



*The Herbert H. &
Grace A. Dow College of*
Health Professions

ATHLETIC TRAINING PROGRAM

Policies and Procedures Manual

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MESSAGE FROM THE PROGRAM FACULTY

CONGRATULATIONS, you are taking the next step in the pursuit of your goal of becoming an athletic trainer (AT). The next phase of your education will be fun, frustrating, time-consuming and rewarding. Be assured the Athletic Training Faculty are committed to providing a student-centered approach to teaching and we work daily to foster your success. However, your success can only be attained by you. You must have the desire and initiative to get involved and pursue opportunities provided to enhance your education.

The information provided here, on our program website, blackboard, and E*Value is vital to your understanding of the standard of excellence that we have established for this program. Throughout the pre-professional semesters, you have been provided information associated with our program's policies and procedures. These include: Technical Standards, Communicable and Infectious Disease Policy and Declaration, Bloodborne Pathogens, Exposure Control Plan, Emergency Action Plan, Self-Report Form, HIPAA, Confidentiality, Social Media, Working with Minors, and Dress Code. These policies will continue throughout the professional phase and will be discussed each semester to remind you of their importance. In addition to these policies, a Code of Conduct has been adopted, which we expect of all students associated with the Athletic Training Program to abide.

In addition to the policies, you will use an online database (E*Value) to record completion of tasks identified as essential skills for the entry-level certified athletic trainer. The information contained in this professional resource will be evaluated and re-assessed throughout your four semesters in the professional phase.

The program faculty will comply with university policy regarding use of students' CMU email address. Students are required to check their email for information from program faculty and the university.

The program faculty welcomes you. We invite you to take advantage of everything Mt. Pleasant and CMU have to offer. Enjoy these remaining two and a-half years of college for time will pass very quickly.

PROGRAM MISSION, GOALS, AND OBJECTIVES

The faculty and students associated with the Athletic Training Program embrace the Vision Statements and Strategic Plans of Central Michigan University and The Herbert H. and Grace A. Dow College of Health Professions.

Central Michigan University

At Central Michigan University, we are a community committed to the pursuit of knowledge, wisdom, discovery, and creativity. We provide student-centered education and foster personal and intellectual growth to prepare students for productive careers, meaningful lives, and responsible citizenship in a global society.

The Herbert H. and Grace A. Dow College of Health Professions

Through The Herbert H. and Grace A. Dow College of Health Professions, we foster and sustain a culture of excellence through collaborative clinical/professional practice, learner-centered education, leadership, research, and service.

PROGRAM MISSION STATEMENT

As a student-focused learning community, we are committed to being a leader in developing highly qualified, culturally-competent Athletic Trainers who advance the profession through excellence in patient-centered evidence-based clinical decision making; scholarship, leadership, and service.

GOALS AND OBJECTIVES

Goal I

Provide innovative and active learning opportunities.

Objectives

- Provide educational experiences that promote critical-thinking, problem-solving, effective oral and written communication and independent learning skills.
- Promote the development of knowledge, skills, and abilities through innovative pedagogy.
- Collaborate with healthcare professionals to provide students with diverse clinical experiences.
- Maintain high academic and ethical standards that exceed the requirements determined by the Board of Certification (BOC) and the Commission on Accreditation of Athletic Training Education (CAATE).

Goal II

Instill students with a strong commitment to provide quality patient centered care.

Objectives

- Cultivate opportunities for student to serve in multidisciplinary and interprofessional settings and be part of a diverse culture.

- Promote the provision of equitable care that is responsive to diverse cultural health beliefs and practices.
- Support student assessment of evidence-based healthcare practices and its application to patient care.
- Foster self-assessment of knowledge, skills, and abilities in Athletic Training in order to provide patient- centered care.

Goal III

Encourage collaboration between students, faculty, and healthcare professionals through educational, creative, and scholarly activities.

Objectives

- Encourage and support attendance at local, state, regional and national conferences, workshops, seminars, and/or lectures.
- Instill in students the importance of scholarship and contributing to the profession's body of knowledge.
- Support efforts leading to publications and presentations.
- Promote and assist students in securing local, state, regional and national scholarships and grants.

Goal IV

Foster lifelong learning for future and present athletic trainers.

Objectives

- Maintain status as a BOC continuing education approved provider.
- Create continuing education opportunities for athletic trainers and students to advance their knowledge, skills, and abilities in health care.
- Encourage student membership in the Michigan Athletic Trainers' Society, Great Lakes Athletic Trainers' Association, and the National Athletic Trainers' Association.

Goal V

Develop leaders and responsible citizens.

Objectives

- Support activities of the Student Athletic Training Organization.
- Provide peer-to-peer and faculty-to-student mentorship opportunities.
- Encourage involvement within the athletic training profession and local community.

SECTION I: CODE OF CONDUCT

CODE OF CONDUCT

In addition to the **Policy and Procedures Relating to Student Rights and Responsibilities**, as published in the Central Michigan University Bulletin, the Athletic Training faculty established the following Standards, Policies, and Procedures governing student conduct as a member of the Athletic Training Program. The manual is posted on Blackboard in the Athletic Training Program Shell.

1. Technical Standards
2. Physical Examination and Essential Functions
3. Background Checks
4. Consensual Relationship Policy
5. Religious Accommodations Policy
6. Self-Report Form
7. Acknowledgement of Self-Report Meeting
8. Standard Dress Code
9. Bloodborne Pathogens Control Plan
10. Clinical Experience Declaration Bloodborne Pathogens
11. Communicable and Infectious Disease Policy
12. Inclement Weather Policy
13. Working with Minors
14. Progressive Shelf Examination Policy
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16. Progressive Discipline Policy for Professional Behaviors
17. Progressive Discipline Policy for Academic Performance
18. Clinical Experience Assignment Policy
19. Clinical Experience Supervision Policy
20. Clinical Experience Hour Policy
21. Clinical Experience Travel Policy
22. Social Media Policy
23. Personal Leave of Absence Policy
24. Academic Leave of Absence Policy
25. Re-Admission Policy
26. Sexual Harassment Policy
27. Chain of Command
28. Clinical Experience Declaration Non-Disclosure of Information
29. Athletic Training Student Agreement
30. Athletic Training Program Faculty Agreement

TECHNICAL STANDARDS

The athletic training program at Central Michigan University is a rigorous and intense program that places specific requirements and demands on students. Students must possess the perseverance, diligence and commitment to complete the athletic training program as outlined and sequenced. It is the objective of this program to prepare graduates to enter a variety of athletic training employment settings and to render care to a wide spectrum of athletes and physically active individuals. The technical standards establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skill, competencies and proficiencies of an entry-level BOC certified athletic trainer, as well as meet expectations of the program's accrediting agency (CAATE). *The following abilities and expectations must be met by all students selected to the athletic training program and be maintained throughout the student's progress in the program.* In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, then the student may be dismissed from the athletic training program.

Candidates for admission and athletic training students in the professional program must:

1. 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. Demonstrate sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations utilizing accepted techniques; perform common prevention and emergency care techniques; and accurately, safely and efficiently use equipment and materials during assessment and therapeutic treatment of patients.
3. Communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes but is not limited to establishing rapport with patients and communicating judgments and treatment information effectively. Students must understand and speak the English language at a level consistent with competent professional practice.
4. Record the physical examination results and a treatment plan clearly and accurately.
5. Maintain composure and continue to function well during periods of high stress including the ability to respond with precise, quick and appropriate actions in emergency situations.
6. Be flexible and adjust to changing situations and uncertainty in clinical situations.
7. Demonstrate affective skills and appropriate demeanor and rapport with patients, caregivers and professional colleagues.
8. Accept constructive criticism and respond by appropriate modification of behavior.

Admission to the professional program will be contingent on the student's verification that they understand and meet these technical standards either with or without reasonable accommodation(s).

Student Disability Services will evaluate a student who states they can meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states they can meet the technical standards with accommodation, the agent for the University will determine whether it agrees the student can meet the technical standards with reasonable accommodation; this includes review of whether the accommodations requested are reasonable, taking into account whether the accommodations would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical education and immersive clinical experiences.

Please sign statement A OR B below.

Statement A: NO Accommodations Requested

I certify that I have read and understand the technical standards listed above and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I may be dismissed from the program.

Athletic Training Student Signature

Date

Print Name

Statement B: Accommodations REQUESTED

I certify that I have read and understand the technical standards listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Student Disabilities Office to determine what accommodations may be available. I understand that if I am unable to meet these standards, with or without accommodations, I may be dismissed from the program.

Athletic Training Student Signature

Date

Print Name

PHYSICAL EXAMINATION

Name _____

DOB: _____

I. PERSONAL HEALTH HISTORY

Have you ever experienced any of the following? (Circle yes or no). If yes, please comment.

	YES	NO	Comment
Vision problems			
Hearing/ear problems			
Nose/sinus/throat problems			
Bleeding tendencies			
Blood disorders			
Headache			
Heart trouble			
High blood pressure			
Thyroid disease			
Diabetes			
Kidney problems			
Lung disorder			
Shortness of breath			
Asthma			
Liver/hepatitis disease			
Ulcers/gastritis			
Hay fever/seasonal allergies			
Bowel disorder			
Skin problems			
Fainting/dizzy spells			
Seizures			
Numbness/tingling			
Disc disease			
Joint pain			
Back pain			
Neck pain			
Hernia/rupture			
Arthritis			
Carpal tunnel			
Tendonitis			
Stomach problems			
Previous surgery			
Anxiety/Depression			
Substance abuse or addiction			

I hereby state that the answers to the above questions are correct.

Student Signature: _____

Date: _____

II. IMMUNIZATION RECORDS. ATTACH COPY.

Records Appropriate: ___ Yes ___ No, Suggestion: _____

ESSENTIAL FUNCTIONS

Please assess the following essential functions (Completed by Physician/Clinician):

1. Read, write and orally communicate in the English language; and use auditory, tactile and visual senses to evaluate, receive information and treat clients.
 - Hear and understand the normal speaking voice and discern audible instrument alert signals and timing devices.
 - 20/40 corrected vision to correctly see activities across a field, court, or a treatment/rehabilitation area, and observe client activities close at hand.
 - Discriminate colors in order to detect the presence of various bodily fluids, differentiate various topical applications and ascertain the presence of biological and/or anatomical abnormalities according to visual cues.
 - Read patient charts and documentation, read instructions related to use of equipment and supplies, and print-outs generated for by various pieces of equipment.
2. Possess basic neurological function, manual dexterity, strength and stamina to perform required tasks.
 - Sit for 2-8 hours, stand 2-3 hours daily; ambulate 10-15 yards at 2 miles per hour indoor or outdoor over rough terrain.
 - Lift 20-25 pounds, possibly lift 10-15 pounds overhead; maintain 10-15 pounds of grip strength for 30 seconds; occasionally carry up to 30 pounds while walking 10-20 feet.
 - Twist, bend, stoop and kneel on the floor up to 15 minutes; move place to place and position to position and must do so at a speed that permits safe handling of client.
 - Stand and walk while providing support to an injured and/or ill client.
 - Bladder and bowel control for 3-4 hours.
 - Neurological function to perceive hot, cold and change in contour of surface and body part.
 - Manual dexterity to perform emergency management and first aid techniques, and athletic training skills.
3. Possess emotional stability and health to exercise sound judgment; and develop mature, sensitive and effective relationships with clients.
 - Recognize trauma settings, and make and execute quick, appropriate and accurate steps to render care.
 - Critically think, problem-solve and maintain emotional control in stressful situations.
 - Adapt to changing environments, display flexibility and learn to function in face of uncertainties inherent in clinical practice.
 - Communicate with individuals from different cultural and social backgrounds without bias.

III. PHYSICAL EXAMINATION (completed by Physician or Clinician)

	NORMAL	ABNORMAL FINDINGS. Comments
Posture Control		
Neuromuscular Control		
Equilibrium		
Manual Dexterity		
Vision		
Hearing		
HEENT		
Speaking Voice		
Heart		
Lungs		

Clinician Signature and Credentials

Date

Print Name

PHYSICAL EXAMINATION VERIFICATION

Name: _____ DOB: _____

Based on the results of the physical exam completed using the Athletic Training Program physical examination form, the above-named student demonstrates the essential functions to perform the tasks of a health care professional in the Athletic Training Program.

_____ Yes

_____ Yes, with accommodations* Student is to report findings to Student Disability Services.

_____ No, Suggestion for further evaluation:

Clinician Signature and Credentials

Date

Print Name

Address: _____

Phone: _____

Email: _____

BACKGROUND CHECKS AND DRUG SCREENING

About Background Checks

Clinical sites, including hospitals, clinics, and schools, require criminal background checks on employees, volunteers, and students. The State of Michigan Public Act 68 (1993) requires that all new public-school employees, including substitute teachers, complete a criminal records check. In compliance with the Student Safety Acts of 2006, many school districts require background checks on volunteers. As an athletic training student, you are considered a volunteer of the school and/or district and will follow protocols put forth regarding volunteers for the school and/or district.

Athletic Training Student Responsibility

Athletic training students are expected to self-report/disclose any civil or criminal felonies or misdemeanors (see Student Retention Policy). As an athletic training student, you may be required to complete a criminal background check. All background checks are independent of the Athletic Training Program and are between the clinical site and athletic training student, including the expense which may or may not be covered by the clinical site. If a background check is positive, the clinical site retains the right to excuse you from your clinical experience. A positive background check and excusal from the clinical site will result in an investigation by the Athletic Training Program, at which time, if you have not reported such violation(s), may result in appropriate discipline as outlined in the Student Retention Policy. Background checks are valid for one year. Therefore, the athletic training student may be required to have multiple background checks performed depending on the policy of the assigned clinical site.

About Drug Screening

Some clinical sites, including hospitals, clinics, and schools, require drug screenings on employees, volunteers, and students. As an athletic training student, you are considered a volunteer of the clinical site and will follow protocol as put forth regarding volunteers for that clinical site.

Athletic Training Student Responsibility

As an athletic training student, you may be required to complete a drug screen. All drug screenings are independent of the Athletic Training Program and are between the clinical site and athletic training student, including the expense which may or may not be covered by the clinical site. If a drug screening is positive or diluted, the clinical site retains the right to excuse you from your clinical experience. A positive or diluted drug screen and excusal from the clinical site will result in an investigation by the Athletic Training Program, at which time if you have not reported such violation(s) may result in appropriate discipline as outlined in the Student Retention Policy.

Under the Drug Free Schools and Communities Act, as well as in compliance with Federal and State Law, CMU strictly prohibits the use and possession of federal and state illegal drugs both on campus and as part of any of its activities. It should also be noted that due to the University's compliance with Federal Law, Medical Marijuana possession or use is not permitted.

CONSENSUAL RELATIONSHIP POLICY

Because of the clinical role and responsibility placed on students in the Athletic Training Program, the need to maintain professional relationships with athletes, patients, athletic administration/personnel, and/or clinic/hospital administration/personnel is critical. The BOC Standards of Professional Practice Code 1.6 indicates the athletic trainer or applicant “does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient”. Also Code 6.4 indicates the athletic trainer or applicant “acknowledges and mitigates conflicts of interest”.

The Athletic Training Program will follow Central Michigan University’s Consensual Relationship Policy. https://www.cmich.edu/office_president/general_counsel/Documents/p03001.pdf#search=consensual%20relationship%20policy

Athletic Training Student Responsibility

Athletic Training Students are expected to self-report/disclose any consensual romantic and/or sexual relationship or consensual intimate or sexual activity. This includes activities with but not limited to all students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a patient or minor patient. Athletic Training Students are also expected to report subsequent termination of the relationship. Failure to comply with the disclosure requirements constitutes a violation of the policy and therefore may become grounds for discipline as outlined in the Student Retention Policy.

RELIGIOUS ACCOMMODATIONS POLICY

The Athletic Training Program, in accordance with the university, will strive to create an environment that enhances the underlying principles and stated policies of affirmative action, diversity, and equal access for all, without regard to age, color, disability, gender, gender identity, gender expression, genetic information, familial status, height, marital status, national origin, political persuasion, race, religion, sex, sexual orientation, veteran status, or weight except where such a distinction is required by law or institutional policy. We understand students may have specific needs relative to religious beliefs, practices, and observances. Athletic Training Faculty will work with students on a case by case basis to reasonably accommodate students’ religious beliefs, practices, and observances so long as undue hardship does not result.

Admission to the Athletic Training Program will be contingent upon the student’s verification that they understand and meet the standards of the program either with or without religious accommodations. If a student states they can meet Program standards with religious accommodations, the Athletic Training Program Director, and/or Clinical Education Coordinator, in conjunction with university officials and the appropriate Athletic Training faculty, will review and determine if the standards can be met with reasonable accommodation. The review will assess clinician/patient safety, as well as the educational process of the student or the institution, including all course work, clinical education, clinical field experiences, and internship.

Please sign statement A OR B below.

Statement A: NO Accommodations Requested

I certify that I have read and understand the Religious Accommodations Policy as listed above and I believe to the best of my knowledge that I can meet the standards of the Athletic Training Program without accommodation. I understand that if I am unable to meet the standards of the Program, I may be dismissed from the Program.

Athletic Training Student Signature

Date

Print Name

Statement B: Accommodations REQUESTED

I certify that I have read and understand the Religious Accommodations Policy as listed above, and I believe to the best of my knowledge that I can meet the standards of the Program with certain accommodations. I will contact the necessary Athletic Training faculty members, Program Director, and/or Clinical Education Coordinator to determine what accommodations can be made. I understand that if I am unable to meet the standards of the Program, with or without accommodations, I may be dismissed from the program.

Athletic Training Student Signature

Date

Print Name

SELF-REPORT FORM

As per the Athletic Training Program Policy and Procedure Manual:

- Athletic Training Students are expected to self-report/disclose any civil or criminal felonies or misdemeanors,
- Athletic Training Students are expected to self-report/disclose the nature of the consensual romantic and/or sexual relationship or consensual intimate or sexual activity with all students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a patient or minor patient. Athletic Training Students are also expected to report the subsequent termination of the relationship.
- Failure to comply with the disclosure requirements constitutes a violation of the policies and therefore may become grounds for discipline as outlined in the Student Retention Policy.

I agree that my answers to the following questions may be submitted to a validity check by university offices and by state or certifying agencies. For the purposes of questions 1 and 2, include convictions that have since been removed from your record, such as through expungement or through a pre-trial diversion program or similar process.

1. Have you ever been convicted of or are you currently under indictment for a felony?	Yes	No
2. Have you ever been convicted of or are you currently under indictment for a misdemeanor?	Yes	No
3. Are you currently involved in a consensual romantic and/or sexual relationship or consensual intimate or sexual activity with all students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a minor patient with whom you might interact in your role as an athletic training student?	Yes	No

If you answered “**YES**” to any of the above questions, please elaborate below (use the back of the form if necessary):

I hereby certify the above responses are accurate. I agree to notify the Director of the Athletic Training Program immediately if responses to the questions change during the current semester in the program.

Athletic Training Student Signature

Date

Print Name

Fall 20
Spring 20

 Semester/Year

ACKNOWLEDGEMENT OF SELF-REPORT MEETING

This form acknowledges that I have self-reported/disclosed all civil and/or criminal felonies and/or misdemeanors to the Athletic Training Program. As per Athletic Training Program Protocol, I am acknowledging that I have met with the Program Director to discuss the potential implications raised by any adverse results.

I understand that my academic standing in the Athletic Training Program at Central Michigan University (CMU) may not be jeopardized based on my self-report. However, affiliated clinical or internship sites and all credentialing or licensing organization governing the practice of athletic training may have differing guidelines pertaining to the ability to practice athletic training with past criminal convictions. By affixing my signature upon this agreement, I acknowledge that I understand the following:

- As potentially required by my clinical sites as a professional phase athletic training student, I may be required to complete a criminal background check. All clinical site background checks are conducted independently of the Athletic Training Program. All communication between the clinical site and the student is confidential and I may be responsible for the cost of the background check. If a background check is positive, the clinical site retains the right to excuse me from my clinical experience. Failure to be clinically placed may result in my inability to progress through the Athletic Training Program at CMU.
- The Board of Certification, Inc. (BOC) sets the standards for practice of athletic training and is the only accredited certifying body for athletic trainers in the United States. If I have any civil and/or criminal felonies and/or misdemeanors, I must notify the BOC per the following standards:
 - **BOC Standards of Professional – Code 3: Professional Responsibility**
 - 3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event
 - 3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training

o **BOC Disciplinary Guidelines – Section 5: Conviction of a Crime or Professional Discipline**

5.1.2 Duty to Report Criminal Conviction or Professional Suspension: An AT or BOC applicant who is convicted of any crime (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who becomes subject to any professional discipline, shall notify the BOC in writing of such conviction or professional discipline within 10 calendar days after the date on which the Respondent is notified of the conviction or professional discipline. (p. 6)

- All discipline and/or sanctions, including potential denial from becoming a BOC and/or licensed athletic trainer are decisions made by the BOC and Bureau of Health Professions and are reached independently of, and without input from, the CMU Athletic Training Program.
- In the State of Michigan, athletic trainers are health care professionals licensed through the Bureau of Health Professions. All individuals applying for a health professional license or registration in the State of Michigan are required to submit fingerprints and undergo a criminal background check as mandated by Public Act 26 of 2006 which states that “an applicant for initial licensure or registration shall submit his or her fingerprints to the department of state police to have a criminal history check conducted.” If criminal history information is found, the record will be reviewed by the Bureau of Health Professions. States, other than Michigan, may have separate protocols and licensing standards.

I acknowledge that I have been given a copy of the BOC Standards of Professional Practice (implemented January 1, 2018), BOC Professional Practice and Discipline Guidelines and Procedures (implemented January 2018) and the Licensing Division, Michigan Bureau of Health Professions Memorandum re: Fingerprinting Requirement (March 16, 2009). It is my responsibility to follow up with the aforementioned entities regarding my status as a future athletic trainer.

Print Name

Athletic Training Student Signature

Date

Athletic Training Program Director

Date

STANDARD DRESS CODE

As an athletic training student in the CMU Athletic Training Program, you will be assigned to various health-care facilities. No matter your assignment, an Athletic Trainer is a health care provider and is expected to dress appropriately and professionally for the settings. All clothing and other apparel must be appropriate and not offensive to others.

SHIRTS

- The appropriate designated shirt according to the facility/site to which you are assigned. Shirts should be long enough to cover the mid drift when the arms are raised. CMU apparel or plain shirts ONLY.

NAME TAG

- Nametag must be visible and worn on the shirt or outer layer of clothing at all times.

PANTS

- The type and color according to the facility/site to which you are assigned. Pants should not be frayed, patched or have holes. No leggings, tights, sweatpants, jeggings, yoga pants or jeans.

SHORTS

- Check your clinical site's policy as shorts may not be permitted. Shorts should not be frayed, patched or have holes. No cut-offs, beachwear, or jeans at your clinical site. Shorts are not permitted in hospital facilities (e.g. Emergency Rooms).

SWEATSHIRT

- Check your clinical site's policy as sweatshirts may not be permitted. CMU apparel or plain sweatshirts ONLY.

JEWELRY

- No excessive jewelry is to be worn, i.e. long, bulky necklaces, chains, large hoop earrings. Body piercings may not be permitted at all clinical sites.

ACRYLIC NAILS

- Acrylic nails are NOT permitted at CMU athletics. If not working in CMU athletics, check your clinical site's policy.

FOOTWEAR

- Closed toe/heel shoes and socks must be worn at all times. Very high heels are not allowed.

HATS

- No hats or caps indoors. Hats are to be worn in their proper manner (i.e., not backwards or to the side). CMU apparel or plain hat ONLY.

OUTERWEAR

- Coat or jacket appropriate for temperature and weather. CMU logo or plain outerwear ONLY.

FANNY PACK

- Fanny packs are provided by the Athletic Training Program once admitted into the professional phase and are to be worn at all times during your clinical rotation.

CELL PHONES

- Carrying and using a cell phone or other electronic device is not allowed.

FACE MASKS AND FACE SHIELDS

- Use of face masks and face shields may be required inside CMU buildings and/or clinical sites. When required, they must be worn at all times. Face masks must be appropriately applied and deemed appropriate for a health care setting.

Exceptions to the standard dress code are permitted only with the approval of your preceptor. Additional dress code requirements may be in place at your clinical site to support the branding initiatives of the institution. If a student is not wearing appropriate attire – they may be asked to leave and return only when appropriately dressed. See Retention Policy.

BLOODBORNE PATHOGENS CONTROL PLAN

It is the desire of the Athletic Training (AT) Program faculty to limit or prevent student exposure to blood and other potentially infectious materials, and to provide information regarding such exposure to those students in the Athletic Training Program. This document serves to clarify the process for education, prevention, post-exposure medical treatment and follow-up care provided for athletic training students regarding bloodborne pathogens and the potential exposure, which may be part of their clinical experience.

A. DEFINITIONS

- **Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause diseases in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- **Student Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the student's participation during their clinical experience.
- **Athletic Training Student:** Students identified as a professional athletic training student (ATS) or a directed observation athletic training student (280) performing duties at specific clinical sites as assigned by a member of the Athletic Training Faculty.
- **Clinical Experience:** Activities that are related to the clinical requirements of the Athletic Training Program.
- **Other Potentially Infectious Materials:**
 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate bodily fluids;
 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- **Universal Precautions:** A standardized approach to infection control where you treat all human blood and certain bodily fluids as if they are known to contain HIV, HBV, or other bloodborne pathogens.
- **Exposure Incident:** A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of their duty as an athletic training student during their assigned clinical experience.

B. POLICY IMPLEMENTATION

- The Athletic Training Faculty shall provide education and prophylactic guidelines to athletic training students who may be exposed to bloodborne pathogens. Athletic training students will have access to appropriate evaluation and treatment of exposures through health care centers. Athletic training students in the Athletic Training Program are not covered by OSHA standards or Worker's

compensation therefore, evaluation and treatment is at the student's or student's health insurer's expense.

HBV IMMUNIZATION AND PREVENTATIVE TRAINING

Before engaging in a clinical experience where exposure to blood and/or other potentially infectious materials is possible, students will undergo training as it relates to their duties as an athletic training student (ATS and 280 student). Students are informed regarding risks of exposure, methods to prevent or minimize exposure, the reasons for considering the HBV vaccine, and procedures to follow if an exposure incident occurs. The hepatitis-B vaccination is not a condition of acceptance or continuance in the clinical experience (programmed activity) portion of the Athletic Training Program. Students must sign a declaration indicating their understanding of the risks involved with their clinical experience and their status regarding hepatitis-B immunization. Students should check with their health insurers about coverage of, or reimbursement for, HBV immunization.

EXPOSURE INCIDENT PROCEDURE

Any Athletic Training Student who believes that they may have had an exposure to any body fluids or other potentially infectious materials should:

- A. Wash the area immediately.*
- B. Inform your preceptor.*
- C. Report promptly to a healthcare center as directed by your preceptor for evaluation.
- D. Complete appropriate accident report if required at your clinical experience site.
- E. Inform Central Michigan University Program Director of incident within 48 hours to complete an Exposure Incident Report form.
- F. Recommendations regarding treatment and follow-up are provided by the healthcare center, and are at the student's or student's health insurer's expense.

**If can be done simultaneously, it is most beneficial.*

UNIVERSAL PRECAUTIONS

These precautions represent prudent practices that apply to preventing transmission of AIDS virus (HIV), Hepatitis B (HBV) and other bloodborne infections and should be used routinely.

- When the possibility of exposure to blood or other fluids exists, appropriate barrier precautions to prevent skin and mucous membrane exposure should be followed. Gloves should be worn for touching blood and other bodily fluids, mucous membranes or non-intact skin of all patients, and for handling items or surfaces soiled with blood or bodily fluids. Gloves should be changed after contact with each patient and disposed of in a proper waste container.
- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other bodily fluids. Hands should be washed immediately after gloves are removed.
- Sharp items should be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries. After they are used, syringes, needles, scalpel blades and other sharp items should be placed in a puncture-resistant container for disposal. The puncture-resistant container (Sharp's box) should be located as close as practical to the use area. Needles or blades should not be purposefully bent, broken, recapped, removed or otherwise manipulated by hand.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in which the need for resuscitation is predictable.
- Staff who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
- Pregnant staff should be especially familiar with the precautions to minimize the possible transmission of infectious pathogens to the fetus.

UNIVERSAL PRECAUTIONS CHECKLIST

Athletic Training Facility

- During an Evaluation or Treatment
 - Use appropriate protective barrier per task exposure risk.
 - Handle sharp instruments carefully.
 - Use proper technique.
- After an Evaluation or Treatment
 - Dispose sharp instrument in Sharp's Box. Do not recap.
 - Discard gloves and potentially infectious waste in appropriate container.
 - Clean reusable instruments properly and store accordingly.
 - Clean surfaces with appropriate germicide.
 - Wash hands.

Practice/Competition: On-Field

- Carry protective barriers in pockets, fanny pack, or glove caddy:
 - Gloves
 - Mouth shield
 - Gauze
- Use kit for additional supplies and/or instruments:
 - Extra gloves
 - Gauze
 - Two-way valve mouth barrier
- Handle sharp instruments carefully.
- Use temporary containers to dispose of materials; dispose properly on return to athletic training facility
- If you DO NOT have protective barriers immediately available:
 - Use any material, i.e. towel, plastic bag, multiple gauze layers, to protect yourself from direct fluid contact.
 - If patient is conscious (and if possible), instruct patient to perform task until protective barrier is obtained.
- Clean hands as soon as possible
 - Use antiseptic towelette
 - Upon return to athletic training facility, wash hands with soap and water.

End of Day Before Leaving Facility

- Re-stock necessary supplies and instruments.
- Clean surfaces.
- Wash hands.

HEPATITIS B INFORMATION

1. About Hepatitis B

- a. Hepatitis B is an inflammation of the liver often caused by viruses. Most cases of hepatitis occur without visible signs or symptoms, and usually clear completely without lasting effects. Specific blood tests can show whether an individual has had viral hepatitis.
- b. Two major types, each caused by a different virus:
 - Hepatitis A
 - Sometimes called “Infectious hepatitis”, is usually acquired by eating food contaminated by feces, by drinking contaminated water, or by close intimate contact with an infected person
 - Hepatitis B
 - Sometimes known as “serum hepatitis”, is a viral infection caused by the Hepatitis B Virus (HBV). Some of the symptoms of the acute illness are loss of appetite, nausea, vomiting, fatigue and headache, followed by jaundice. The hepatitis B virus is found in blood, as well as, other body fluids, such as saliva and semen of infected individuals. The most frequent means of transmitting the virus is through direct inoculation by needle of contaminated blood or serum.
 - Most people with hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute hepatitis and reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

2. Possible Means of Contracting Hepatitis B

- a. In order of potential risk are:
 - Direct injection of contaminated blood or serum by needle; e.g. blood transfusion, tattooing, ear piercing, illicit drug use.
 - Transfer of infective serum or plasma through small, often unrecognized breaks in the surface of the skin as well as through larger skin lesions such as burns or scratches.
 - Introduction of the infective serum or plasma onto inner (mucosal) surfaces of the mouth or eyes.
 - Introduction of saliva containing blood or semen containing the virus onto mucosal surfaces of the mouth, eyes, vagina, or rectum. Mouth-to-mouth or mouth-to-body contact, sexual activity and kissing may be potential routes for transmission of hepatitis B.
 - Indirect transfer of infective serum or plasma from obviously soiled surfaces or environmental objects.
- b. Current thinking is that hepatitis B is NOT spread in the following ways:
 - Through the air or by coughing or sneezing
 - Contact with feces of infected persons
 - Use of drinking fountains in good working order, musical instruments, swimming pools, and toilet seats
 - Social contact in schools, workshops and similar social settings

3. Precautions for Reducing Risk of Spread of Hepatitis B and Other Infectious Diseases

- a. Good personal hygiene is the basis for protection against hepatitis B infection, as well as other contagious conditions. The purpose of maintaining good personal hygiene is to reduce the chance infected blood, serum, saliva, and other bodily secretions from an infected person will enter a susceptible person's blood stream through a break in the skin or by absorption through mucous membranes.
- b. Handwashing is the single most important personal hygiene practice. Careful, thorough, frequent handwashing must be followed at all times.
- c. Obviously soiled surfaces (e.g. floors, doorknobs, countertops, desks, etc.) should be cleaned and disinfected with appropriate solutions.
- d. Carriers should be prevented from placing their fingers in the mouths of others and from having other individuals' fingers in their mouths. Activities such as kissing, in which a carrier's mouth directly contacts the mouth, face or skin of another person should be strongly discouraged. Mouth-to-mouth sharing of food and other objects should be prevented.
- e. Personal toilet articles should not be shared, especially with hepatitis B positive individuals. This includes razors, towels, toothbrushes, clippers or scissors used for cutting fingernails and toenails. Tools, which may potentially cause cutting injuries, should not be shared.
- f. Breaks in skin are potential entry points for infection. Susceptible persons with broken skin should be especially careful about personal hygiene.
- g. Bleeding or oozing cuts or abrasions (in either a susceptible person or a hepatitis B carrier) are hazardous and should be covered with bandages or gauze where possible.
- h. Items soiled by a carrier's blood or saliva should not be used by others; those items should be discarded or thoroughly cleaned before reuse.
- i. Susceptible personnel should avoid direct skin contact while caring for a carrier's nose bleeds, bleeding or oozing wounds, or menstrual blood accidents.
- j. There is presently no evidence that hepatitis B has been transmitted by food or utensils. Customary hygienic practices, which prevent the spread of any infectious disease, should be all that are necessary.

4. Hepatitis B Vaccine

- a. Possible Side Effects:
 - Injection soreness in the most common adverse reaction
 - Less common local reactions are redness, swelling, and warmth or an area of hardness, which usually subsides in 48 hours.
 - Low-grade fever occurs occasionally during the 48-hour period after vaccination.
 - Fatigue, headache, nausea, dizziness, muscle or joint pains are uncommon
 - Rash is rare
- b. Contraindications:
 - Hypersensitivity to any component of the vaccine
 - Pregnancy
 - Serious active infection
- c. Because of the long incubation period of Hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given. The vaccine may not prevent Hepatitis B in such people.
- d. If you have any questions about Hepatitis B or the Hepatitis B vaccine, please ask the health care provider before receiving the injection.

TUBERCULOSIS (TB) and TB TESTING

About the Disease

Tuberculosis (TB) is a life-threatening infection that primarily affects your lungs. Every year, tuberculosis kills nearly 2 million people worldwide. The infection is common — about one-third of the human population is infected with TB, with one new infection occurring every second.

Tuberculosis has plagued human beings for millennia. Signs of tubercular damage have been found in Egyptian mummies and in bones dating back at least 5,000 years. Today, despite advances in treatment, TB is a global pandemic, fueled by the spread of HIV/AIDS, poverty, a lack of health services and the emergence of drug-resistant strains of the bacterium that causes the disease.

Tuberculosis spreads through airborne droplets when a person with the infection coughs, talks or sneezes. In general, you need prolonged exposure to an infected person before becoming infected yourself. Even then, you may not develop symptoms of the disease, or, symptoms may not show up until many years later.

Left untreated, tuberculosis can be fatal. With proper care, however, most cases of tuberculosis can be treated, even those resistant to the drugs commonly used against the disease.

Testing

The most commonly used diagnostic tool for TB is a simple skin test. Although there are two methods, doctors consider the Mantoux test the most accurate. For the Mantoux test, a small amount of a substance called PPD tuberculin is injected within the skin of your inside forearm. You should feel only a slight needle prick. Within 48 to 72 hours, a health care professional will check your arm for a local reaction to the injected material. Therefore, when getting tested it is best to initially go Monday-Wednesday so that your test can be read no later than Friday afternoon. Depending on your response, the test is diagnosed as positive or negative. A positive response — usually shown by a hard, raised bump at the injection site — means you're likely to have TB infection.

Athletic Training Student Responsibility

Anyone of any age, race, or nationality can contract TB. However, certain factors increase your risk of the disease, including lowered immunity. As an athletic training student, being a health care worker increases your risk. It is important that you follow appropriate bloodborne pathogens precautions and frequently wash your hands.

As a part of your professional phase, you may be asked to have a TB test performed. Because the test is good for 1 year, you may need to have multiple tests completed while being an athletic training student. Currently, a TB test is required when assigned to a hospital for a clinical experience. Payment for testing is the sole responsibility of the athletic training student. For more information on TB and TB testing, go to <https://www.mayoclinic.org/diseases-conditions/tuberculosis/symptoms-causes/syc-20351250>.

CLINICAL EXPERIENCE DECLARATION BLOODBORNE PATHOGENS

I understand as an athletic training student I am at risk of exposure to blood and other potentially infectious materials that may contain blood-borne pathogens, including hepatitis-B (HBV) and human immunodeficiency virus (HIV). I have been given information regarding the risk of exposure, modes of transmission, recognizing tasks and activities that may involve exposure, methods to reduce or prevent exposure, and procedures to follow if an exposure incident occurs. I understand exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis-B vaccination, signs and labels, and other provisions.

I have been given information specific to hepatitis-B infection, which causes hepatitis-B, a serious liver disease. I understand that a hepatitis-B vaccine is available and is the best defense against hepatitis-B.

_____ I have received the hepatitis-B vaccination. However, I understand I still must follow the field experience Exposure Control Plan in order to protect myself from the risk of exposure to other blood-borne pathogens.

_____ I have chosen not to receive the hepatitis-B vaccination at this time, by my own accord. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis-B. I understand I must follow the field experience Exposure Control Plan in order to protect myself from the risk of exposure to blood-borne pathogens.

I understand the hepatitis-B vaccination is not a condition of acceptance or continuance in the Athletic Training Program. Further, I understand should an exposure incident occur during my clinical programmed activity that payment for evaluation, treatment, and follow-up care is at the student's or student's health insurer's expense.

Athletic Training Student Signature

Date

Faculty Initial/Date

COMMUNICABLE AND INFECTIOUS DISEASE POLICY

1. Wash your hands frequently (about 15-20 seconds) (before/after treating patients; after using the restroom; after coughing/sneezing)
2. Do not share drinks; no “double dipping”
3. Cover your mouth/nose with a tissue when coughing or sneezing, then dispose of own tissue
4. Wear a mask if you are sick, to prevent others from becoming sick
5. Wash/disinfect working surfaces per BBP/universal precautions guidelines

PREVENTING THE SPREAD OF GERMS IN THE CLASSROOM AND CLINICAL SITES

Spreading of Germs

- Illnesses like the flu (influenza) and colds are caused by viruses that infect the nose, throat, and lungs. The flu and cold usually spread from person to person when an infected person coughs or sneezes.

Preventing the Spread of Germs

- 1. Cover your mouth and nose when you sneeze or cough.**
 - Cough or sneeze into a tissue and then throw it away.
 - Cover your cough or sneeze if you do not have a tissue.
 - Clean your hands and do so every time you cough or sneeze.
- 2. Clean your hands often.**
 - When available, wash your hands with soap and warm water then rub your hands vigorously together and scrub all surfaces. Wash for 15-20 seconds
 - It is soap combined with the scrubbing action that helps dislodge and remove germs.
 - When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used.
 - You can find them in most supermarkets and drugstores. If using a gel, rub the gel in your hands until dry. The gel doesn't need water to work; the alcohol in the gel kills germs that cause the cold and flu.
- 3. Avoid touching your eyes, nose, or mouth**
 - Germs are often spread when a person touches something that is contaminated with germs and then touches their eyes, nose, or mouth. Germs can live for a long time (some can live for 2 hours or more) on surfaces like doorknobs, desks, and tables.
- 4. Stay home when you are sick and check with a health care provider as needed.**
 - When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed.
- 5. Notify your Preceptor, Instructors, and Clinical Education Coordinator as soon as possible regarding your ability to attend class and clinical experience.**
 - Your professor/employer may require a doctor's note for an excused absence.
Remember: keeping your distance may protect others from getting sick

6. Practice other good health habits.

- Get plenty of sleep
- Be physically active
- Manage your stress
- Drink plenty of fluids
- Eat nutritious food

Common Signs and Symptoms of the Flu

- Fever (usually high)
- Headache
- Extreme tiredness
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Nausea, vomiting, and diarrhea (much more common among children than adults)

Common Signs and Symptoms of the Coronavirus Disease 2019 (COVID-19)

- Fever, chills, or shaking
- Cough
- Shortness or difficulty breathing
- Change in taste or smell
- Unusual fatigue
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Emergency Warning Signs for the Coronavirus Disease 2019 (COVID-19)

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to walk
- Inability to stay awake
- Bluish lips or face

I hereby certify that I have read and understand the prevention strategies for the transmission of communicable diseases as outlined above. I agree to abide by these strategies to the best of my ability.

Athletic Training Student Signature

Date

Print Name

Working with Minors

The Athletic Training (AT) Program has affiliation agreements with many of the local high schools and rehabilitation clinics. There is a high likelihood that during a student's time in the Athletic Training Program, they will be working with minors. In addition to the Board of Certification (BOC) Standards of Professional Practice, National Athletic Trainers' Association (NATA) Code of Ethics and the Commission on Accreditation in Athletic Training Education (CAATE) standards, the following guidelines are to be followed and adhered to. In addition, you may be asked to complete a background check prior to beginning your clinical rotation. However, this depends on the site in which you are assigned.

1. Per the Commission on Accreditation of Athletic Training (CAATE) you may never be unsupervised while rendering patient care. Always make sure your preceptor is present when acting in the role as a student athletic trainer. At all other times, avoid being alone with a minor.
2. Choose appropriate language and messages. Be careful using sarcasm and never use vulgar language.
3. Seek agreement from patients prior to any physical contact.
4. Only touch patients when it is necessary in relation to rendering patient care.
5. Immediately report any inappropriate interactions to your preceptor and the clinical education coordinator.
6. Immediately report to your preceptor any reports of abuse (physical, sexual, emotional/mental, neglect), homicidal or suicidal thoughts.
7. Set and monitor appropriate boundaries and relationships when working with minors. Never meet with minors outside of your assigned clinical rotation.
8. Be a positive role model by maintaining an attitude of respect, patience, courtesy, and maturity.

Students of the Athletic Training Program must follow the BOC Standards of Professional Practice:

1.2 Protects the patient from undue harm and acts always in the patient's best interest and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.

1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.

1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.

1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.

3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training.

3.13 Cooperates with the BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information.

Students of the Athletic Training Program must also follow the NATA Code of Ethics:

2.3 Members shall refrain from and report illegal or unethical practices related to athletic training.

2.4 Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in ethics investigations is an ethical violation.

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

Students of the Athletic Training Program must also follow the CAATE Standards:

59 Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other healthcare professional, consumer, payors, policy makers, and others.

65 Practice in a manner that is congruent with the ethical standards of the profession.

66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organization, local, state, and federal laws, regulations, rules, and guidelines.

I hereby certify that I have read and understand the Working with Minors Policy as outlined above. I agree to abide by this policy.

Athletic Training Student Signature

Date

Print Name

INCLEMENT WEATHER POLICY

School Closings and Delays

- Central Michigan University, Northwood University, and/or High Schools
 - Check with your preceptor to determine if a sanctioned athletic event or practice is going to occur. If an athletic event or practice is going to take place, the roads are clear, AND it is deemed safe for travel, you may go, otherwise do not.
 - The Injury Care Center is closed if the University is closed, even if the SAC remains open.
- For External Sites (e.g., Emergency Rooms, Urgent Care Centers, Physician and Physical Therapy Clinics)
 - Since these sites may not close, about 1-2 hours prior to your scheduled rotation, contact your preceptor to discuss whether it is safe for you to travel. If the site is open, the roads are clear, AND it is deemed safe for you to travel, you may go, otherwise, do not.

Severe Weather Watch, Warnings or Predictions

- When a severe weather watch or warning has been issued, abide by the recommendations.
 - Prior to going to your clinical field experience, contact your preceptor to determine if the conditions are such that it is deemed safe for you to travel, as per the severe weather watch or warning.
 - When at your clinical field experience and needing to return home, communicate with your preceptor to establish a safe time for you to leave.

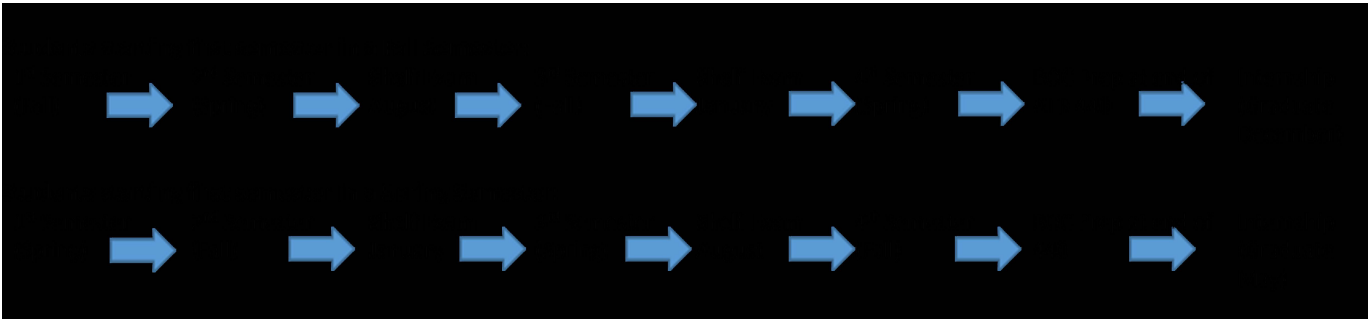
In all cases, if there are any questions, contact the Clinical Education Coordinator. As always, use good judgment, be safe, and please, travel safely!

PROGRESSIVE SHELF EXAMINATION POLICY

Once selected into the professional phase of the athletic training program, students will be required to complete two progressive (shelf) examinations. These examinations are longitudinal assessment tools used to evaluate the continued development of cognitive and clinical hands on knowledge. In addition, they are to encourage retention and preparation for subsequent semesters and to hold students accountable ensuring they are prepared to adequately treat patients.

These progressive examinations will be administered in August and January, prior to the start of classes and before the start of the students' third and fourth semesters in the professional phase of the program (see below). Each examination will be comprehensive relative to the course material in which students have completed. Each exam will be administered electronically and monitored by one of the Athletic Training Faculty. The examination will consist of questions relative to the Practice Analysis 7th Edition Domains.

The examination is pass/fail. To successfully pass the examination, students must obtain at least a 70%. **Those students who do not pass the exam will be required complete remediation as determined by the Athletic Training Faculty.**



STUDENT RETENTION POLICY

Retention Policies are organized in two categories, Academic Performance Policies and Professional Behaviors Policies. Both sets of policies must be adhered to and violation of policies from either category will result in disciplinary actions/sanctions.

Academic Performance Policy

The athletic training student must:

1. Maintain at least a 2.8 cumulative overall GPA.
2. Maintain at least a 3.1 cumulative major GPA.
3. Pass the shelf exam with a 70% or higher.

Professional Behaviors Policy

The athletic training student must:

1. Attend to all clinical responsibilities as described in the Athletic Training Student Job Description as assigned.
2. Not be found guilty of any form of academic dishonesty. Violation of this criterion will place the student's appointment in the Athletic Training Program under immediate review by the Athletic Training Faculty.
3. Attend all AT Program meetings.
4. Attend all meetings as scheduled by the preceptor (e.g., ISLP, ICC, evaluation meetings).
5. Submit appropriate evaluations during each semester of the clinical experience.
6. Complete the required remediation requirements as assigned by the Athletic Training Program.
7. Maintain appropriate clinical education records and submit the appropriate documentation, each semester, which includes the tracking of hours and clinical proficiencies and competencies.
8. Maintain confidentiality of all medical records and information. Violation of this criterion will place the student's appointment in the Athletic Training Program under immediate review by the Athletic Training Faculty.
9. Not be found guilty of any civil or criminal felonies or misdemeanors. Violation of this criterion will place the student's appointment in the Athletic Training Program under immediate review by the Athletic Training Faculty.
10. Abide by the policies and procedures set forth in this manual, the Athletic Training Program Technical Standards and BOC Standards of Professional Practice (located at the end of the manual).

PROGRESSIVE DISCIPLINE POLICY FOR PROFESSIONAL BEHAVIORS

Progressive discipline is taken when policies or procedures set forth in this manual are violated. The discipline is progressive/cumulative over the student's on-campus classroom sequence and assigned clinical education experiences. **The Athletic Training Faculty reserve the right to progress to probation, suspension, or termination based on the severity of the offense.** Violations of either the Academic Performance Policy or the Professional Behaviors Policy will be treated independently. For example, having a GPA drop below minimum in one semester and then missing a mandatory meeting will not automatically result in probation. A pattern of professional behavior issues will result in a progression from Flagged Status to First Notice to Probation to Suspension or Termination depending on the individual circumstances of the situation. The Athletic Training Program will notify the student of the policy violation. The process of progressive discipline will depend on the level of violation:

Flagged Status

1. The student will meet with the Program Director, Clinical Education Coordinator and/or Academic Advisor or Instructor of Record depending on the violation to discuss the identified Professional Behavior Policy violation.
2. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional clinical experience, remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
3. The student is identified as being on Flagged Status.
4. The student will meet again with the Program Director, Clinical Education Coordinator and/or Academic Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

First Notice

1. The student will write a letter to the Athletic Training Faculty explaining the identified behavior and corrective plan of action.
2. The student will meet with the Program Director, Clinical Education Coordinator, and/or Academic Advisor or Instructor of Record depending on the violation to discuss the identified Professional Behavior Policy violation.
3. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional clinical experience, remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.

4. The student is identified as being placed on First Notice.
5. The student will meet again with the Program Director, Clinical Education Coordinator, and/or Academic Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

Probation

1. The student will meet with the Athletic Training Faculty to discuss the identified Professional Behavior Policy violation.
2. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional clinical experience, remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
3. The student is identified as being on Probation.
4. The student will meet again with the Program Director, Clinical Education Coordinator and/or Academic Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

Suspension or Termination

1. The student will meet with the Program Director. The student may also meet with the School Chair or Associate Dean as appropriate.
2. The student must present appropriate justification to maintain status as a professional phase athletic training student.
3. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include suspension or dismissal from the Athletic Training Program. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
4. The student is identified as being placed on Suspension or Termination.



Progressive Discipline Action Plan for Professional Behaviors

Expected Professional Behaviors	Observed Behavior	Plan of Action	Plan Completion or Progress
Attend to all clinical responsibilities as described in the Athletic Training Student Job Description as Assigned			
Not be found guilty of any form of academic dishonesty			
Attend all Athletic Training Program meetings			
Attend all meetings as scheduled by the preceptor			
Submit appropriate evaluations during each semester of the clinical field experience			
Maintain appropriate clinical education records and submit the appropriate documentation, each semester, which includes the tracking of hours and clinical proficiencies and competencies			
Maintain confidentiality of all medical records and information			
Not found guilty of any civil or criminal felonies or misdemeanors			
Abide by the policies and procedures set forth in this manual, the ATHLETIC TRAINING Program Technical Standards and BOC Standards of Professional Practice			

Discipline Status: **Flagged Status** **First Notice** **Probation** **Suspension**

Athletic Training Student Signature

Date

Program Director Signature

Date

PROGRESSIVE DISCIPLINE POLICY FOR ACADEMIC PERFORMANCE

Progressive discipline is taken when policies or procedures set forth in this manual are violated. The discipline is progressive/cumulative over the student's on-campus classroom sequence and assigned clinical education experiences. **The Athletic Training Faculty reserve the right to progress discipline based on the severity of the offense.** Violations of either the Academic Performance Policy or the Professional Behaviors Policy will be treated independently. For example, having a GPA drop below minimum in one semester and then missing a mandatory meeting will not automatically result in probation. A pattern of academic performance issues will result in a progression from Flagged Status to First Notice to Probation to Suspension or Termination depending on the individual circumstances of the situation as seen in the following examples:

1. Student A enters the professional phase at a 3.0 cumulative **MAJOR** GPA. Since the retention policy states that an athletic training student must maintain a 3.1 cumulative major GPA, student A is considered flagged status. The student must maintain or increase their 3.0 cumulative major GPA throughout their time in the professional and internship phases of the athletic training program to prevent progression to first notice, probation, suspension, or termination. If the student's GPA declines from a 3.0 in subsequent semesters, progression in the discipline policy will occur.
2. Student B enters the professional phase with a 3.0 cumulative **OVERALL** GPA. During their second semester in the professional phase, their overall GPA declines to a 2.7. Since the retention policy states that the student must maintain a 2.8 overall GPA, student B is considered flagged status. The student must maintain or increase their 2.7 overall GPA throughout their remaining time in the professional and internship phases of the athletic training program to prevent progression to first notice, probation, or termination. If the student's GPA declines from a 2.7 in subsequent semesters, progression in the discipline policy will occur.

When a policy violation occurs, the Athletic Training Program will notify the student. The process of progressive discipline will depend on the level of violation:

Flagged Status

1. The student will meet with the Program Director and/or Athletic Training Faculty Advisor to discuss the identified Academic Performance Policy violation.
2. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include

additional remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.

3. The student is identified as being placed on First Notice.
4. The student will meet again with the Athletic Training Faculty Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

First Notice

1. The student will write a letter to the Athletic Training Faculty explaining the identified Academic Performance Policy violation and corrective plan of action.
2. The student will meet with the Program Director and/or Athletic Training Faculty Advisor to discuss the identified Academic Performance Policy violation.
3. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
4. The student is identified as being placed on First Notice.
5. The student will meet again with the Program Director and/or appropriate Athletic Training Faculty Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

Probation

1. The student will meet with the Athletic Training Faculty to discuss the identified Academic Performance Policy violation.
2. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
3. The student is identified as being placed on Probation.
4. The student will meet again with the Program Director and/or Athletic Training Faculty Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

Suspension or Termination

1. The student will meet with the Program Director. The student may also meet with the School Chair or Associate Dean as appropriate.
2. The student must present appropriate justification to maintain status as a professional phase athletic training student.
3. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include suspension or dismissal from the Athletic Training Program. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
4. The student is identified as being placed on Suspension or Termination.



The Herbert H. &
Grace A. Dow College of
Health Professions

Athletic Training

Progressive Discipline Action Plan for Academic Performance

Expected Academic Performance	Observed Performance	Plan of Action	Plan Completion or Progress
Maintain at least a 2.8 cumulative overall GPA			
Maintain at least a 3.1 cumulative major GPA			

Discipline Status: **Flagged Status** **First Notice** **Probation** **Suspension**

Athletic Training Student Signature

Date

Program Director Signature

Date

CLINICAL EXPERIENCE ASSIGNMENT POLICY

Students are assigned to a specific clinical site each semester to complete their required clinical field experience. In addition to the semester clinical assignment, every student will complete at least one pre season experience.

Additional experiences are available for students that start during a school break and/or beyond the completion of semester classes. The Athletic Training Faculty encourage students to consider these additional experiences to strengthen their clinical skills. Information regarding these experiences will be provided to students as they are made available.

Due to the limited availability of clinical field experiences in the immediate Mt. Pleasant area, it is necessary to arrange clinical field experiences in other cities. These experiences will require the student to commute from 15 to 30 miles one-way. Those students who do not have a vehicle may be assigned an experience in Mt. Pleasant or may need to carpool with another student. Students are placed based on the experience that will provide the best learning environment for each individual student while making sure to fulfill CAATE requirements.

CLINICAL EXPERIENCE SUPERVISION POLICY

Supervised Clinical Experience

1. Definition

- a. The identified preceptor is present, on-site, to guide the athletic training student, provide professional feedback during or immediately after the teachable moment, and intervene on behalf of the athletic training student and/or patient, if necessary. All clinical experiences have established goals for the athletic training student and preceptor

2. Athletic Training Student Expectation

- a. The athletic training students' level of competency and their clinical responsibility have been defined and outlined by the athletic training faculty, and may be found in the Athletic Training Policies and Procedures Manual and Preceptor Manual

Strategic Alliance Statement on Athletic Training Student Supervision

The leadership of the Strategic Alliance, which includes the Commission on Accreditation of Athletic Training Education (CAATE), the National Athletic Trainers' Association (NATA), and the Board of Certification, Inc. (BOC), has concluded that it is both appropriate and necessary to issue this formal statement to remind institutions, supervisors, and students that athletic training students should provide services to patients only when directly supervised by the appropriate personnel. This includes athletic training students who travel with athletic teams. According to the *2020 Standards for the Accreditation of Professional Athletic Training Programs*, "preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision must also occur in compliance with the state practice act of the state in which the student is engaging in client/patient care."

The Strategic Alliance has a vested interest in student supervision, an issue that transcends educational programs and impacts the profession of athletic training as a whole. The CAATE is involved from an educational standpoint, the BOC is involved from the regulatory perspective, and the NATA is concerned about issues affecting the athletic training profession. Athletic training services should be provided only by BOC-certified or otherwise regulated personnel or by students under the direct supervision of such personnel. Athletic training students should only travel with teams when directly supervised at all times by appropriately credentialed athletic trainers. The practice of an unsupervised student providing athletic training services replaces licensed athletic training staff with unregulated personnel. This is illegal in most states, and the practice is contrary to the safety and welfare of patients. Additionally, it is not in the best interest of the profession and therefore cannot be supported by the Strategic Alliance.

The direct supervision of athletic training students is in the best interest of the institutions, supervisors, students, and patients. It is required under the CAATE education standards. As stated above, the Standards stipulate a clinical instructor must be physically present and able to interact with an athletic training student at the site of the clinical experience.

The Strategic Alliance acknowledges that critical thinking and independent clinical decision-making are at the heart of good clinical supervision. Direct supervision does not preclude students' ability to learn and exercise those key skills. Clinical instructors and supervisors should allow students the appropriate freedom to engage in critical thinking and decision-making in a suitable environment. Above all, supervision by an instructor or supervisor must be adequate to ensure that each patient receives competent and quality care and to ensure compliance with the relevant state practice act. Failure to provide adequate supervision could expose the institution and regulated professionals to liability.

The Strategic Alliance is evaluating clinical education from several perspectives and is developing additional models and tools. This collective effort will assist athletic training students and classroom and clinical instructors.

11.8.11 Reference: <http://www.caate.net>

CLINICAL EXPERIENCE HOUR POLICY

Once selected into the athletic training program, students must complete two years of coursework which includes assigned clinical field experiences. These clinical field experiences help to complete the required educational standards and to accumulate a minimum of 800 hours of supervised clinical experience in order to permit learning and mastery of clinical proficiencies. Students should expect to have a maximum of 20 hours per week at their clinical field experience sites for approximately 200 hours each semester. Athletic training students will receive one day off in a seven-day period and not report to their clinical experience more than 6 days in a row. The goal of clinical education is to provide the student a range of experiences within the athletic training profession while providing progressively autonomous clinical experiences.

CLINICAL EXPERIENCE TRAVEL POLICY

You must take the transportation provided by your clinical field experience site to and from events. Exceptions are made if the risk to the student driving from their residence to the location of the event is less than the risk of traveling to the original clinical site to utilize the provided transportation. Any request to self-transport to an event must be received in writing by the Clinical Education Coordinator at least 48 hours prior to travel.

If transportation is not provided by the clinical field experience site to and/or from the event, transportation arrangements must be pre-approved by the Clinical Education Coordinator and/or Program Director and are considered on a case-by-case basis. Travel requests must be received in writing at least one week prior to travel.

Preceptors may choose not to take the transportation provided by the clinical experience site to and/or from events (e.g. the Preceptor drives their personal vehicle). During these cases, you may travel in the transportation provided by the clinical field experience site as long as the Preceptor is caravanning (e.g. directly ahead or behind the vehicle the Athletic Training student is in).

Travel opportunity must either be documented in your Clinical Field Experience Form (CFE) or communicated via email with the Clinical Education Coordinator at least 48 hours in advance. You must also communicate with your CMU instructors to assure you are able to miss class as traveling to such events is not an excused absence. Some clinical skills are covered one time and require your attendance in order to meet accreditation standards.

SOCIAL MEDIA POLICY

The Athletic Training Program recognizes and supports its athletic training students' rights to freedom of speech, expression, and association, including the use of online social media networks. In this context, however, students are held to the standards of the AT Program, the National Athletic Trainers' Association (NATA) Code of Ethics, and the Board of Certification (BOC) Code of Professional Responsibility. Students in violation of the guidelines below are subject to discipline up to and including suspension and/or dismissal from the program as per the Progressive Discipline Policy. Discipline will be at the discretion of the Program Director and Athletic Training Faculty.

Inappropriate or malicious use of social media networks may include but is not limited to:

1. Posting information about patients. Even if the patient is not named directly, this is a violation of the patient's privacy.
2. Derogatory language or remarks regarding patients, fellow students, coaches, administration, clinical sites/affiliations, faculty or staff.
3. Demeaning statements or threats that endanger the safety of another person.
4. Incriminating photos or statements regarding, underage drinking, usage of illegal drugs, sexual harassment, violence or any other form of illegal and/or criminal behavior.
5. Capturing video, audio, or images of faculty or staff or fellow students for personal or social media use without their express written permission.
6. Capturing video, audio, or images of coaches, medical personnel, or patients, which includes athletes, for personal or social media use.
7. Accepting or sending friend requests or other join requests to patients until you no longer work in a patient/clinician capacity.
8. Providing a medical diagnosis or opinion under the guise of a licensed healthcare professional.
9. Indicating knowledge regarding any of the acts listed above.

Students in the Athletic Training Program must follow the Code of Ethics related to social media provided by the NATA which includes the following:

- 1.3 Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.
- 4.1 Members should conduct themselves personally and professionally in a manner that does not compromise the professional responsibilities or the practice of athletic training.
- 4.5 Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

Students of the AT Program must also follow the Code of Professional Responsibility related to social media provided by the BOC which includes the following:

- 1.2 Protects the patient from undue harm and acts always in the patient’s best interests and is an advocate for the patient’s welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.
- 3.14 Complies with all confidentiality and disclosure requirements of the BOC and existing law.
- 5.1 Strives to serve the profession and the community in a manner that benefits society at large.

I hereby certify that I have read and understand the Social Media Policy as outlined above. I agree to abide by this policy to the best of my ability.

Athletic Training Student Signature

Date

Print Name

PERSONAL LEAVE OF ABSENCE POLICY

A student may request a one semester leave of absence from the Athletic Training Program, in cases of personal hardship. The student must have completed the first summer of the professional program to be eligible. Personal hardship includes, but are not limited to:

1. Health reasons (self or family member)
2. Extreme financial circumstances
3. Family or self-crisis
4. Military duty
 - a. Those students called to active military duty may be placed on more than one semester leave of absence.

Procedure

1. The student should discuss their particular situation with their Athletic Training Faculty Advisor. Once options have been discussed and it is decided a leave is in the best interest of the student. The student must:
 - a. Submit a letter to the Athletic Training Faculty requesting a leave of absence as soon as circumstances allow
 - The letter must address the reason for the request and the anticipated plan for return to the program.
2. A letter of understanding will be drafted outlining the details of the leave of absence. The letter will be signed by the student and Program Director and placed in the student's file.

ACADEMIC LEAVE OF ABSENCE POLICY

Students may request a leave of absence between their Fall II and immersive experience in order to complete requirements not related to the athletic training degree. While on leave, the student will not be assigned a clinical field experience but will be required to participate in activities related to the pre immersive experience.

PROCEDURE:

- A. The student must submit a letter to their AT Faculty Advisor requesting a leave of absence by the Friday of the tenth (10th) week of Summer II. The letter must address the reason(s) for requesting the leave of absence.

THE AT PROGRAM RESERVES THE RIGHT TO LIMIT THE NUMBER OF LEAVES OF ABSENCE (PERSONAL AND/OR ACADEMIC).

RE-ADMISSION POLICY

DUE TO VOLUNTARY WITHDRAWAL FROM PROGRAM

A student is considered a part of the Athletic Training Program once they have completed the admission process, have been selected to the professional program, and have completed at least one semester of clinical education experiences. If a student decides to leave the professional program: a) of their own volition, and b) has informed their advisor, in writing, of that decision (before leaving); that student may request consideration for re-admission. In order to be considered for re-admission, the student must complete the following four steps:

1. Submit a letter formally requesting an application and re-admission to the professional program. The letter must address the following: reasons for re-admission request and why the Athletic Training Faculty should consider such request; what the student has done since leaving the program, and student career goals/aspirations. (This letter must be submitted within 18 months of leaving the program. This time frame is required in order for the student to complete requirements to be eligible to sit for the BOC Exam). A re-admission fee must be submitted with the application and letter
2. Complete an on-campus interview with the Athletic Training Faculty.
3. Complete a series of written and practical proficiency exams evaluating the student's competency and proficiency to perform practical skills. This may include taping skills, immediate and emergency care skills, examination skills, and therapeutic intervention skills.

The Athletic Training Faculty have the right to deny re-admission request at any of the described procedural steps.

SEXUAL HARASSMENT POLICY

What is Sexual Harassment?

Central Michigan University's Sexual Misconduct Policy expressly prohibits any faculty, staff, or student body member to engage in sexual harassment. Sexual Harassment is defined as follows:

1. "...nonconsensual sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature where:
 - a. Submission to such conduct is made either explicitly or implicitly a condition of a Complainant's employment or academic standing;
 - b. Submission to or rejection of such conduct is used as the basis for employment decisions or for academic evaluation, grades, or advancement; or
 - c. Such conduct has the purpose or effect of unreasonably interfering with a Complainant's work or academic performance, or creating an intimidating or hostile environment regarding education, employment, housing, or participation in CMU activities."
2. Those covered and protected by this policy may need guidance in interpreting the statute. The University defines the following terms in this manner:
 - a. Unwelcome. Conduct or communication not solicited or incited, and which a reasonable person in a similar circumstance would consider undesirable or offensive, or which continues after a person has clearly indicated that the conduct or communication is unwelcome.
 - b. Sexual. Sexual refers to all sexuality- heterosexuality and homosexuality.
3. The University defines the following terms in this manner:
 - a. Relationships Which Impair Choice. The University will give special scrutiny to situations where a charge of sexual harassment is made in which freedom of choice is impaired because one person has the authority to make decisions or affect recommendations which may have an impact over the employment, education or housing of the person complaining.
 - b. Peer and Similar Relationships. This policy applies to the relationships between employees, between students, and similar relationships.

How to Recognize Sexual Harassment

1. Briefly, sexual harassment is any conduct or communication of a sexual nature that is unwelcome, and
 - a. ...you are told that you must "go along with it" or else you will get into trouble, lose your sports medicine assignment, jeopardize your selection into the program, or otherwise suffer some consequences.
 - b. ...makes you feel uncomfortable, offended or intimidated to the extent that it interferes with your ability to work and learn in any Athletic Training/Sports Medicine setting.

What to Do About Sexual Harassment

1. Administrative Officers and supervisory personnel have a duty and responsibility to establish and maintain an educational and work environment free of sexual harassment. This includes but is not limited to:
 - a. ...taking seriously all incidents or complaints of sexual harassment.
 - b. Reporting and referring all incidents or complaints of sexual harassment to the appropriate university department and superiors.
2. All athletic training students are encouraged to respond clearly and directly to any incident of sexual harassment as soon as it begins. Depending on the particular circumstances of the incident, this may include:
 - a. Telling the harasser to stop.
 - b. Telling your Preceptor, the Clinical Education Coordinator, Academic Advisor, Program Director, or Clinical Experience Administrator.
 - c. Confidentially discussing the incident with a representative of the University's Office of Civil Rights and Institutional Equity, Dean of Student's office, or Office of Student Life.
 - d. Filing a grievance with the Office of Civil Rights and Institutional Equity. Students may alternatively choose to file a grievance through the Office of Student Life or the appropriate Dean.

Athletic Training Program Response to Sexual Harassment

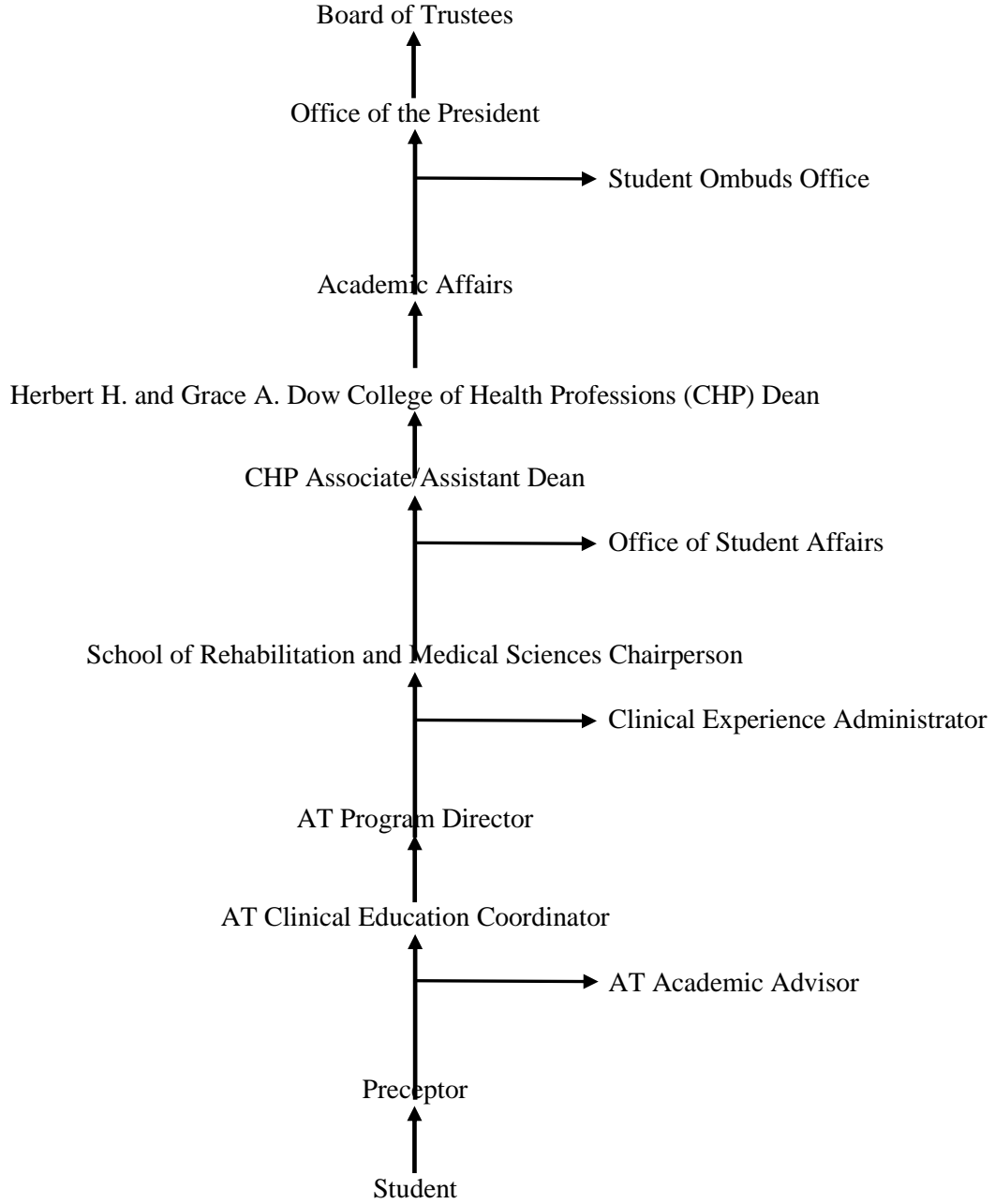
The Athletic Training Faculty takes seriously all incidents or complaints of sexual harassment. Faculty and preceptors shall take appropriate administrative, educational, and disciplinary actions to assure a sexual harassment free educational environment. This shall include the following actions:

1. Proactively intervene to prevent or stop incidents of sexual harassment.
2. Promptly investigate and resolve all reported sexual harassment incidents in the program. Initiate appropriate disciplinary actions towards the individual engaging in sexually harassing behavior. Disciplinary action may include verbal warning, education, denial of access to facilities and services, or legal action, depending upon the nature or the offense.
3. In cases where the sexually harassing behavior is of a grievous nature and/or the CMU student engaging in the sexually harassing behavior has received at least one written warning, the Athletic Training Faculty will refer the student to the Office of Student Life for disciplinary action.

Where Students May Go for Help

- Preceptor
- Athletic Training Faculty Advisor
- Clinical Education Coordinator
- Athletic Training Program Director
- Facility Administrator (Site specific)
- Office of Civil Rights and Institutional Equity
(https://www.cmich.edu/office_president/ocrie/Pages/default.aspx)
Bovee University Center 306
774-3253
- Office of Student Affairs
Sexual Aggression Services Coordinator
774-6677
- Sexual Assault Services 24-hour hotline
774-2255
- Associate Vice President of Student Affairs
Ronan Hall 290
774-3346
- Sexual Aggression Peer Advocate (S.A.P.A.)
<https://www.cmich.edu/ess/studentaffairs/sapa/Pages/default.aspx>
- Assistant Dean, The Herbert H. and Grace A. Dow College of Health Professions Health Professions Building
774-1850
- Student Ombuds Office
ombuds@cmich.edu
774-3010

CHAIN OF COMMAND



CLINICAL EXPERIENCE DECLARATION NON-DISCLOSURE OF INFORMATION

Before an athletic training student can be assigned to a clinical experience, the student is required to sign the following statements. Should the athletic training student refuse to sign the statements, they will not be assigned to a clinical experience. The student must submit a written explanation for his/her refusal to sign, which will then be reviewed by the Athletic Training Faculty. The faculty will determine the merits of the refusal to sign for appropriate action. This declaration shall remain in the student's personal file for the duration of their involvement in the Athletic Training Program.

CONFIDENTIALITY STATEMENT

I understand that all of the information I may become knowledgeable of in my capacity as an athletic training student is subject to the patient/physician privilege and the standards, as applicable, according to the Health Insurance Portability and Accountability Act (HIPAA). Therefore, all information regarding the patient must be considered confidential and protected by privacy standards. I will not discuss medical information or other protected health information with anyone except for members of the medical staff at my clinical experience. Discussion with the CMU Athletic Training Faculty will involve the specific injury/illness without disclosure of any identifiable information. Any breach of these standards will result in immediate review of the student's status in the professional phase of the Athletic Training Program.

Athletic Training Student Signature

Date

Print Name

ATHLETIC TRAINING STUDENT AGREEMENT

I, _____, have been admitted into the Athletic Training Program at Central Michigan University. The term of this affiliation shall begin _____ and will not conclude before _____. During this period, I agree to fulfill all the required CMU graduation requirements, educational standards, and to accumulate a minimum of 800 hours in my assigned clinical experiences.

By affixing my signature upon this agreement, I agree to:

1. Read and abide by the policies, procedures, and regulations governing the Athletic Training Program, as stated in the Program Policies and Procedures Manual and that of the clinical site.
2. Perform the responsibilities of an athletic training student as outlined in the Student Responsibilities.
3. Act and dress professionally.
4. Maintain an open line of communication with faculty, fellow students, patients, supervisors, medical staff, and other individuals as required by my clinical experience.

The student confirms the above agreement has been discussed. The student understands the commitment involved with the Athletic Training Program and agrees to fulfill all aspects to the best of their ability.

Athletic Training Student Signature

Date

Athletic Training Faculty Signature

Date

ATHLETIC TRAINING FACULTY AGREEMENT

Being Central Michigan University is an institution of higher learning and this university supports and sponsors the Athletic Training Program, there is a responsibility of the individuals of the program to provide the student with learning opportunities. Therefore, the Athletic Training Faculty agrees to the following:

1. Conduct an orientation program and provide pertinent information deemed necessary for the professional phase athletic training student.
2. Provide academic advisement to facilitate the student's educational experience.
3. Ensure appropriate supervision and guidance is available that will enable the student to apply the theory in the clinical setting.
4. Provide practical experience in realistic situations.
5. Disseminate the knowledge necessary for the entry-level athletic trainer and allow for adjustments and redirection.
6. Maintain an open line of communication.
7. Provide the student the opportunity for leadership.
8. Accept the student as a professional and allow and encourage the fulfillment of personal and professional goals, to the best of our capabilities.

ATHLETIC TRAINING FACULTY

SECTION II: PROFESSIONAL PREPARATION

ATHLETIC TRAINING DESCRIPTION

Objective of Accreditation Standards for Athletic Trainers

The American Academy of Family Physicians, The American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, the Commission on Accreditation of Athletic Training Education (CAATE), and the National Athletic Trainers' Association (NATA), cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Athletic Training and to provide recognition for educational programs that meet or exceed the minimum standards outlined in the *Standards and Guidelines for the Athletic Trainer*.

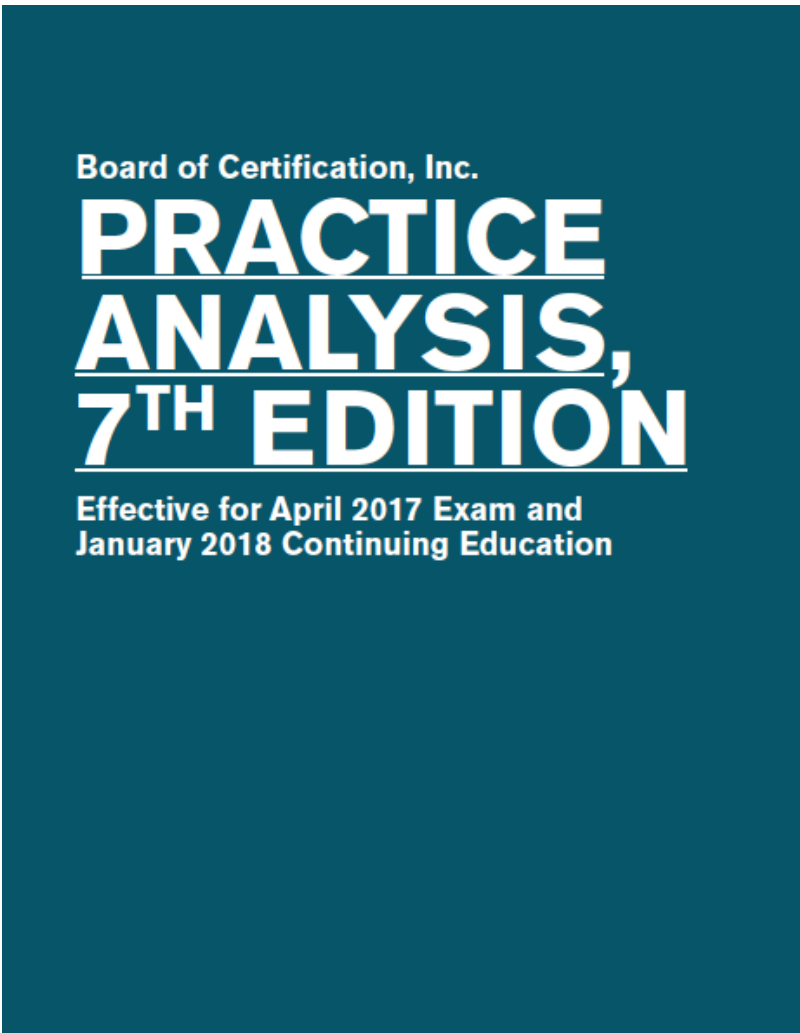
Description of the Professionals Established by CAATE

An athletic trainer is a qualified health care professional educated and experienced in the management of health care problems associated with physical activity. In cooperation with physicians and other health care personnel, the athletic trainer functions as an integral member of the health care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, and other health care settings. The athletic trainer functions in cooperation with medical personnel, athletic personnel, individuals involved in physical activity, parents, and guardians in the development and coordination of efficient and responsive athletic health care delivery systems.

The athletic trainer's professional preparation is directed toward the development of specified competencies in the following domains: risk management and injury prevention, pathology of injuries and illnesses, assessment and evaluation, acute care of injury and illness, pharmacology, therapeutic modalities, therapeutic exercise. General medical conditions and disabilities, nutritional aspects of injury and illness, psychosocial intervention and referral, health care administration, professional development and responsibilities. Through a combination of formal classroom instruction and clinical experience, the athletic trainer is prepared to apply a wide variety of specific health care skills and knowledge within each of the domains.

PROFESSIONAL PREPARATION

The athletic trainer's professional preparation is directed toward establishing the minimal competencies to practice as an AT, as identified in the Practice Analysis conducted by the BOC.

<p>Practice Analysis, 7th Edition Domains</p> <p>Injury and Illness Prevention and Wellness Promotion Examination, Assessment and Diagnosis Immediate and Emergency Care Therapeutic Intervention Healthcare Administration and Professional Responsibility</p>


ATHLETIC TRAINING FACULTY ADVISORS

You should meet with your advisor at least once per semester. Please keep your address, phone number and e-mail address up-to-date (this includes college and permanent).

A-L	Ms. Taylor Hoekwater mayle1tm@cmich.edu	HPB1213	(989) 774-2644
M-Z	Ms. Emily Webster mcdonlee@cmich.edu	HPB 1239	(989) 774-3004

MAJOR AUTHORIZATION

A course sequence has been developed for all students in the professional phase. Any variation from classes listed on the major must be cleared with the academic advisor prior to enrolling in the class. A *Course Substitution* will be completed, when and if necessary. Students will be required to complete a pre-graduation audit with an academic advisor in the professional program. A copy of the audit will be required.

Students should plan to apply for graduation by the end of the Spring I semester to ensure a graduation audit is completed. A copy of your graduation audit must be submitted to the program director before the endorsement for the certification exam can be signed.

CLINICAL EXPERIENCE RESPONSIBILITIES

While specific duties and responsibilities will vary with each student according to their experience, capabilities, and clinical assignment, certain expectations exist for all athletic training students. You will be working primarily with an athletic trainer and fellow athletic training students, however, you will also have contact with other health care professionals, students (high school/college), athletes (high school/college), coaches, athletic personnel, administrators, parents, and the general public. Respect, courtesy, and cooperation should be foremost in your professional relationship with these individuals. Do not argue or be disrespectful to others. Instead, discuss problems calmly and professionally. Be careful not to use the athletic training room or health-care facility as a social lounge. You are not a coach, administrator, athletic trainer, nurse, physical therapist, or physician, you are a representative of the Athletic Training Program. Ask questions in a professional manner. Should an individual ask something of you, which is inconsistent with what you have been taught or shown, cooperate as best as possible, then discuss the event with your Preceptor or the Clinical Education Coordinator in the appropriate time and place.

You are responsible for knowing your duties and for performing them to the best of your ability.

1. Learn and adhere to the Standard of Care and Exposure Control Plan established by the clinical site to which you are assigned.
2. Learn the necessary documentation procedures for the clinical services rendered at your specific clinical site.
3. Familiarize yourself with daily duties and contribute your fair share. A clean and organized facility is the responsibility of ALL personnel.
4. Familiarize yourself with all the appropriate preparation (practice, competition, travel, and/or rehabilitation) procedures and carryout your duties efficiently.
5. Learn proper first aid and emergency care procedures.
6. Learn the correct and effective application of all taping, padding, bandaging, and wrapping techniques.
7. Learn the correct and appropriate techniques for injury recognition, clinical evaluation, and diagnosis.
8. Learn the correct use and application of all therapeutic modalities and exercise equipment in providing a therapeutic intervention.
9. Learn the basic components of a comprehensive therapeutic rehabilitation and reconditioning program.
10. Be professional and courteous of others.

Remember, you are creating the image of an athletic trainer and representing the facility to which you are affiliated, as well as the CMU Athletic Training Program. You will be judged initially on your appearance and actions, so put your best foot forward. First impressions are only made once.

CLINICAL EXPERIENCE REQUIREMENTS

The Athletic Training Program, administered by Central Michigan University School of Rehabilitation and Medical Sciences, is designed to prepare entry-level athletic trainers for future employment in high schools, colleges, professional organizations, clinics, industrial and/or corporate settings (and possibly other health care agencies). The program attempts to provide an effective blend of classroom, laboratory instruction and clinical experiences, which are designed to prepare students in the prevention, management, rehabilitation, and referral of injuries and illnesses sustained by patients or clients.

CLINICAL EXPERIENCE SCHEDULES

The majority of the clinical experience assignments are conducted during the afternoon and early evenings. Schedule adjustments may be necessary to allow you the opportunity to be available during times specific to your clinical experience

1. Athletics (Collegiate and High School)
 - a. Many practices are conducted between the times of 1:00-6:00pm. Weekends and evenings are likely. However, due to availability of practice facilities, athletic teams may practice in the early morning.
2. Injury Care Center
 - a. Specific schedule as assigned by the ICC Coordinator
 - i. Monday-Thursday late afternoon or evening
 - ii. Friday staff meeting and/or late afternoon or early evening
 - iii. Sunday variable
3. Physician Rotation/Urgent Care Center
 - a. Typically, in the afternoon for a 3-4 hour shift, 2 days a week
4. Emergency Room
 - a. Typically, in the afternoon for a 3-4 hour shift, 2 days a week or an 8-hour shift, one day a week, not to exceed past 11:30pm.
5. Rehabilitation Facility
 - a. Typically, in the afternoon for a 3-4 hour shift, 2 days a week

CLINICAL EXPERIENCES

The athletic training student will spend two years in various clinical experiences. Four semesters of assigned rotations are required to complete the required educational competencies and clinical proficiencies and to accumulate a minimum of 800 hours (a minimum of 200 hours per semester) of supervised clinical experience, before the completion of the internship semester. The goal of the four semesters of clinical experience is to provide the student a range of experiences within the athletic training profession. The student should become more independent each semester. Regardless of previous volunteer opportunities or experiences as an athletic training student, every athletic training student is required to complete an August rotation in conjunction with Clinical III or Clinical IV (*fall semester*). Any hours accrued during this August rotation do not count towards the 200-hour average for the semester. Any prior commitments (i.e. vacations, work, school) must be cleared from your schedule. Failure to complete or report for an August rotation will result in disciplinary action.

- A. First Semester. Assigned to collegiate athletics. Provided opportunities to link theory to practice through the development of clinical skills including injury/illness evaluation, management, rehabilitation and referral. Additionally, provided the opportunity to communicate with the sports medicine team and athletic personnel, and experience home and away event coverage with a preceptor.
 - a. Assignment: CMU Intercollegiate Athletics
- B. Second Semester. Assigned to areas that encourage the student to assume a leadership role. Opportunities provided allow the student to further develop their knowledge and apply their skills by problem solving and gaining increased autonomy.
 - a. Assignment: CMU Intercollegiate Athletics
- C. Third Semester. Assigned to areas that allow the student to experience athletic training settings outside of collegiate athletics. Leadership, clinical independence, critical thinking, problem-solving, and communication skills are further developed.
 - a. Assignments: CMU University Recreation Injury Care Center, Emergency Room, Urgent Care Center, Physician Office, Rehabilitation Facility.
- D. Fourth Semester Assigned to areas that allow the student to assume an autonomous role in their clinical experience under the supervision of a preceptor. Students are provided opportunities to master athletic training knowledge and skills as well as written and verbal communication.
 - a. Assignments: Mt. Pleasant High School, Sacred Heart Academy, Midland High School, Midland Dow High School, Bullock Creek High School, Beal City High School, Alma High School, Shepherd High School, Vestaburg High School, St Louis High School, Alma College Intercollegiate Athletics, Northwood University Intercollegiate Athletics

CLINICAL EXPERIENCE VOLUNTEER POLICY

Students' clinical field experience (CFE) begins on the first day of classes and ends on the last day of classes with the exception of pre-season clinical experiences.

If a student chooses to engage in clinical experiences prior to the first day of class or after the last day of class, this experience will be considered "volunteer" and not an academic requirement of their course work. This experience will be considered outside the scope of any University requirement.

Prior to any volunteer clinical experience, the student must receive written permission from their supervising clinical site preceptor, stating the supervising clinical site understands the Clinical Experience is on a volunteer basis and not the result of an educational requirement by CMU. This documentation must be submitted to the Clinical Education Coordinator.

In the case where a student's clinical experience is at a high school, the clinical site preceptor and athletic director must also provide written permission. Central Michigan University and the Athletic Training Program are not liable for a volunteer's actions or any injuries that may arise while working with the clinical site.

As a volunteer, time tracking and case logs are not to be documented in E*Value as this experience occurs outside CAATE requirements, the accrediting body for Athletic Training programs. Students may choose to document their time and experiences but will not use E*Value to do so.

Choosing to gain additional clinical experience outside the students CFE is the student's personal choice. If a student chooses not to volunteer, their refusal to participate in these opportunities will not be held against them.

CERTIFICATION REQUIREMENT

The Board of Certification (BOC) is responsible for establishing standards for entry into the profession of athletic trainers. The BOC determined successful completion of the requirements of a CAATE- accredited program will assure that the candidate has met the requirements needed to sit for the examination. As of December 1, 2006, in order to practice athletic training in the state of Michigan, you must be licensed.

Some states as part of their licensure/registration bills may require documentation of clinical hours. The AT Program at Central Michigan University will track and require students to accumulate a minimum of 800- hours of clinical experience, in no less than two years. The student must accumulate a minimum of 200 hours in an athletic training room, practice and/or competition coverage. The student will be provided opportunities to be involved with the following clinical experiences:

- Individual and team sports
- Sports requiring protective equipment (e.g., helmet and shoulder pads)
- Patients of different sexes
- Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military)
- A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology)

The athletic training student should track their experiences and time spent to ensure compliance to this requirement. Questions/concerns should be addressed first with the clinical education coordinator, your faculty advisor, and then to the Program Director.

PROGRAMMED ACTIVITY AND CLINICAL SKILLS

- A. Document daily hours spent in a supervised clinical experience should be documented in www.e-value.net. Clinical experience hours need to be verified by your preceptor.
- B. A gold card is used for recording time spent in the affiliated health care settings and rehabilitation facilities.
- C. The athletic training student should document the clinical skills accomplished during their clinical experience in www.e-value.net. The student should discuss their performance with their preceptor for appropriate feedback.
- D. The endorsement for certification will not be signed without the proper completion of the programmed activity and clinical skills in www.e-value.net.

GOALS FOR THE CLINICAL EXPERIENCES

A goal of the Athletic Training Program is to provide students with a variety of clinical experiences that include multiple athletic settings, and various supplemental settings in health care. It is our desire to place the student in as many different settings as possible, as they progress through the clinical portion of the program. Each student is assigned to a preceptor at the identified clinical site. Preceptor/Clinical Experience and student goals have been identified to assist with understanding the learning opportunities and skills that should be accomplished.

1. **Athletic Settings**

A. Collegiate

- Central Michigan University
- Northwood University
- Alma College

B. High School

- Mount Pleasant High School
- Midland High School
- H.H. Dow High School
- Bullock Creek High School
- Beal City High School
- Alma High School
- Clare High School
- Sacred Heart Academy
- Shepherd High School
- Vestaburg High School
- St. Louis High School

Preceptor/Clinical Experience Goals

- A. Illustrate the basic concepts of organizing and coordinating an athletic training program within a secondary and/or higher education institution.
- B. Provide experiences to observe the professional, ethical and legal parameters, which define the role of the athletic trainer in the treatment and rehabilitation of clients within the athletic setting, and the administration and implementation of an athletic health care delivery system at different levels of athletic competition.
- C. Provide opportunities to be responsible for the completion of paperwork, maintenance of records and the confidentiality of medical files associated with the administration of athletic training health-care programs in the secondary and higher education athletic setting.
- D. Demonstrate the role of individuals, medical and non-medical, in the athletic health care system and recognize the athletic trainer's role as a liaison among the different groups in the athletic loop.
- E. Provide learning experiences, which will provide athletic training students an opportunity to develop the competencies and proficiencies necessary for effective functioning as an entry-level athletic trainer.

Student Goals

- A. Recognize and comprehend the moral and ethical responsibility for conducting a safe athletic program and the techniques possible for minimizing injury/illness risk factors to the fullest extent possible.
- B. Appreciate the importance of developing and implementing a thorough, comprehensive athletic health care delivery system.
- C. Appreciate the need for cooperation among all individuals, which enter the athletic health care loop.
- D. Respect the injured athlete as an individual deserving of quality health care.
- E. Provide appropriate health care, which includes prevention, evaluation and diagnosis, immediate and emergency care, treatment and rehabilitation and referral to patients as illustrated in the facility SOP.
- F. Recognize and accept the need for good interpersonal relationships among individuals who may become involved in the athletic arena.

2. Affiliated Health Care Settings

- A. McLaren Central Michigan
 - Ready Care
 - Emergency Room
- B. MidMichigan Medical Center
 - Clare Emergency Room
 - Gratiot Emergency Room
 - Mount Pleasant Emergency Room
- C. Central Michigan University
 - University Health Services

Preceptor/Clinical Experience Goals

- A. Demonstrate the role and function of the physicians, physician's assistants, nurse practitioners, and nurses at affiliated health care settings, in the treatment of illnesses and injuries sustained by patients.
- B. Provide opportunities to demonstrate the relationship between typical symptoms and clinical signs, and illness/injury pathology.
- C. Provide experiences to demonstrate commonly accepted techniques and procedures for clinical evaluation of illnesses/injuries.
- D. Provide opportunities to develop an understanding of the methods for treatment prescribed by the physician, physician's assistant, or nurse practitioner.
- E. Demonstrate the organization and operation of a community-based emergency room or urgent care facility.
- F. Demonstrate the roles and responsibilities of various health care providers in an emergency room or urgent care facility.
- G. Provide interaction with other health-care professionals
- H. Demonstrate the administration of standard first aid techniques and medical care to injured and/or ill individuals

- I. Demonstrate the role of an emergency room or urgent care center within the community

Student Goals

- A. Observe and comprehend characteristic pathologies for common ailments seen at affiliated health care settings.
- B. Listen and comprehend the use of standard nomenclature for the communication of identified clinical signs and symptoms among health care providers.
- C. Observe the communication process between the health care provider and the patient.
- D. Comprehend the importance of confidentiality and patient-physician privilege.
- E. Observe and comprehend the:
 - a. Construction and phrasing of questions appropriate to obtaining a medical history.
 - b. Identification of observable clinical signs typically associated with illnesses/injuries.
 - c. Location and palpation of "key" anatomical structures commonly involved in illness/injury pathology
 - d. Administration of appropriate functional tests and/or medical(laboratory) tests for evaluation of illness/injury
 - e. Incorporation of appropriate examination techniques and procedures into an effective, systematic scheme of clinical evaluation.
- F. Explain the role and responsibilities of paramedics, EMT's, emergency room or urgent care health care providers in the health-care delivery system to ill or injured individuals.
- G. Observe and assist, when directed, with the care and treatment of patients seeking medical attention at an emergency room facility or urgent care center.
- H. Recognize the physiological response of the body to illness and injury.
- I. Obtain the knowledge and skill in recognizing abnormalities of the body and the relationship to severity of pathological signs and symptoms.
- J. Observe and assist, when directed, the implementation of appropriate treatment, follow-up care, and/or referral to other medical personnel of patients seen in an emergency room or urgent care center.

3. Rehabilitation Facilities

- A. McLaren Central Michigan
 - Central Michigan Rehabilitation Services
- B. Mountain Town Rehabilitation Services
- C. Central Michigan Rehabilitation Services
 - Mount Pleasant
 - St. Louis
- D. MidMichigan Rehabilitation Services
 - Alma
 - Campus Ridge
 - Mount Pleasant
- E. Midland Chiropractic Sports Rehabilitation

Preceptor/Clinical Experience Goals

- A. Provide opportunities to observe and interact with health care professionals in their respective work environment.
- B. Demonstrate the planning and implementation of comprehensive rehabilitation programs for ill and/or injured individuals.
- C. Provide the opportunity to observe the administration and organization of a rehabilitation/physical therapy facility including patient billing, confidentiality, and personnel and department management.

Student Goals

- A. Observe and understand the purpose of a thorough physical examination (screening) prior to the development and implementation of a rehabilitation program
- B. Assist with the application of commonly used therapeutic techniques under the direction and supervision of a licensed/certified professional.
- C. Assist with ambulation aids and techniques.
- D. Observe and comprehend the effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems, and resulting implications for selection of therapeutic modalities and rehabilitation exercises.
- E. Assist with the administration of postural evaluation and screening procedures to assess baseline levels of health and to track patient care and progress.
- F. Observe and understand the effects of disease processes and their implications to the choice of therapeutic modalities and rehabilitation exercises.
- G. Observe the administration, management and organization of the total operation of a rehabilitation/physical therapy facility.

4. Injury Care Center, University Recreation

- A. An athletic training facility for the recreational athlete and physically active individuals.

Preceptor/Clinical Experience Goals

- A. Provide opportunities to observe the administration and organization of an injury care center in a recreational facility.
- B. Provide experiences to observe and appreciate the importance of cooperation and communication between different agencies (university recreation, health services and center staff), which have direct interest in the injury care center.
- C. Provide opportunities to interact with the various individuals using the recreational opportunities in the Student Activity Center and accepting each individual with or without a physical complaint without personal bias or prejudice.
- D. Provide opportunities for the athletic training student to conduct clinical evaluations and to formulate a clinical diagnosis, administer proper first aid, immediate and emergency care, treatment and rehabilitation and make appropriate referrals per SOP.

Student Goals

- A. Provide appropriate first aid and immediate and emergency care according to accepted standards and refer patient to appropriate medical personnel per SOP.
- B. Provide clients with sound health information pertaining to injury and other health matters.
- C. Conducts a thorough clinical evaluation, formulates a diagnosis, and communicates their assessment and advice in a comprehensive manner; makes appropriate referral per SOP.
- D. Plans and implements basic treatment, rehabilitation/reconditioning programs, and communicates the program in an effective manner.
- E. Utilizes objective criteria which will indicate to the individual their ability to safely return to physical activity.
- F. Accepts the responsibility for completion of paperwork and maintains up-to-date and accurate records.

PERFORMANCE APPRAISALS

A minimum of two evaluations must be completed each semester

1. Athletic (Collegiate or Interscholastic) and University Recreation Setting
 - a. Two evaluations must be completed each semester. The mid-semester evaluation is to be completed by the preceptor. Students must schedule a short meeting with the preceptor to discuss the evaluation at which time, the preceptor will submit. The end of the semester evaluation is to be completed by your preceptors and will allow for feedback on clinical skills and abilities as well as professional attributes.

2. Affiliated Health Care Setting and Rehabilitation Facilities
 - a. An evaluation has been designed specifically for these settings. Submit the appropriate evaluation form to your preceptor before your final day. On your last day, review the evaluation with your preceptor. Submit the signed form to your AT clinical course instructor.

3. Preceptor and Site Evaluation
 - a. At the conclusion of each experience (7-week or 15-week) a student is required to complete an evaluation of the preceptor and clinical site. Students are reminded to review the preceptor/rotation goals prior to completing the evaluation. You do not meet with your preceptor to discuss these evaluations.

ATHLETIC TRAINING STUDENT LEVEL OF COMPETENCY

Athletic Training Students are held to a level of competence and proficiency outlined in the Athletic Training Program course sequence and clinical education plan. Students must maintain current First Aid, CPR, and AED certification throughout the professional program and are expected to know the Emergency Action Plan as established at the health care facility where they are assigned.

Policies and Procedures, Standard Operating Procedures (SOP), Emergency Action Plans, and Exposure Control Plans are specific to each clinical site. Plans and procedures are available to the student, if applicable. Students are encouraged to follow all plans, policies, procedures to the best of their ability. It is understood that Athletic Training Students are in an educational experience and are not certified athletic trainers. It is the responsibility of each preceptor to provide the necessary supervision and guidance to ensure appropriate conduct.

STUDENT ATHLETIC TRAINING ORGANIZATION (SATO)

The Student Athletic Training Organization, SATO, is an organization that has been on Central Michigan University's campus for more than 20 years. The organization's mission is to give a voice to the students interested in or involved within the Athletic Training Program. SATO offers members the opportunity to learn new techniques and occupations within the sports medicine field with guest speakers, demonstrations, and the opportunity to attend conferences. SATO also builds relationships among the members outside of the classroom and athletic facilities with social and volunteer events. The organization can also serve as an opportunity to interact and network between preprofessional and professional phase students.

STUDENT SCHOLARSHIPS

Athletic training students in the professional phase of the Athletic Training Program are provided with the following scholarship opportunities:

- Dr. Thomas and Mrs. Jayne Keating Athletic Training Scholarship
- Ron Sendre Award
- René Revis Shingles Leadership Award
- Reed Phillips Athletic Training Award
- Denise L. Webster Character Award

Students interested in applying for one of these scholarships should attain a scholarship application through the Athletic Training Program Blackboard shell. Upon completion, students must submit the application to the Athletic Training Program Office by the specified deadline. All applications are reviewed by the SATO Scholarships Committee led by an Athletic Training Faculty member. An awardee will be selected based on the scholarship's specified evaluation criteria. All scholarship recipients will be notified at the end of the specified semester. All scholarships are distributed through the Office of Scholarships and Financial Aid, except the Denise L. Webster Outstanding Character Award which is distributed through the AT Program.

Students are also informed of the available state (Michigan Athletic Trainers' Society Scholarships), regional (Great Lakes Athletic Trainers' Association Scholarships), and national (National Athletic Trainers' Association Scholarships) scholarships at Athletic Training Program meetings, SATO meetings, and in various class discussions. All scholarships may be found on the Athletic Training Program website. <https://www.cmich.edu/colleges/CHP/Pages/Scholarships.aspx>. The application, including the evaluation criteria for each scholarship, may be found on the Athletic Training Program Blackboard Shell.

SECTION III: PRACTICE STANDARDS

MICHIGAN PRACTICE ACT

Michigan Law: Public Act 368 of 1978 (known as the Public Health Code)

Michigan Board of Athletic Trainers

The Michigan Athletic Trainer Board was created with the enactment of Public Act 54 of 2006, which amended the Public Health Code, Public Act of 1978.

The practice of athletic training, as defined in the Public Health Code, means the treatment of an individual for risk management and injury prevention, the clinical evaluation and assessment of an individual for an injury or illness, or both, the immediate care and treatment of an individual for an injury or illness, or both, and the rehabilitation and reconditioning of an individual's injury or illness, or both, as long as those activities are within the rules promulgated for this profession and performed under the direction and supervision of an individual licensed as an allopathic or osteopathic physician.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry-level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

Document Location

Public and Local Acts of The Legislature of the State of Michigan. Regular session of 1978. As compiled by the Legislative Service Bureau and published by the Department of Management and Budget. Pages 865 - 1165.

Public Act 54 of 2006, which amended the Public Health Code, Public Act of 1978 (which governs the practice of athletic training) can be found at: <http://www.legislature.mi.gov/documents/2005-2006/publicact/pdf/2006-PA-0054.pdf>

Michigan Department of Licensing and Regulation. Occupational Regulation Sections of the Michigan Public Health Code. (Articles 1 and 15 of Act 368 of 1978) For Non-Prescribing Professions: Does not include Article 7 on Controlled Substances

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STANDARD OPERATING PROCEDURES

An important aspects of facility management is establishing policies and procedures. Aside from legal questions, there are a number of professional considerations that dictate the need to delineate and specify policies for the delivery of athletic training/sports medicine services. POLICIES are the basic framework of principles and rules used to govern and expedite decision-making. PROCEDURES describe the process by which something is done. There may be some overlap in written definitions of the what and why (policy), and the how (procedures) in the development of a Policy and Procedures Manual.

The development of program policies and procedures should provide a blueprint for who does what, for whom, and under what circumstances within the program setting. Policies and procedures also need to specify that services will be provided only to those for whom the program is designed. The program manual must provide for and define the essential elements of the program. Once the initial recipient of program services is delineated and job descriptions written, service modalities and procedures must be considered and developed (standing orders, standards of care).

The establishment of a Standard Operating Procedure (SOP) describes relevant standards of care for the athletic trainer to apply in given situations. It is incumbent for the athletic trainer to be aware of national standards of practice and to establish written guidelines and procedures to ensure a quality of care.

The emergency action plan (EAP) is a written document developed in consultation with all members of the venue specific team including local emergency medical services personnel. The EAP identifies personnel involved in carrying out the plan, the equipment needed to carry out the tasks required in the event of an emergency, the mechanism for communication, and mode of transportation for the injured individual. The emergency action plan is specific to the activity venue; each activity site has a defined emergency plan.

An Exposure Control Plan, as recommended by the Occupational Health and Safety Administration (OSHA), should also be part of a Policies and Procedures manual. An Exposure Control Plan should clearly provide for the education, prevention, and post-exposure care for all individuals, including students, working within the specific clinical site.

Standing orders may be included in a SOP if permissible by state law. Standing orders are orders that have been predetermined by a (team) physician but carried out under certain circumstances by the athletic training staff in the physician's absence.

Standards of Care define prewritten care protocols to be rendered to injured or ill patients. Standards of care include injury/illness recognition, management and referral. In addition, standards of care should provide guidance for the use of therapeutic modalities and exercise.

DOCUMENTATION

One of the most important administrative functions in any athletic training-sports medicine program is record keeping. The development and implementation of a comprehensive record-keeping system serves to enhance the effectiveness of organizational communication while, at the same time, helping to minimize the ever-present threat of litigation resulting from the failure to adequately document the nature and extent of care provided to an injured athlete or program participant. While record keeping in and of itself cannot shield one from litigation, carefully written documentation of care rendered can be a powerful weapon for refuting claims of negligent behavior. This is assuming, of course, that such documentation reflects a pattern of reasonable and prudent care.

The development and implementation of an effective record-keeping system is a highly personalized process. The finished product must accurately reflect the specific needs and functions of the organization. Likewise, the number and types of record-keeping forms utilized will vary significantly from one organization to another.

One of the most important concepts in the process is that of maintaining records in more than one location. The basic information concerning the athlete or program participant should be maintained in the participant's personal medical file. Additional copies should be maintained in a central file. The purpose of this procedure, cross-file duplication, is to minimize the danger of losing important data. Second, it is one way of establishing an image of prudent and conscientious behavior for the organization and its staff.

Thorough record keeping must be stressed to all personnel. Every member of the organization should be instructed to document communications, recommendations, and procedures concerning his/her function as an agent of that organization. Making written documentation a regular part of day-to-day staff duties will go a long way toward establishing record-keeping as an integral and vital part of the injury care process and will minimize the likelihood that inappropriate or inadequate care will result from poor communication.

1. Primary Reasons for Record-Keeping
 - a. Communication
 - b. Provides a complete, specific, and accurate record
2. Secondary Reasons for Record-keeping
 - a. Research
 - b. Documentation for reimbursement
 - c. Establishes daily, weekly, monthly, and yearly volume of work handled by staff and facility
3. Keys to Documentation
 - a. Accuracy
 - b. Brevity
 - c. Clarity
 - d. Correcting errors by drawing ONE line through the error, date it, and initial it
 - e. Sign notes
 - f. Do not leave blank lines
 - g. Use proper medical terminology and abbreviations

BOC Standards of Professional Practice

Introduction

The BOC Standards of Professional Practice is reviewed by the Board of Certification, Inc. (BOC) Standards Committee and recommendations are provided to the BOC Board of Directors. The BOC Standards Committee is comprised of 5 Athletic Trainer members and 1 Public member. The BOC Board of Directors approves the final document. The BOC Board of Directors includes 6 Athletic Trainer Directors, 1 Physician Director, 1 Public Director and 1 Corporate/Educational Director.

The BOC certifies Athletic Trainers (ATs) and identifies, for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. ATs are healthcare professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every 5 years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the Institute of Credentialing Excellence.

The *BOC Standards of Professional Practice* consists of 2 sections:

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

I. Practice Standards

Preamble

The primary purpose of the Practice Standards is to establish essential duties and obligations imposed by virtue of holding the ATC® credential. Compliance with the Practice Standards is mandatory.

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

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations.

Standard 2: Prevention

The Athletic Trainer implements measures to prevent and/or mitigate injury, illness and long term disability.

Standard 3: Immediate Care

The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

Standard 4: Examination, Assessment, and Diagnosis

The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

Standard 5: Therapeutic Intervention

The Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Intervention program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Appropriate patient-centered outcomes assessments are utilized to document efficacy of interventions.

Standard 6: Program Discontinuation

The Athletic Trainer may recommend discontinuation of the intervention program at such time the patient has received optimal benefit of the program. A final assessment of the patients' status is included in the discharge note.

Standard 7: Organization and Administration

The Athletic Trainer documents all procedures and services in accordance with local, state and federal laws, rules and guidelines.

II. Code of Professional Responsibility

Preamble

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

Code 1: Patient Care Responsibilities

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law.
- 1.2 Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
- 1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies.
- 1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law
- 1.41 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values.
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or parent/guardian of a minor patient and does not exploit the relationship for personal financial gain.
- 1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.

- 1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.
- 1.71 Does not make unsupported claims about the safety or efficacy of treatment.

Code 2: Competency

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence.
- 2.2 Complies with the most current BOC recertification policies and requirements.

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties.
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services.
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training.
- 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.6 Does not guarantee the results of any athletic training service.
- 3.7 Complies with all BOC exam eligibility requirements.
- 3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful.
- 3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificate or applicant files, documents or other materials without proper authorization.
- 3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event.
- 3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training.
- 3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training.
- 3.13 Cooperates with BOC investigations into alleged illegal or unethical activities.

Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information.

- 3.14 Complies with all confidentiality and disclosure requirements of the BOC and existing law.
- 3.15 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.
- 3.16 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the BOC Professional Practice and Discipline Guidelines and Procedures.
- 3.17 Fulfills financial obligations for all BOC billable goods and services provided.

Code 4: Research

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions.
- 4.2 Protects the human rights and well-being of research participants.
- 4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or healthcare delivery.

Code 5: Social Responsibility

The Athletic Trainer or applicant:

- 5.1 Strives to serve the profession and the community in a manner that benefits society at large.

Code 6: Business Practices

The Athletic Trainer or applicant:

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