding blood borne pathogens prior to initial clinical assignment to tasks where exposure may occur. Additional training will be provided whenever there are changes in tasks or procedures that would affect occupational exposure.
Training will take place annually before the ATS is allowed to receive clinical experience. The training approach will be tailored to the educational level, literacy, and language of the ATS. The training plan will include an opportunity for the ATS to have their questions answered by the Brady Health Center nurse who is competent in the OSHA/Blood borne Pathogen Compliance Issues if the so desire. The ATP Clinical Education Coordinator and/or Director are responsible for ATS BBP training.
The following content must be included:
1. Explanation of the blood borne pathogen standard
2. General explanation of the epidemiology, modes of transmission and symptoms of blood borne diseases
3. Explanation of this exposure control plan and how it will be implemented
4. Procedures that may expose employees or students to blood or other potentially infectious materials
5. Control methods that will be used at this facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials
6. Explanation of the basis for selection of personal protective equipment
7. Information on the hepatitis B vaccination program including the benefits and safety of
vaccination
8. Information on procedures to use in an emergency involving blood or other potentially infectious materials
9. What procedure to follow if an exposure incident occurs?
10. Explanation of post-exposure evaluation and follow-up procedures
11. An explanation of warning labels and/or color-coding

VI. RECORDKEEPING PROCEDURES
The Brady Health Center staff will maintain all records for exposure of the ATS. All records for training of the ATS will be maintained by the ATP Director in accordance with the requirements of CAATE.
Name of ATS: ______________________________________________________

Home Address: ____________________________________________________

Cell Phone Number: ____________________

Family Physician: __________________________________________________

I have decided not to participate Hepatitis B Vaccination

I understand that due to my potential exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been advised to be vaccinated with Hepatitis B vaccine however; I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have potential exposure to blood or other infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination.

Signed: _________________________________

Date: _______________
Name: ________________________________________________
Cell Phone: _____________     Home Phone: ______________

1. INJURY DEMOGRAPHICS:
   a. Date of exposure: ________   d. Exposure site: _______
   b. Time: ___________     e. Was source known? ________
   c. Day of the week: _________

2. TYPE OF EXPOSURE:
   a. _____ needle stick
   b. _____ other “sharps” injury (indicate type below, e.g., scalpel, glass)
   c. _____ mucous membrane contact (eye, nose, mouth)
   d. _____ skin contact
   e. _____ other (describe)

   ____________________________________________________________________

3. CIRCUMSTANCES OF EXPOSURE:
   a. Describe what employee was doing when the exposure occurred (e.g., drawing blood, performing CPR, decontaminating blood spill, etc.)
   ____________________________________________________________________
   ____________________________________________________________________

   b. Was a second person involved? _____Yes _____ No If yes, describe circumstances and indicate the name of the other person, if known.
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

   c. Type of protective equipment worn at the time of the exposure:
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

   d. Time until exposure site or wound was cleansed:
   _____ less than 1 minute
   _____ 2 – 5 minutes
greater than 5 minutes (estimate time: _____)

4. NEEDLE/SHARP INJURIES: (Complete only if injury involved a sharp.)
a. If the injury involved a needle, indicate type:

   needle/ syringe ______  vacutainer ______________________
   glucose meter ______  other __________________________

b. If a needle was involved: Was there blood on the needle? _____ Yes _____ No

   Gauge or size of needle: __________

c. If the injury was caused by a sharp other than a needle, indicate type:

   ______ scalpel blade ______ glass ______ razor blade
   ______ other ____________________________

   Was there visible blood on the sharp? _____ Yes _____ No

d. Was any fluid injected into exposed person? _____ Yes _____ No If so, note
   approximate amount: _______________

e. Depth of injury:

   _____ skin scratched _____ needle/sharp passed through skin
   _____ deep into muscle _____ not applicable

f. Did the injury draw visible blood? _____ Yes _____ No

5. MUCOUS MEMBRANE CONTACT: (Complete this section if exposure involved
   possible BBP contact with a mucous membrane.)

a. _____ eye _____ mouth _____ inside nose
   _____ other ____________________________

b. Fluid involved:

   _____ blood _____ fluid with visible blood – specify:

   _____ fluid with no visible blood – specify: _______________________

6. SKIN CONTACT: (Complete this section if exposure involved possible BBP
   contact with skin.)

a. Condition of skin that came into contact with the blood or body fluid?

   _____ normal intact skin _____ cuts _____ chapped
   _____ abraded _____ other, describe:

b. Fluid involved:

   _____ blood _____ fluid with visible blood – specify:
fluid with no visible blood – specify:

7. OTHER COMMENTS OR OBSERVATIONS IMPORTANT TO THIS EXPOSURE:

Name of Individual Completing Form

__________________________________________  Date _____________
Report of Evaluation by Medical Consultant
APPENDIX 3

Name of ATS: _________________________________________________________

Name of Medical Facility:
____________________________________________________

Is Hepatitis B Vaccine indicated for this employee?
________________________________

Basic series ____________
Booster dose ____________
None
The following doses of Hepatitis B vaccine/HBIG have been administered to this employee?
________________________________________________________________________

Hepatitis B Immune Globulin (HBIG) Date
Hepatitis B Vaccine
1st dose: 2nd dose: 3rd dose: Date_____ Date_____ Date_____  
None
Has the ATS been informed of the results of this evaluation?

Yes __________
Date _________
No __________
Not applicable __________

6. Has the ATS been counseled regarding the results?

Yes __________
Date _________
No __________
Not applicable __________

Signature of Medical Consultant; ____________________________ Date: ______
Print name of Medical Consultant: ___________________________

Please return this form to:
Brady Health Center
Frostburg State University
101 Braddock Rd
Frostburg, MD 21532
(Completed at Brady Health Center)
Name of ATS: _______________________________________
Exposure Site: _______________________________________
Date of Exposure: ____________________________
Type of Exposure: ____________________________
Dates of Employee’s Hepatitis B Vaccinations (if known)
#1 ____________________ #2 ____________________ #3 ____________________
Date(s)/Location of Post Exposure Evaluation: _______________________________________

1. Please respond to the one applicable statement below:

YES  NO
a. ( ) ( ) Hepatitis B vaccination is indicated for employee and employee has received or
   is undergoing such vaccination.
b. ( ) ( ) Hepatitis B vaccination is indicated for employee and employee
   has declined vaccination. Mandatory declination signed.
c. ( ) ( ) Hepatitis B vaccination is NOT INDICTED for employee.

2. YES NO
   ( ) ( ) Employee has been informed of the results of the evaluation.

3. YES NO
   ( ) ( ) Employee has been informed of any medical conditions resulting from exposure
   to blood or other potentially infectious materials which require further evaluation and
   treatment.

4. YES NO
   ( ) ( ) Copy of this report given to employee.

Signature of ATS: ______________________________ Date: __________________
Signature of Healthcare Professional: ______________________________ Date