

**University of Central Oklahoma**

**MASTERS OF ATHLETIC TRAINING PROGRAM**

**Department of Kinesiology and Health Studies  
College of Education and Professional Studies  
Jackson College of Graduate Studies**

**Policy and Procedure Manual  
2022**



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**Information, Manual, Advisement Confidentiality, Communicable Disease/BBP/ Detailed Exposure Plan and Disclaimer Acknowledgement Form  
Student's Copy**

I, \_\_\_\_\_  
*(Please Print)*

acknowledge, on this date, \_\_\_\_\_ that I have received, reviewed with the program director, read and understand the requirements of the Masters of Athletic Training Program. I agree to comply with the University, College, Department and MATP Rules and Regulations during my time in the program. I have been advised and understand the academic, Technical Standards, BBP/Communicable Disease Policy with Detailed Exposure Plan and clinical requirements to complete the program. I understand that if I have any questions regarding the University or MATP graduation requirements that I will seek information from the program director and/or the graduate counselor.

I also acknowledge that I have read and understand the Confidentiality Statement and will abide by the provisions of the policy to protect the personal and medical information of the athletes/patients (HIPAA and FERPA) that I am assisting during my clinical education, rotations or experiences. I acknowledge that I will follow all laws related to the Oklahoma Board of Medical Licensure and Supervision Apprenticeship Athletic Trainers requirements.

I also acknowledge that I understand the requirements for clinical education and traveling off campus as part of the field experience. I agree to adhere to all UCO policies for the duration of the field experience. I have emergency contact information in the program director's office and by signing below, waive and release of responsibility for the university, affiliated site, other field experience opportunity, preceptor and the instructor of record related to my off-campus travel as per University Policy.

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

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

Mr. Ed Sunderland, Program Director

## **Program Contact Information**

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100 North University DR.  
Edmond, OK 73034-5209  
405-974-2000**

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College of Education and Professional Studies  
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405-974-5529  
[bduke@uco.edu](mailto:bduke@uco.edu)

Jackson College of Graduate Studies  
Dr. Jeanetta Sims, Ph.D., Dean  
404 Nigh Center, Box 117  
405-974-3493  
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Athletic Training Classroom and Lab  
Education Building Room 212

## **Vision and Mission Statements**

### **MATP Vision**

The Masters of Athletic Training Program, using transformative learning as the foundation for educational delivery, will be an academic program of distinction for the University in the area of athletic training and allied-health care education.

### **MATP Mission**

The mission of the Masters of Athletic Training Program is to provide transformative educational opportunities for students to achieve intellectual, professional, personal and creative growth within a nationally accredited curriculum in the field of athletic training to service the health care needs of Oklahoma.

#### Core Values:

- Community
- Character
- Civility

#### Tenets:

- Discipline Knowledge
- Global and Cultural Competencies
- Health and Wellness
- Leadership
- Research, Scholarly and Creative Activities
- Service Learning and Civil Engagement

#### Goals:

The Masters of Athletic Training Program will:

1. Provide students the opportunity to complete an accredited program of study that will provide them with the knowledge and clinical skills to become Certified Athletic Trainers.
2. Provide students the opportunity to learn, develop and apply critical thinking, decision-making skills necessary to become an allied-health care provider.
3. Provide students opportunity to learn, develop and demonstrate ethical leadership and professional behaviors as they relate to health care in a global society

### **KHS Department Mission**

The Department of Kinesiology and Health Studies focuses on the preparation of professionals in the fields of health and wellness, physical education and athletic training.

### **College of Education and Professional Studies Vision**

A learning community composed of knowledgeable and caring professionals committed to empowering individuals so they may be knowledgeable, creative and ethical as they contribute to the dynamic global society.

### **College of Education and Professional Studies Mission**

Our mission is facilitating the development of individuals and delivering programs and services to meet the needs of the professional communities served by the college.

## **Jackson College of Professional Studies Mission**

The Jackson College of Graduate Studies provides access to graduate education for culturally-diverse students locally, nationally, and internationally, while supporting UCO's mission of transformative learning through processes which maintain and enhance quality.

## **University Mission Statement**

The University of Central Oklahoma (UCO) exists to help students learn by providing transformative education experiences to students so that they may become productive, creative, ethical and engaged citizens and leaders serving our global community. UCO contributes to the intellectual, cultural, economic and social advancement of the communities and individuals it serves.

## **University Vision Statement**

The University of Central Oklahoma will be one of the nation's top metropolitan universities, serving our community while providing our students the opportunities to achieve their highest level of leadership potential.

## **What do Athletic Trainers Do?**

<http://www.nata.org/athletic-training>

## **NATA and EAC ATHLETIC TRAINING EDUCATION OVERVIEW**

### **NATA Mission**

The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession.

### **Athletic Training Education**

Athletic training is an academic major or graduate equivalent major program that is accredited by the [Commission on Accreditation of Athletic Training Education \(CAATE\)](#). The current minimum entry point into the profession of athletic training is the baccalaureate level, however [it was recently decided by the AT Strategic Alliance that the minimum professional degree level will be a master's](#), a change to be implemented within the next several years. More than 70 percent of athletic trainers hold at least a master's degree. Upon completion of a CAATE-accredited athletic training education program, students become eligible for national certification by successfully completing the [Board of Certification, Inc. \(BOC\)](#) examination.

### **Education Advancement**

The NATA [Education Advancement Committee](#)'s mission is to identify short-term and long-term educational research priorities, to advance evidence-based scholarship, and to continually assess best practices related to athletic training education in order to enhance clinical practice and patient care. The committee works in collaboration with the NATA Foundation to identify and support critical areas of educational research that will benefit NATA members and the profession as a whole, ultimately enhancing patient care and improving health outcomes.

### **Professional Education**

Professional training education uses a competency-based approach in both the classroom and clinical settings. Using a medical-based education model, athletic training students are educated to provide comprehensive patient care in five domains of clinical practice: prevention; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation; and organization and

professional health and well-being. The educational requirements for CAATE-accredited athletic training education programs include acquisition of knowledge, skills and clinical abilities along with a broad scope of foundational behaviors of professional practice. Students complete an extensive clinical learning requirement that is embodied in the clinical integration proficiencies (professional, practice oriented outcomes) as identified in the [Athletic Training Education Competencies](#) (PDF).

Students must receive formal instruction in the following specific subject matter areas identified in the Core Competencies:

- Evidence-Based practice
- Prevention, Health Promotion, and Wellness
- Patient-Centered Care
- Patient/Client Care
- Interprofessional Practice and Interprofessional Education
- Health Care Administration
- Health Care Informatics
- Professionalism
- Quality Improvement

## **Clinical Education**

Students are required to participate in a minimum of two years of academic clinical education. Through these experiences, students must gain clinical experiences associated with a variety of different patient populations defined but not limited to gender, varying levels of risk, utilization of protective equipment, and general medical conditions (e.g. diabetes, asthma) that address the continuum of care. Clinical experiences provide students with opportunities to practice, under the direct supervision of qualified Preceptors (i.e., Certified Athletic Trainer [ATC®] or other credentialed health care professionals).

## **What is Athletic Training?**

Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession.

## **Who are Athletic Trainers?**

Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic trainers work under the direction of a physician as prescribed by state licensure statutes. The NATA [Code of Ethics](#) states the principles of ethical behavior that should be followed in the practice of athletic training.

Athletic trainers are sometimes confused with personal trainers. There is, however, a large difference in the education, skillset, job duties and patients of an athletic trainer and a personal trainer. The athletic training academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited baccalaureate or master's program, and 70% of ATs have a master's degree. Learn more about the [Education of athletic trainers](#).

[The Guide to Athletic Training Services](#) (pdf) describes the qualifications of athletic trainers and the clinical tasks they routinely perform in the delivery of quality health care.

You can learn more about the profession by reading the [Becoming an AT](#) (pdf), [Profile of Athletic Trainers](#) (pdf) and [Who is Taking Care of Your Athletes?](#) (pdf) infographics.

Athletic Trainers (ATs) are healthcare professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training

and the states' statutes, rules and regulations. As a part of the healthcare team, services provided by ATs include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. \*Athletic training is recognized by the [American Medical Association \(AMA\)](#) as a healthcare profession.

*\*This definition is approved by the Inter-Agency Terminology Work Group and the Athletic Trainer Strategic Alliance, January 2017.*

## **THE ATC® CREDENTIAL**

The ATC® credential and the BOC requirements are currently recognized by 49 states for eligibility and/or regulation of the practice of athletic trainers. The credibility of the BOC program and the ATC® credential it awards are supported by three pillars: (1) the BOC certification examination; (2) the BOC Standards of Professional Practice, and Disciplinary Guidelines and Procedures; and (3) continuing competence (education) requirements. BOC certification is recognized by the National Commission for Certifying Agencies and is the only accredited certification program for athletic trainers. To be certified, an individual must demonstrate that he/she is an athletic trainer capable of performing the required duties without threat of harm to the public. The BOC traditionally conducts annual examination development meetings during which certified athletic trainers and recognized experts in the science of athletic training develop, review and validate examination items and problems. The knowledge, skills, and abilities required for competent performance as an athletic trainer fall into three categories:

1. Understanding, applying, and analyzing;
2. Knowledge and decision-making;
3. Special performance abilities.

BOC certified athletic trainers are educated, trained and evaluated in five major practice domains as defined by the Role Delineation Study / Practice Analysis, 7<sup>th</sup> Ed:

- Injury/Illness Prevention and Wellness Protection
- Examination, Assessment and Diagnosis
- Immediate and Emergency Care
- Therapeutic Intervention
- Healthcare Administration and Professional Responsibility

## **Weighting of Domains**

The PA7 defines the current entry-level knowledge, skills and abilities required for practice in the profession of athletic training. The practice analysis serves as the blueprint for determining the content of the exam. Exam questions represent all five domains of athletic training, with weighting distributed across domains as indicated in the table below

<b>Domain</b>	<b>Percent of Questions on exam</b>
Injury and Illness Prevention and Wellness Promotion	19.8
Examination, Assessment and Diagnosis	24.3
Immediate and Emergency Care	15.5
Therapeutic Intervention	27.4
Healthcare Administration and Professional Responsibility	13.0
Sum	100.0



For more information regarding the educational, certification, and licensure requirements for athletic trainers visit:

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

The National Athletic Trainers' Association Education Council –  
<https://www.nata.org/education-advancement-committee>

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

The Commission on the Accreditation of Athletic Training Education Programs– [www.caate.net](http://www.caate.net)

## **Non-Discrimination Policies**

In compliance with University policy, the Masters of Athletic Training Education Program does not discriminate for admissions, progression or placement on the basis of race, color, religion, national origin, gender, disability, age, sexual orientation or status as a veteran.

### **University**

#### **Equal Opportunity Statement**

The University is committed to an inclusive educational and employment environment that provides equal opportunity and access to all qualified persons. The University will continue its policy of fair and equal employment and educational practices without discrimination or harassment because of actual or perceived race, creed, color, religion, alienage or national origin, genetic information, ancestry, citizenship status, age, disability or handicap, gender, marital status, veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by applicable federal, state, or local laws. Discrimination or harassment in violation of this policy should be reported to the Affirmative Action Officer (Office of General Counsel) in person at Old North 304 or by phone at (405) 974-3377 or fax at (405) 974-3807. After office hours or on holidays, the report may be made by contacting University Police Services at (405) 974-2345.

## **Basic Financial Fee Costs, Scholarship and Student Employment of MATP**

Cost of attending the University can be found on Graduate College web page, <http://www.uco.edu/graduate/> or in the current Graduate Catalog under Tuition and Fees or on the following University webpage, <https://www.uco.edu/admissions-aid/enrollment-services/tuition-and-fees>

MATP approximate costs are listed below. Costs may vary. Travel cost may depend on location of affiliated site or clinical rotations. Additional information can be provided by program director or clinical coordinator.

1. There will be a course or lab fee assessed to each course by the department. Typically, the assessed fees range from \$5.00 to \$89.00 per credit hour. See Course Schedule for specific course fees amounts.
2. Yearly Clinical Education Program Fee—\$150.00: Uniforms, badge and person clinical equipment. This fee may be assessed on the summer Pre-professional level courses in addition to the regular course fees.
3. Yearly TB Test - \$30.00 and Flu Shots - \$35.00
4. Criminal Background check - \$15.00 - \$35.00
5. Apprentice Athletic Trainer License for the State of Oklahoma – initial \$35.00 and \$15.00 per year. Also, CEPS background checks - \$20.00
6. Yearly CPR/FA training—\$30.00

7. Yearly blood borne pathogen training—\$19.00-27.00
8. Private physical examination—\$65.00
9. Hepatitis B Vaccination—\$100.00 (required for Admission to Program)
10. Yearly private liability insurance—\$15.00 (The MATP student liability policy will be tied to the Nursing Programs student liability policy.)
11. Drug testing that may be required for certain clinical sites, approximately \$40.00.
12. Year membership in NATA, approximately \$80.00 per year (District 5 and OATA membership included)
13. Hour and Patient Contact Tracking software – Approximately Yearly \$45.00 or \$90 for two years

It is the student's responsibility to provide transportation to off-campus clinical sites, doctor offices, hospitals, outreach, observations and educational seminars related to the clinical education. Access to transportation is required to complete the clinical courses.

Transportation costs are estimated at approximately \$150.00 per semester.

There are no MATP scholarships or Out-of-State tuition waivers at this time. All work-study opportunities are related to financial aid eligibility and handled through the Financial Aid Office. See the head athletic trainer for work related employment opportunities which are serviced-based and not related to the academic studies. MATP students may apply for the Department of Kinesiology and Health Study Teaching Assistants. This is a separate application with separate requirements beyond the MATP admission. Contact the KHS department chair for more information.

### **Liability and Responsibility Notice**

UCO is not responsible for injury or illness as a result of participation in clinical education. Medical and insurance information can be found in Graduate Catalog, <http://www.uco.edu/graduate/catalog/index.asp> : Whether enrolled in an on-campus class or in a UCO internship, practicum, course or activity involving domestic or foreign travel, you are responsible for your own medical treatment and are liable for your own actions. In the event of your injury or illness while participating in a UCO sponsored activity, UCO cannot approve a claim for treatment or reimbursement. Information on insurance is available in the Office of the Vice President for Student Services. Also, a number of reasonably priced insurance policies are available from the private business sector. We strongly encourage you to invest in the appropriate coverage."

### **Confidentiality Statement**

As MATS, you MUST recognize, appreciate and understand the importance of complete **Confidentiality** regarding each patient and athlete you are working with. The NATA Code of Ethic and State law requires that athletic trainers follow and abide by the confidentiality agreement that exists between an allied health professional and the patient. At no time is it acceptable to give out information to anyone regarding an athlete's personal, medical, injury, or rehabilitation information. Personal/medical information is property of the athlete/patient and YOU do not have the right to distribute it to anyone without a signed written consent. You must follow all FERPA and HIPAA Laws. Not even to other players. University, athletic department and specific coaches may be allowed to obtain the information because the student athlete has signed specific documents. Do not take a chance; refer all inquiry to the supervising certified

athletic trainer (Preceptors) or team doctor. Never give out information to the media and professional scouts. They will try to find out as much as they can in a simple conversation. Just politely refer them to your supervisor. Never discuss specific player/patient information outside of the clinical environment at any time!

The consequence for unethical behavior may lead to probation/suspension from the program. See Student Honor Code for specific disciplinary procedures.

Review NATA Code of Ethics, the State of Oklahoma Board of Medical Licensing and Supervision, Athletic Trainers Act, rules and regulations for confidentiality and ethical behavior standards. Everyday strive to implement the Foundational Behaviors of Professional Practice during your clinical education experiences.

## **Academics / Clinical Information**

### **Academic Degree and Major**

Upon completion of program the University of Central Oklahoma, by the authority of the Oklahoma State Regents for Higher Education, will grant the student a Master in Athletic Training degree. The MATP is housed in the Department of Kinesiology and Health Studies within the College of Education and Profession Studies and the Jackson School of Graduate Studies.

### **Academic Advisors**

Your academic advisor will be the Program Director. It is required that you meet with Program Director each semester for academic and program advisement. They will advise you on all university requirements for graduation. See Graduate Catalog for details of all requirements.

### **Graduation Requirements**

1. Meet all University and Graduate College requirements.
2. Complete all Masters of Athletic Training Education Program academic requirements.
3. Earn a "B" or better in each Masters of Athletic Training Education Program major courses.
4. Overall GPA of 3.00 or higher with no more than 6 hours of "C," and no more than six advisor-approved hours from traditional correspondence courses
5. Meet all clinical program requirements of MATP.

### **Other Requirements**

1. Plan of Study. File a Plan of Study with Mr. Sunderland and the Jackson College of Graduate Studies by the end of the first semester of graduate work. The plan must be signed and dated by the student and the graduate advisor before it can be considered official.
2. Final Requirements. Fulfill the all graduation requirements, as listed in Graduate catalog.

Note: The amounts of all fees are subject to change. In preparation for graduation, students must obtain correct fee amounts from their program advisor or Graduate Catalog.

## Plan of Study

MATP curriculum will begin in the July semester of the first year. Accepted students enter the program at the Pre-Clinical Level. Post-admission requirements Must be completed during Pre-Clinical Level, Semester 1. See Pre-Clinical requirements for details. Courses Must be taken in exact sequence to ensure the CAATE Standard that provides a logical progression of increasingly complex and autonomous patient-care and client-care experiences is met. See program director for details.

### Curriculum (Courses listed in numbered ordered)

Dept: #	Course Title	Semester Hours
HLTH 5433	Quantitative Methods (or Substitute)	3
KINS 5313	Prevent. & Health Promotion Principles	3
KINS 5321	Interprofessional Education I	1
KINS 5343	Exam & Diagnosis II	3
KINS 5381	Interprofessional Education II	1
KINS 5363	Exam & Diagnosis III	3
KINS 5413	Athletic Training Clinical I	3
KINS 5433	Therapeutic Interventions I	3
KINS 5443	Athletic Training Clinical II	3
KINS 5513	Exam & Diagnosis IV	3
KINS 5523	Therapeutic Intervention II	3
KINS 5613	Therapeutic Interventions III	3
KINS 5623	Exam & Diagnosis I	3
KINS 5633	Transition to Practice	3
KINS 5713	Patient Centered Care Administration	3
KINS 5723	Psychosocial Interventions	3
KINS 5733	Athletic Training Clinical III	3
KINS 5743	Athletic Training Clinical IV	3
<b>Total</b>		<b>50 SH</b>

Clinical Levels / Prefix & Courses # / Academic Course Titles			HRS	Grade
<b>Pre-Clinical</b>	KINS 5313	Prevent. & Health Promo Principles	3	
Semester 1 - July	KINS 5623	Examination & Diagnosis I	3	
				6 SH
<b>Clinical Level I</b>	KINS 5343	Examination & Diagnosis II	3	
Semester 2 - Fall	KINS 5413	Athletic Training Clinical I	3	
	KINS 5433	Therapeutic Interventions I	3	
	KINS 53211	Interprofessional Education I	1	
				10 SH
<b>Clinical Level I</b>	HLTH 5433	Quantitative Methods (or Substitute)	3	
Semester 3 - Spring	KINS 5443	Athletic Training Clinical II	3	
	KINS 5523	Therapeutic Interventions II	3	
	KINS 5363	Examination & Diagnosis III	3	
	KINS 5381	Interprofessional Education II	1	
				13 SH
<b>Clinical Level I</b>	KINS 5713	Patient Centered Care Admin.	3	
Semester 4 - June	KINS 5723	Psychosocial Interventions	3	
<b>Clinical Level II</b>	KINS 5513	Examination & Diagnosis IV	3	

Semester 5 - Fall	KINS 5613	Therapeutic Interventions III	3	
	KINS 5733	Athletic Training Clinical III	3	
				9 SH
Semester 6 - Spring	KINS 5743	Athletic Training Clinical IV	3	
	KINS 5633	Transition to Practice	3	
				6 SH
<b>Graduation Total</b>				<b>50 SH</b>

### Clinical Level Progression/Retention Criteria

1. Must be in "Good Standing" with the MATP, Graduate College and University.
2. Meet all MATP clinical requirements, including Drug Testing and Criminal background check, TB test and Flu Shots.
3. Must maintain a cumulative GPA of 3.0 in athletic training major courses.
4. Must earn a "B" or better in major courses.
5. Must take required courses in sequence to ensure progression towards increasingly complex and autonomous patient-care and client-care experiences.
6. Must be enrolled in at least 9 semester hours or be considered a full-time student.
7. Must demonstrate ability to continue to meet Technical Standards.
8. Must join the NATA
9. Must purchase and use Hour & Patient Contact Tracking Application

### Attendance Policy

Class attendance is mandatory; includes all lectures, labs, internships, rotations, assigned seminars, field trips and other mandated activities. It is the student's responsibility to adequately manage the proper amount of time needed to be successful in the MATP. Time-management requires budgeting academics, clinical, work and social activities appropriately. If a MATS is ill or has an emergency arise, **THEY must call or email the instructor or PRECEPTOR DIRECTLY to tell them of the absence.** Class attendance for clinical education/field experience will be taken; it will be documented by on the Clinical Education Verification Form. If an ATS has three unexcused absences a letter grade may be deducted; if six unexcused absences or habitual lateness, the ATS may be dropped from the class. See specific course syllabus for details.

### Probation and Suspension

Students with deficiencies in pre-professional/professional levels progression or retention requirements will be placed on probation for a minimum of one semester. The program director will outline a plan to remove the deficiencies. The plan will be signed by the student. They will be required to attend and complete all major's courses until probationary status is rescinded. Additional requirements of weekly study hall and tutoring will be required during academic probation. If the plan is not completed by the designated time, the student will be suspended from the program. **Probation may extend the completion date of the clinical program and may delay graduation.** Students suspended from the MATP will only be allowed to retake the courses in which they have earned a grade less than a "B" and request re-instatement to the program. Students have the right to appeal suspension via the Academic Appeal Process and Grievance Policy.

#### Special Circumstances:

1. As part of the Post Admission requirements the student will be required to pass a Criminal Background Check. If they fail the background check they will not be able to receive an Apprenticeship Athletic Training License and will be removed for the program
2. As part of the clinical program the student will be required to pass a Drug Test. If the student fails the drug test they will be placed on probation and until such time follow-up drug tests are negative. These tests will be at the expense of the student. They will be required to attend counseling at the Counseling Center on campus (or similar facility) until completion of treatment plan. Failing of Drug test will limit the clinical sites the student could be assigned and prolong completion of the clinical program.

### **Academic Appeal Process – Grievance Procedures**

All students have the right to appeal a grievance, academic probation or suspension to the program director or Kinesiology and Health Studies (KHS) department chair. A written letter explaining reasons for the appeal is required. The Masters of Athletic Training Committee (MATC) will hear all appeals related to the MATP. The program director will chair the MATC and will present the information for review. The appealing student will have the opportunity to appear in front of the MATC. If the MATC denies the appeal, the student has the right to present the information directly to the KHS department chair for consideration. The department chair will render a decision to overrule or uphold the MATC findings. The student has the right to appeal to the dean of the Graduate College for the final decision.

If the student has a grievance involving one of the athletic trainers/committee members on the MATC, the department chair (or department chair designee) will replace the person named in the grievance. The KHS department chair will chair the MATC if grievance is against the program director.

At all other times the University's Grievance Policy is in effect, (see Student Code of Conduct Policy.) <https://www.uco.edu/offices/student-conduct/files/codeofconduct-webfile.pdf> or seek information from Director of Student Conduct. All non-academic disciplinary actions are handled through the Vice President for Student Affairs Office, <https://www.uco.edu/student-life/contact>

MATC members are the program director, clinical coordinator, head athletic trainer, two assigned departmental faculty members and a graduate student.

### **Student Honor Code**

Each MATP student is expected to act with the utmost ethics and integrity in the classroom, during clinical education and when providing supervised patient care. If an academic conduct violation occurs, such as, cheating or plagiarism, the instructor will determine the consequence for the student's behavior, e.g. grade reduction. The instructor may choose to take the issue to the department chair, which may evoke the University Code of Conduct Policy (see below.) The instructor may choose to inform the program director of the situation at which time disciplinary action may be taken. Probation, suspension or removal from the program may be the consequence for academic improprieties.

**If an ethical violation occurs during the observation, clinical labs/courses or clinical field experiences the PRECEPTOR is responsible to correct the behavior immediately.** If the ethical violation is significant or a minor violation is repeated, the PRECEPTOR may

choose to inform the program director. The program director will outline a disciplinary action plan, which may result in probation, suspension or removal from the program. Each MATP student must be familiarized with the following documents defining ethical behaviors:

1. NATA Education Council's Foundational Behaviors of Professional Practice
2. NATA Code of Ethics
3. BOC, Inc., Standards of Practice
4. State Board of Medical Licensure and Supervision, Chapter 25, Athletic Trainers and Apprentices, Subchapter 5, Section 435:25-5-6, Code of Ethics

University Statement – Graduate Catalog, pg. 37

**Student Conduct** The mission of the Student Conduct Office is to enlighten the campus citizenry regarding conduct regulations and responsibilities, and enforce the social guidelines necessary to maintain a comfortable atmosphere of living and learning in the University community. The Student Conduct Office determines responsibility in referred cases and decides how to develop and/or restore character, community, and civility to those students who have made mistakes, as well as others who may have been impacted. The Student Conduct Office may develop and restore students and the affected community through a variety of appropriate developmental sanctions and/or programming. The Student Conduct Office communicates expected standards of behavior through the publication of the Code of Student Conduct. The Student Conduct Office also serves as a channel of communication between instructors and those students unable to attend class because of an emergency, which may include death of a family member, extreme illness/hospitalization, jury duty, military leave, or victimization by a natural disaster. Authentic documentation is required. For more information about the services and publications of the Student Conduct Office, contact the Director of Student Conduct in Lillard Administration 213, (405) 974-2361.

<https://www.uco.edu/offices/student-conduct/files/codeofconduct-webfile.pdf>

## **Clinical Program**

### **General Rules and Regulations**

Instructions: Students enrolled in clinical courses and assigned to a PRECEPTOR / clinical preceptors or rotation must have read understand and abide by the clinical policies / rules and regulations below at all time.

**Rules Violation Procedure:** If the student does not abide by the rules/policies a meeting with the PRECEPTOR or facility supervisor will be set up to discuss the infraction. If the student continues to violate the rules a meeting with the clinical coordinator and/or program director will be scheduled and a plan for remediation established. If the student continues to violate the policies / rules, removal from the clinical site and program probation may be necessary! See Probation policy for details.

### **Background Check Statement**

Beginning with the Summer 2013 semester all students enrolled in a College of Education and Professional Studies course that requires the UCO student to interact directly with minors or vulnerable adults will complete a background check through Teacher Education Services or Trak-1 before they are placed in their field experience/practicum/internship setting or before they begin the class assignment that involves working with minors or vulnerable adults. Background checks are valid for one academic calendar year (Fall-Spring-Summer); the one

exception is that those having a background check in the summer of 2013 will not need to complete another background check until the next fall. Check with CEPS coordinator of background checks; if you have questions that cannot be found on our Frequently Asked Questions Webpage.

The cost of the background check is approximately \$39 to be paid directly to Trak-1 through a debit or credit card. To access the link to Trak-1, go to the yellow Quick Links section of the CEPS webpage: <http://www.uco.edu/ceps/> In the Quick Links section you will find a Trak-1 link that will take you to a CEPS Frequently Asked Questions page about the background checks. On that page, you will find a direct link to the Trak-1 website. Please read the FAQ page carefully—many of your questions will be answered.

**Clinical Supervision Policy:** You are a student and at no time should you hold yourself out to be anything else but a student. At all times students should be supervised directly by your PRECEPTOR(s). Which means that the student must be in both auditory and visual contact; this simply means the clinical supervisor must be able to talk to the student and see the student at all times. It is not the student's responsibility to act in the capacity as a certified athletic trainer. At no time during the clinical education should a student replace a regular staff athletic trainer. Please report all infractions to the clinical education coordinator immediately. Clinical supervisors must be on-site and should be readily available to teach, correct, adjust and mentor the student each day. If the PRECEPTOR is not on-site (scheduled or unscheduled) the student must leave the site for that particular day unless another qualified supervisor is available. The PRECEPTOR is required to plan, direct and evaluate the student's experience. The PRECEPTOR supervising the student's experience shall afford supervision adequate at assure (follow stated written and verbal direction) that the students' performance is in a manner consistent with the Standards of Practice of the Profession of Athletic Training.

**Social Media and Athlete Interaction Policy:**

UCO Athletics has a policy of NO outside interaction with the student-athletes: No be-friending on social media sites; to include but not limited to, pictures, texting, online dating, Instagram, selfies, etc. You are not to interact off the field directly with the athletes; no dating, partying, "hookin-up", going to bars/house parties, meeting at bars/house parties, post- event parties, going to dinner, clubbing, etc. You are a Professional in training! You are to maintain a Professional relationship at all times with the student–athletes, coaches and athletic department staff, on or off the field. The first time breaking one to the Social Media or Interaction rules, or even if it appears that you have broken one of the rules, the AT staff will speak to you directly and a plan of action will be documented to outline the problem and correct it. If it happens again you may be removed from the clinical site or a remediation plan will again be documented based upon the AT staff's input. If it happens a third time, you will be removed from the clinical site and it may affect your ability to graduate. After the second infraction you will have to meet with the Program Director, Clinical Education Coordinator for full understanding of the situation and re-assignment to another site. Please note that removal from your clinical site may affect your grade by limiting clinical hours and events. If you are removed from the clinical site it will go on your permanent record.

**Clinical Expectations While in Clinical Field Experience: Included but not limited to: subject to change depending on situation and issues that may arise. See program director for details.**

- A. Always be on time. Call specific supervisor if you will be late/absent.
- B. Look for things to do in athletic training room or assigned clinical facility. DO NOT SIT!



- C. Be helpful, cooperate, observant, inquisitive, and ask questions.
- D. Work neatly, efficiently and record all treatments/injuries/rehab.
- E. NEVER give out OTC or prescription medicines! Defer to supervisor.
- F. MUST wear program badge at clinical sites designation you as a STUDENT! Dress appropriately, school shirts, khaki shorts/slacks – no jeans - wind suit, athletic shoes, school hats, etc., for each athletic training facility or team event. Honor facility's Dress Code – Off-Campus – Program shirt, khaki pants, name badge is required. \*\*
- G. MUST regard “All Medical / Personal Information” as being ***Confidential***. It is unethical to discuss confidential information regarding the care and medical treatment of a patient! (HIPAA and FERPA Laws are always in affect)
- H. Always be helpful to athletic department or facility staff.
- I. MUST document your clinical hours by having PRECEPTOR approve daily on ATrack or on Paper. **Only Directly Supervised clinical hours count from a Preceptor.**
- J. MUST keep a notebook with all appropriate information concerning MATP clinical assignments and experiences.
- K. MUST treat athletes, staff and peers with the utmost respect. At no time will ANY discriminatory actions be tolerated. Comments, jokes or innuendoes concerning race, creed, color, gender, size or sexual preference are not permitted at any time.
- L. Act and present yourself in a professional manner at all times. – See Foundations of Professional Behaviors document.
- M. Keep personal phone calls and conversations to the minimum. Cell phones are to be kept on vibrate if being carried. It is preferred that cells phones are to be put away during clinical rotations. Talk to your supervisor regarding specific policy.
- N. When dealing with or treating an athlete of the opposite sex, you should always have another person with you. Sexual Harassment and Hazing are serious issues and are NEVER condoned. Report all concerns to your supervisor. Document all cases.
- O. Help protect and secure all supplies and equipment in assigned facility.
- P. If you are assisting with an athlete, make sure that you supervise the athlete and finish up their care. Report all situations to your supervisor.
- Q. Everyone is responsible for the maintenance of the various athletic training rooms or assigned facility. Know your responsibilities related to general maintenance for each of the facility field/court you are assigned.
- R. When treating open wounds, you Must follow “Universal Precautions.” Follow Blood borne Pathogens plan at all times – report any exposures to your supervisor immediately! Never treat any patient when sick with a communicable disease – follow Communicable Policy. See Detailed Exposure Plan specific procedures.
- S. No eating or drinking during clinical rotations unless specified by supervisor.
- T. No smoking, chewing, chew cups or dipping in the any facility, athletic training rooms or on the practice fields/courts. This is a tobacco free program and tobacco usage is a violation of NCAA rules. Also, athletic trainers are an allied health provider and should try to set a good example.
- U. MUST meet minimum requirements assigned for all clinical rotations.
- V. The MATP must be a priority to you. If your extracurricular activities affect your ability to perform your Masters of athletic training student clinical responsibilities, you will be asked to limit those activities.
- W. The MATP is only as good as you are. Strive for excellence from yourself and your fellow students each and every day. Peer teaching and evaluations are encouraged. Mentor high school or undergraduate students you are working with.
- X. It is mandatory that all scheduled seminars, webinars, field trip or labs, internship activities are attended. See attendance policy.
- Y. The University policies related to drugs and alcohol uses are in effect at all times. If suspected of illegal use and abuse, referral will be made to the Counseling Center. If a student fails a drug test, they will be placed on probation and removed from certain clinical sites affecting clinical progression!
- Z. If a specific rule is not listed above, the MATP defers to the University’s Student Code of Conduct and classroom policies regarding student behavior and expectations. Consult policies for clarification.
- AA. Social Media and Athlete Interaction Policy: UCO Athletics has a policy of NO outside interaction with the student-athletes: No be-friending on social media sites; to include but

not limited to, pictures, texting, online dating, Instagram, selfies, etc. You are not to interact off the field directly with the athletes; no dating, partying, “hookin-up”, going to bars/house parties, meeting at bars/house parties, post- event parties, going to dinner, clubbing, etc. You are a Professional in training! You are to maintain a Professional relationship at all times with the student–athletes, coaches and athletic department staff, on or off the field. The first time breaking one to the Social Media or Interaction rules, or even if it appears that you have broken one of the rules, the AT staff will speak to you directly and a plan of action will be documented to outline the problem and correct it. If it happens again you may be removed from the clinical site or a remediation plan will again be documented based upon the AT staff’s input. If it happens a third time, you will be removed from the clinical site and it may affect your ability to graduate. After the second infraction you will have to meet with the Program Director, Clinical Education Coordinator for full understanding of the situation and re-assignment to another site. Please note that removal from your clinical site may affect your grade by limiting clinical hours and events. If you are removed from the clinical site it will go on your permeate record.

I have read, understand and agree to abide by the above policies /rules, violating procedure and clinical expectations. I am fully aware that I am an important part of the program and I must abide by the above rules to remain in “Good Standing” with the MATP.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### Special Circumstances:

- 1. As part of the Post Admission requirements the student will be required to pass a Criminal Background Check. If they fail the background check they will not be able to receive an Apprenticeship Athletic Training License and will be removed for the program**
- 2. As part of the clinical program the student will be required to pass a Drug Test. If the student fails the drug test they will be placed on probation and until such time follow-up drug tests are negative. These tests will be at the expense of the student. They will be required to attend counseling at the Counseling Center on campus (or similar facility) until completion of treatment plan. Failing of Drug test will limit the clinical sites the student could be assigned and prolong completion of the clinical program.**

\*\*If clinical site dress code is below the level of the program’s dress requirements, the student should abide by the program dress code for clinical rotation, events and off-campus observation.

### Clinical Program Procedures

Please refer to the following definitions when reading the clinical requirements:

**Clinical Education** is where the student is provided formal instruction by the program faculty integrating acquitted knowledge, skills and foundational behaviors to be utilized during direct patient care in the future. Assigned competencies and skills will first be taught and evaluated in lecture and lab courses. The knowledge and skills will again be taught and evaluated for the second time during the five designated clinical courses; approximately 2 hours per week will be spent in clinical education.

**Clinical Field Experience** provides the student the opportunity to observe, assist, learn and apply skills in a less formal but directly supervised clinical environment. Previously learned skills are furthered developed and polished on real patients under the guidance and mentorship of a volunteer PRECEPTOR or other health care professionals. Also, professional acculturation and socialization occurs as the student is guided through both traditional and non-traditional field experiences. Supervised clinical field experiences will consist of: practice and game preparation for both men and women sports at the high school, college and professional levels; rotations of lower extremity, upper

extremity and equipment intensive sports; general medical and surgical observations will be provided, and exposure to a diversity population of physically challenged athletes via the Paralympic Training Facility at the Wellness Center. Travel is required and is the responsibility of the student.

### **Clinical Program Explanation**

All clinical experiences are tied to specific clinical course with specific grading requirements worth three semester hours. See the plan of study and the specific course syllabus for the objective criteria for course completion details. An overview is given below. The clinical courses and experiences will allow each student involvement with different genders, sports, level of risks, equipment and continuum of care related to general medicine. It is the philosophy of the MATP that each student Must be continually and actively involved in every aspect of the clinical program to learn, apply and appreciate the art & science of athletic training. It is for this reason the MATP has established rigorous standards for participation in the clinical program. Clinical participation will be required for practice and application of competency skills each semester. Each student will be required to document weekly practice and game participation. Professional Level II student will have a two-week pre-season participation component that is tied to the specific fall and spring clinical courses. Students Must be in the clinical facility to observe and demonstrate the NATA Education Council Foundational Behaviors of Professional Practice when interacting with patients, coaches, parents and medical personnel. It is required that each student be in attendance for all clinical field experience and rotation assignments. Attendance will be measured by hours, days, weeks and semesters completion as well as clinical site rotations, sports and events participation. Clinical participation information will be recorded on the program's forms/software which will be used for progression/retention and graduation requirement documentation. The program faculty will be in contact with each PRECEPTOR via phone and emails and make at least three visits to the facility during the semester to carefully monitor the student's progress. The MATP and each clinical site's dress code, behavior and facility protocols Must be followed or removal from the clinical site may be necessary. Travel costs and transportation are the responsibility of the student and will be needed to complete clinical requirements. Clinical hour requirements are consistent with the departmental equivalent of one semester hour = 100 contact hours for graduate practicum or internship courses. Also, Federal Work-Study rules allows for student to work up to 25 - 35 hours per week, <http://www.uco.edu/administration/human-resources/index.asp>. Every student will have one relief day off during each semester from their assigned clinical rotation, usually Monday or Tuesday because of scheduled academic classes. It is the MATP policy that at no time should the ratio of GATS students to PRECEPTOR exceeds 4 to 1 at any given clinical site. Typically, only two students will be assigned to the high schools (one PRECEPTOR) and up to eight students to the university (three PRECEPTOR's) at any one time.

It is imperative that the student understands that only directly supervised clinical experiences by a PRECEPTOR will count towards the clinical education requirements. **The student Must be in both visual and auditory contact with the PRECEPTOR during all clinical courses/labs and field experiences.** At no time is it the responsibility of a student be left unsupervised to cover teams or facility.

Students must complete the following specific clinical course requirements:

1. Each student Must demonstrate a "Level of Proficiency" in the required clinical core competencies at each level of the clinical program. (See course syllabi for details.)

The student Must complete 100 percent of all clinical competencies assigned to each specific clinical course and they Must be completed before a course grade is given. A grade of “I”—Incomplete will be recorded if student did not complete the assigned competencies. The student will not be allowed to enroll in the next clinical course until the “I”-Incomplete is removed.

2. Receiving an average score of “8 out of 10” or above rating on the Foundational Behavior of Professional Practice Form signed by the supervising PRECEPTOR for each semester of clinical education field experience. Form rating will be based on a minimum of two interactions between the PRECEPTOR and the student. Ratings are based on standards of performance for the level of the clinical program.
3. Must meet the minimum of 100 percent of the hours per day, days per week, and weeks per semester, semesters per year and the total hour requirements for the clinical education field experience at each level of the clinical program. A grade of “I”—Incomplete will be recorded if student does not complete the assigned hours, days, week, and semester requirements. The student will not be allowed to enroll in the next clinical course until the “I”-Incomplete is removed.
4. The following are “CLINICAL GUIDELINE” requirements: It must be noted that the below guidelines are the minimum requirements. Because of variable clinical schedules, holidays, and different team practice/game schedules, it will be up to the specific PRECEPTOR to determine the student’s daily and weekly clinical attendance. Hours per day and days per week can be adjusted accordingly with PRECEPTOR approval. As a general rule, on the days that the student is scheduled for clinical field experience, the student is to arrive when the PRECEPTOR arrives and leaves when the PRECEPTOR leaves.
  - a. Hours, days, weeks and semesters will be documented on MATP ATrack  
(Below are estimates – will vary)
  - b. Pre-Clinical – 1<sup>st</sup> year – Preseason – Orientation and Observation
    - i. 4- 8 hours per day, 5-6 days per week approximately 20-30 hours per week  
\*\*Hours, days and weeks will vary depending on the preseason schedule of the high schools and college. See clinical coordinator for schedule details.
  - c. Clinical Level I – 1<sup>st</sup> year, Semesters 2 and 3
    - i. Labs - 2 hours per lab, 1 day per week, 15 weeks per semester, 2 semesters = 60 hours
    - ii. Clinicals – 3-4 hours per day, 4-5 days per week, 15 weeks per semester, 2 semesters = 360 hours
    - iii. PT Rotation, Semester 3 – 1 day per week, 10 weeks, 30 hours
    - iv. Mercy Clinical rotation, days will vary, about 10 hours
  - d. Clinical Level II – 2<sup>nd</sup> year Semesters 5 and 6
    - i. Lab – 2 hours per lab, 1 day per week, 15 weeks per semester, two semester = 60 hours
    - ii. Clinicals – 4-5 hours per day, 4-5 days per week, 17 weeks per semester, 2 semesters = 640 hours
    - iii. PT Rotation, Semester 5 – 1 day per week, 10 weeks, 30 hours
    - iv. ATF Rehab Rotation, Semester 5 -1 day per week, 15 weeks, 45 hours
    - v. Ortho Rotation, Semester 6, -1 day per week, 10 weeks, 30 hours
  - e. Minimum Clinical Totals – Approximation!!
    - i. Lab Days – 60, Lab Hours - 120
    - ii. Clinical Days - 250

- iii. Clinical Weeks - 64
  - iv. Clinical Hours – 1150
5. Maximum hours are regulated by the departmental policy of one semester hour=100 graduate contact hours for practicum/internship experiences and the Federal Works Study rule of 25-35 hours per week. Student should not exceed 300 contact hours per semester for each clinical course or up to 25-35 hours per week. One day a week each student MUST have a relief day from their clinical rotation.
  6. Attendance will be taken for all clinical courses. The program will only allow for three unexcused absences for each clinical course before course grades may be lowered. It is the responsibility of the student to directly contact the PRECEPTOR if unable to attend clinical field experience. (See course syllabi for detail information.)

\*\*If the student doesn't meet the hours, days, weeks, and semester requirements; even if an uncontrollable event occurs, such as an injury/illness, family emergency or death in the family, the student will be placed on probation. A plan will be developed by program director and signed by the student to meet requirements. Additional clinical field experiences opportunities will be provided for the student on the weekends, preseason, post-season or during the summer. Probation will be removed once the requirements are met. Probation may delay expected graduation date.

\*\*Depending on clinical site and season, hours & days per week may vary. It will be up to the student to adapt to the clinical site schedule to complete the rotation.

7. Two years (four long semesters) of clinical education, one semester each of lower extremity, upper extremity, equipment intensive sports and general medical experiences is required. It is expected that each student be exposed to a variety of sports and work with both genders.
8. Clinical assignments, event rotations, practices and games will be required. Nights, weekends, holidays and pre/post semester clinical rotations will be necessary to complete clinical requirements. Because of the rigors of the clinical program, having a full-time job is not possible! A part-time job may be possible but must be discussed with the program director so not to affect clinical program requirements.
9. Maintain yearly Professional Rescuer (or BLS for Healthcare) CPR/AED, and blood borne pathogen training is required. Liability insurance is required yearly by all students. Some site may require yearly TB tests, drug tests and background checks, see clinical coordinator for details.

### **Preceptor Supervision Policy**

All MATS must be directly supervised by a preceptor at all times. That means that the preceptor must be in visual and auditory contact with the student. The preceptor must be physically present and have the ability to intervene on behalf of the student to provide on-going and consistent education at the site of the clinical education. The preceptor must be available to meet and provide clinical education to the student. It is the MATP policy that at no time should the ratio of students to PRECEPTOR exceeds 4 to 1 at any given clinical site. It is the policy of the MATP that all GATS are under direct supervision by qualified preceptors. By definition, CAATE Standards requires that preceptors be licensed and certified for at least one year to be qualified to evaluate MATS. The MATP is aware that the Athletic Training Department of the Athletic Program does hire newly certified graduate assistant to assist with the care and prevention of the athletes. There may be a time that the student will be

supervised by the newly certified athletic trainers. Under these circumstances, **it must be clear that the newly certified athletic trainers can supervised the MATS but must be supervised themselves by a qualified preceptor and may not evaluate competencies or skills.**

### **Plan for Supervision by Unqualified, Newly Certified Athletic Department GA Supervisors:**

CAATE allows for a preceptor to supervised MATS if they are supervised by qualified preceptors. It is understood that every effort will be made by the Athletic Training Department to see that the MATS will be properly supervised by the assigned qualified Preceptors at all times. If qualified supervising preceptors are on the premises, such as, the fields, courts or in the Athletic Training Facility, and have the ability to intervene on behalf of the student, the newly certified athletic trainer can supervise the GATS during field experiences. The qualified preceptor must be able to communicate with the unqualified preceptors at all times, i.e. cell phone, or radio if not in direct visual contact and must check on the student at regular intervals. Only on rare, random and unplanned circumstances would MATS be left with an unqualified preceptor without a qualified preceptor on site. Example would be if qualified preceptors had to leave campus for an emergency or illness situation and there were no other qualified preceptors available to supervise the MATS.

The program will not use other health care professional that are newly licensed as preceptors.

### **Clinical Assignment Procedure**

Clinical assignments will be made on the availability of the affiliated clinical sites and the clinical opportunities provided at each site. Each student will be provided traditional, non-tradition or general medical rotations at college, high school, physical therapy clinic, orthopedic office and medical office/student health center. The selection of students to be assigned to which facility will be based on the professional level of the student, the clinical courses enrolled and the PRECEPTOR capability to meet the clinical needs of the program. In most cases, the student will know the type of facility they will be assigned to by virtue of the clinical course they are enrolled. This will be explained during the advisement meeting each semester. The program director and clinical education coordinator will confirm the assignment of each student before the beginning of next semester. During the traditional athletic training assignments, the student may have the same PRECEPTOR but will have different clinical rotations, e.g. lower extremity sports, upper extremity sports, and equipment intensive sports. In some cases, the student will be assigned to the same facility but have a different PRECEPTOR and sports rotations. In most cases transportation will be required to attend the clinical assignment. Travel and transportation costs are the responsibility of the student.

If there is a grievance in regard to the clinical placement, the student Must request a meeting with the program director and clinical education coordinator within one week after the start of the semester. If there is a grievance with the PRECEPTOR, the program's Grievance Policy is in effect at any time. If the PRECEPTOR or facility supervisor has a problem with the student, the clinical education coordinator will be notified; a meeting will be scheduled with the student, and a plan will be developed to correct the situation. If the situation is not corrected after remediation, the student may be removed from the PRECEPTOR/clinical site. A new PRECEPTOR/clinical site will be assigned if available. It is the student's responsibility to

conform to all PRECEPTOR/Clinical facility's rules, protocols and procedures. Removal from a clinical site may delay completion of the clinical requirements and affect clinical progression. It also may delay expected graduation date.

### **Post Admission Requirements During the Pre-Professional Level**

Post Admission requirement completion is mandatory for participation in the Professional Level I Clinical Program. Students will be required to participate in the July semester academic program as well as completing the Pre-Professional Level "Clinical Orientation and Observation" between the July session and fall semester as part of the pre-semester course requirement for KINS 5413 Clinical Education for Assessment of Athletic Injuries. Students that have been accepted, admitted and enrolled in the July semester but fails to complete the Post Admission and Pre-Professional Level requirements because of some unforeseeable circumstance, will be placed on probation for one semester or until the requirements are met! (See Probation Procedure) Probation may limit the student's participation in the Professional Level I Clinical Program. There are costs involved to complete these requirements as well as the need for transportation to and from clinical sites for the Pre-Professional Level orientation and observation.

### **Post Admission Requirements: Cost may vary – See Program Director for details.**

1. Pass KINS 5313 and KINS 5623 with a "B" or better.
  - a. Blood borne Pathogen Training completed in KINS 5623.
2. Complete all competencies. If all competencies are not completed, a grade of "I" – Incomplete will be given and the students will not be allowed to enroll in the professional level courses.
3. Reviewed with program director, the program's policy and procedure manual, academic advisement and graduation requirements.
4. Pay \$150.00 Program Fee.
  - a. Uniform and Program Badge
  - b. Personal Clinical Equipment, CPR mask, scissors, etc.
5. Submit application for Apprentice Athletic Trainer License with the Oklahoma State Board of Medical License and Supervision, \$25.00-\$35.00.
  - a. <http://www.okmedicalboard.org>
  - b. Criminal background check, approximately \$35.00. (or through CEPS Background Check)
6. Purchase Student Liability Insurance through the University's Bursar Office - \$15.00 - \$25.00 – student must provide receipt to program director.
7. \*\*Drug testing for certain clinical sites may need to be conducted during the July or pre-fall semester timeframe at an approximate cost of \$40.00. This may be scheduled at a later date – check with the program director. (Drug testing may be through the Concentra or Edmond Medical Center (or designee) or tied to the Nursing Program's yearly testing.)
8. Yearly TB Test - \$35.00
9. Yearly Flu Shot – each winter season a flu shot may be required to attend clinical - \$35.00
10. NATA Membership, approximately \$80.00 per year
11. ATrack membership – yearly \$45.00, Two years - \$80.00

The above Post Admission requirements Must be met during the July/Aug. semester. Each student will then be required to complete the Pre-Profession Level Requirement of

approximately two weeks of “Clinical Orientation and Observation” during fall preseason sports as a pre-semester requirement of KINS 5413. A Pass / Fail grade will be assigned to KINS 5413 and must be completed before a Professional Level I clinical assignment starts in the fall semester. Transportation and travel costs will be the responsibility of the student.

**Special Circumstances:**

- 1. As part of the Post Admission requirements the student will be required to pass a Criminal Background Check. If they fail the background check they will not be able to receive an Apprenticeship Athletic Training License and will be removed for the program**
- 2. As part of the clinical program the student will be required to pass a Drug Test. If the student fails the drug test they will be placed on probation and until such time follow-up drug tests are negative. These tests will be at the expense of the student. They will be required to attend counseling at the Counseling Center on campus (or similar facility) until completion of treatment plan. Failing of Drug test will limit the clinical sites the student could be assigned and prolong completion of the clinical program.**

**Plan for Formal Clinical Competencies/Skills Evaluation**

All professional courses will be assigned Core Competencies as required by the 2020 Standards 56-94. The athletic training clinical courses will provide the student the opportunity to apply learned skills in a logical progression with increasing complexity and autonomous patient and client care experiences.

Course and Clinical Skills Progression

Formal Instruction & Evaluation with Competency Topic

Pre-clinical Semester – 1<sup>st</sup> semester

KINS 5313 Prevent. & HLTH Promotions – Prevention, Administration and Taping

KINS 5623 Exam & Diagnosis I - Athletic Training First Aid

- Core Competencies

<b>Core competencies and sub competencies</b>	<b>Instructed</b>	<b>Evaluated</b>
A. Patient-Centered Care - PCC	56, 57, 58, 60	56, 57, 58,
C. Evidence-Based Practice – EBP	62	62
D. Health Care Informatics - HCI	64.3, 5	
F. Professionalism	66, 66.1,2,3,4,6, 68	
G. Patient/Client Care - PCL	78, 78.1,2,3	78, 78.1,2,3
H. Prevention, Health Promotion, and Wellness	80, 81, 82, 83, 84, 85, 86, 87	80, 81, 82, 83, 85, 86, 87
I. Health Care Administration - HCA	88.1,2,3,4	88.1,2,3,4

Clinical Level I – Fall Semester – 2<sup>nd</sup> semester

Course Progression

Formal Instruction & Evaluation with Competency Topic

KINS 5343 Exam & Diagnosis II – Upp. & Low Extremity Assessments

KINS 5413 Athletic Training Clinical I – Prevention & Athletic First Aid

KINS 5433 Therapeutic Interventions I – Modalities

KINE 5321 Interprofessional Education I – Interprofessional Education



- Core Competencies

Clinical Level I – Spring Semester – 3<sup>rd</sup> semester

Course Progression

Formal Instruction & Evaluation with Competency Topic

KINS 5443 Athletic Training Clinical II – Upp. & Low Ext. Assessment & Modalities  
 KINS 5523 Therapeutic Intervention II – Rehab Foundations  
 KINS 5363 Exam & Diagnosis III – Axial spine evaluation  
 KINS 5381 Interprofessional Education II – Interprofessional Practice

- Core Competencies

Clinical Level I – Summer Semester – 4th Semester

Course Progression

Formal Instruction & Evaluation with Competency Topic

KINS 5713 Patient Centered Care Administration - administration  
 KINS 5723 Psychosocial Interventions – Nutrition, Pharmacology, Psychosocial.

- Core Competencies

Clinical Level II – Fall Semester – 5<sup>th</sup> Semester

Course Progression

Formal Instruction & Evaluation with Competency Topic

KINS 5513 Exam & Diagnosis IV – Medical conditions  
 KINS 5613 Clinical Ed. Rehab Tech – Clinical applications  
 KINS 5733 Athletic Training Clinical III – Axial spine, administration, Psychosocial

- Core Competencies

Clinical Level II Spring Semester – 6th Semester

Course Progression

Formal Instruction & Evaluation with Competency Topic

KINS 5743 Athletic Training Clinical IV – Medical, Rehab, Immersive  
 KINS 5633 Transition to Practice – Professional development

- Core Competencies

**ATrack Online information,**

<https://www.atrackonline.com/index.php?component=dashboard>

## Foundational Behaviors of Professional Practice

Goal Three of the program's goals states that each student will, "... learn, develop and demonstrate ethical leadership and professional behaviors as they relate to health care in a global society." The Education Council of the NATA have identified the below behaviors that every athletic trainer should strive to employ in their professional practice. As a student you are required to read, learn, understand and demonstrate these behaviors in every aspect of your education; for these are the values that will define you as a certified athletic trainer.

### Primacy of the Patient

- Recognize sources of conflict of interest that can impact the client's/patient's health.
- Know and apply the commonly accepted standards for patient confidentiality.
- Provide the best healthcare available for the client/patient.
- Advocate for the needs of the client/patient.

### Team Approach to Practice

- Recognize the unique skills and abilities of other healthcare professionals.
- Understand the scope of practice of other healthcare professionals.
- Execute duties within the identified scope of practice for athletic trainers.
- Include the patient (and family, where appropriate) in the decision-making process.
- Work with others in effecting positive patient outcomes.

### Legal Practice

- Practice athletic training in a legally competent manner.
- Identify and conform to the laws that govern athletic training.
- Understand the consequences of violating the laws that govern athletic training.

### Ethical Practice

- Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.
- Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.
- Comply with other codes of ethics, as applicable.

### Advancing Knowledge

- Critically examine the body of knowledge in athletic training and related fields.
- Use evidence-based practice as a foundation for the delivery of care.
- Appreciate the connection between continuing education and the improvement of athletic training practice.
- Promote the value of research and scholarship in athletic training.
- Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals and others as necessary.

### Cultural Competence

- Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Work respectfully and effectively with diverse populations and in a diverse work environment.

### Professionalism

- Advocate for the profession.
- Demonstrate honesty and integrity.
- Exhibit compassion and empathy.
- Demonstrate effective interpersonal communication skills.

## Essential Functions - Technical Standards of Athletic Training Profession

The following abilities and expectations must be met by all students admitted to the Graduate Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. **Also, there is no guarantee that if a student can meet these standards that they will be admitted the MATP.** Once admitted to the program these technical standards are requirements for progression and retention for each professional level.

The Masters of Athletic Training Program at University of Central Oklahoma is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Masters of Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an athletic trainer, as well as meet the expectations of the program's accrediting agency the Commission on Accreditation of Athletic Training Programs.

**Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.**

Candidates for selection to the MATP must demonstrate:

1. The mental (cognitive) capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm. Cognitive ability will be measured by undergraduate GPA of 2.75 in last 60 hours, grade of "C" or better in required prerequisite courses and the student's references assessment of intellectual abilities.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients. Neuromuscular, sensory, and psychomotor abilities will be measured by the passing of a physical exam by a licensed physician and to answer/demonstrate athletic training skills during the interview. (See Information and Requirements for more information on the ranking criteria.)
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice. Communicative and interpersonal skills will be measured by the student's undergraduate grades in English and other communication courses, ability to verbally communicate during the interview, by the Statement of Goals/Philosophy to assess writing ability and by the personal letters of references.
4. The ability to record the physical examination results and a treatment plan clearly and accurately. Ability to write will be measured by grades in academic courses requiring writing, Statement of Goals/Philosophy used as a writing sample and application materials.
5. The capacity to maintain composure and continue to function well during periods of high stress. The student's ability to work under stressful situations will be assessed by direct questions related to this area during the interview and by letters of references indicating abilities in this area.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced. The student's ability to commit to a goal and complete projects will be measured by the undergraduate transcript, GPA and letters of references indicating abilities in this area.

7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations. Student's ability to adapt to changing situations will be assessed by direct questions in the interview and from letters of references indication of the student's ability in this area.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care. Affective skills will be assessed by direct questions related to health care and caring for patients during the interview, as well as the letters of references indication of student's abilities in this area.

**Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards.**

**The MATP will assess each student's ability to meet the above standards by using the student's passing of physical examination by a licensed physician, undergraduate transcript(s), GPA, written Statement of Goals/Philosophy and by statements made in the letters of references. Also the student will be asked specific questions related to the standards requirements during the interview. (See *Information and Requirements* for more information on the ranking criteria.)**

Each candidate must certify that they have read and understand the technical standards for selection listed above, and they believe to the best of their knowledge that they meet each of these standards. They must understand that if they are unable to meet these standards they will not be admitted into the program.

"The University of Central Oklahoma complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Students with disabilities who wish special accommodations must make their request to the Assistant Director of Disability Support Services at (405) 974-2549."

## **Safety Policies**

### **Therapeutic Equipment Safety Policy**

All clinical sites must comply with the CAATE Standard 71. Each clinical site is required to inspect and meet manufacturer's recommendations for equipment safety checks and calibration. It is the clinical site's responsibility to maintain these records and provide these records to the program upon request. If the site does not maintain current up-to-date records the student will not be able to use the equipment until in compliance or be removed from the site. If the site does not comply with policy after a reasonable time period, the students will be removed and site will not be utilized.

Standard 71: The program must establish a uniform written safety policy for all clinical sites regarding therapeutic equipment. Sites accredited by Joint Commission (formerly JAHCO), AAHC or other recognized external accrediting agencies are exempt.

1. The program must provide proof that therapeutic equipment at all sites is inspected, calibrated, and maintained according to the manufacturer's recommendation, or by federal, state, or local ordinance.

## **Blood Borne Pathogen Training - Exposure Plan**

Students are required to go through yearly Blood borne Pathogen Training. This may be part of a course or a seminar set up by the clinical coordinator. Students will receive an American Red Cross Blood borne Pathogen Training Certificate at the end of the training. Additional information will be given related to exposure at the different clinical facilities. It is the responsibility of the preceptor to inform you of the facility Exposure Plan during your initial orientation. Each student must understand that it is possible to be exposed to pathogens and must practice the Universal Precautions at all times. If exposed, report the incidence to your preceptor immediately. Contact the clinical coordinator / program director to document exposure. If needed, appropriate medical care will be sought as per each facility or UCO Exposure Plan. OU Clinic at UCO should be utilized if not an emergency. All cost of treatment is the responsibility of the student.

<https://www.uco.edu/files/docs/consumer-information/EmergencyPreparednessGuide.pdf>

<https://sites.uco.edu/administration/safety-transportation/ehs/files-ehs/occup-health/Bloodborne%20Pathogen%20Exposure%20Control%20Plan.pdf> See page 44.

Always:

1. Use PPE -barriers, glove, mask gowns shields when handling an injured patient/athlete or bodily fluids
2. Dispose of blood-soaked or biohazard waste in red biohazard containers.
3. Disinfect surfaces that have contacted blood or body fluids with appropriate cleaning solution, e.g. 1-10 bleach
4. Have CPR mask available at all times for use in emergency situations
5. Follow all OSHA / ARC Blood borne Pathogen Training recommendations. See ARC booklet and handouts for details, or UCO Exposure Plan above.
6. Must use engineered controls to prevent exposure incidents.

## **Communicable Disease / Health Care Standards**

- **University of Central Oklahoma COVID-19 Policy must be followed. See University website for most up to date policy.**

The below standards are to be followed to protect the graduate athletic training student, other students and athlete / patient from the spread of communicable diseases.

1. GATS with contagious or potentially contagious illnesses should avoid direct patient contact, regardless of the clinical setting.
  - a. GATS suffering from a cold, sore throat, respiratory illness, intestinal illness, or other condition with an oral temperature of 101° or greater should report to the student health center.
  - b. If a student must miss a class or clinical assignment due to illness, they should contact their instructor directly (not by a surrogate) prior to their absence. If unable to contact their instructor prior to class, students should email or leave a voice mail explaining the situation. Try to talk to him/her directly as soon as possible regarding missed assignments.
  - c. Upon returning to their class or clinical assignment, students should submit a note from the student health center documenting their illness.
2. GATS should always practice sound prevention techniques when working in the healthcare environment, e.g. regular hand washing, secretion and cough management,

appropriate cleaning of hard surfaces, to avoid getting sick. Also each student should try to eat properly, get plenty of sleep and exercises regularly to help strengthen the immune system.

3. GATS should cover all open wounds or cuts before treating a student-athlete or patient. If the student has a skin infection that may be MRSA or some other serious bacterial or viral infection they cannot treat athletes or patients. They must seek medical attention as soon as possible. They will not return to the clinical facility until cleared by a physician.
4. If the GATS suspects that they have contracted or been exposed to an illness that may impact the health of other students and athletes / patients, the student must inform the PRECEPTOR as soon as possible and remove themselves from the facility. The student must contact the CC for assistance regarding clinical options.

See Appendix A for detailed BBP exposure plan.

### **Work Policies**

GATS will be required to be involved in the clinical program on the average of between 10 and 30 hours per week for 15 weeks per semester as part of a required course. This is in line with University's policy for a three-semester hour graduate clinical courses. Students are not paid while enrolled in the clinical courses. The non- payment of students is consistent with the Department of Labor's ruling regarding these activities. Also, Federal Work-Study rules allows for student to work up to 25-35 hours per week, depending on the time of year.

<http://www.uco.edu/administration/human-resources/index.asp>

A full-time job outside of the program is not recommended. Clinical requirements will take a lot of time and must be considered a priority for the student. A part-time job with the majority of work being done in the morning may be possible. Check with the program director.

While in the clinical education the GATS are not to serve in the capacity of a Certified Athletic Trainer. Students are not to act in the capacity of janitors, managers or secretarial support staff. They are not to be asked or expected to perform duties that compromise their educational experience.

Once a student has been formally educated and evaluated on an athletic training competency and skills, the GATS may utilize these skills on a daily basis, under the supervision of their PRECEPTOR, during traditional clinical rotation. Nontraditional rotations such as hospitals, doctor's offices and physical therapy clinics may limit student contact with the patient for liability reason.

### **Student Liability Insurance**

Each student must purchase their own liability insurance policy through the university each year. MATP students will be attached to the Nursing Program's Student Liability Policy. The cost of the policy will be \$15.00 paid at the Bursar's window in the NUC. Student must provide proof of payment to program director before being allowed to observe at any off-campus clinical sites. \*\*Coverage and cost may vary from year to year - see the program director for details.

### **Professional Membership**

It is required that each GATS apply and maintain an Apprentice Athletic Trainer License. It is recommended each GATS join athletic training / sports medicine

professional associations and organizations early on in the program. Professional membership and affiliations will provide considerable learning and professional growth experiences to the GATS. Most of the core athletic training curriculum courses will refer to these associations. Scholarships are available from the NATA and MAATA for GATS. The following are important organizations and each GATS will learn how to access them via the web, by phone or by mail. One easy way is to log on to our athletic training Webpages and click on to Interesting links.

**Professional Organizations:**

1. National Athletic Trainers Association
2. Board of Certification, Inc.
3. Midwest Athletic Trainers Association
4. Oklahoma Athletic Trainers Association
5. Oklahoma Department of Health
6. State of Oklahoma Board of Medical Licensure and Supervision
7. National Collegiate Athletic Association

**University Closed Policy Related to Clinical Assignments**

If, for the reason of severe weather or other reasons the university may close, the student is not required to attend the assigned clinical rotation. It is strongly recommended that the student not drive during severe weather. Once the university is back in session, clinical rotation assignments should resume. It will be both the student's and Preceptor's responsibility to make up the missed instruction/participation and required clinical hours/days/weeks if applicable.

If the university is closed for a holiday during the semester, the student is not required to attend the clinical assignment. But it is recommended that each student check with the Preceptor to ascertain if the Preceptor will be involved in patient care on that day. It is suggested that if the Preceptor is working, that the student attend for the purposes of professional acculturation into the profession. It is also purposed that the holiday may use as the student's day(s) off and adjustment be made to the week's clinical schedule or could be used as a makeup day if needed. It is strongly recommended that the student and the Preceptor communicate the needs and desires both parts needs.

**Program Travel Policy and Appropriate Dress**

It is the policy of the MATP that if students are required to travel on a program sanctioned trip, e.g. professional seminar, professional meeting, OATA Day, etc. the students will travel as part of the travel party in the program secured vehicle(s) or via other means of transportation to and from the scheduled event. The student will not be allowed to travel in their own vehicle, friend's vehicle or by other means of transportation. If extenuating circumstances related to program travel exists for a student, a request must be made to the program director in advance. If the program director agrees to allow travel because of extenuating circumstances, the student will be traveling as an individual and not part of the sanction program travel party. The program or university will not be liable for any travel costs, e.g. gas, food, hotels, or accidents/injuries/illnesses or financial hardships related to the student's individual travel.

When traveling on program-related professional trips/events, the students are expected to dress in a profession –causal manner. This means collar shirt, slacks, and dress shoes or equivalent. No jeans, sneakers, hats, sweats or T-Shirts unless appropriate for the sanctioned

trip as designated by the program director. Check with the program director for verification of appropriate dress before each trip or event.

If clinical site dress code is below the level of the program's dress requirements, the student should abide by the program dress code for clinical rotation, events and off-campus observation. It is not appropriate to wear: old wholly or frayed jeans, fraternity or sorority clothing, hats or letters, T-Shirts or sweats shirts that are deemed inappropriate by the program personnel or PRECEPTOR, non-athletic shoes such as house shoes, designer boots, or any other foot ware deemed inappropriate by the program personnel or PRECEPTOR, jewelry that is large, expensive, unsafe or deemed inappropriate by the program personnel or PRECEPTOR, hair, hats or head pieces that may be unsafe or inappropriate for athletic practice or competition, shorts that are too short, too tight or deemed inappropriate by the program personnel or PRECEPTOR, pants that are too low cut or baggy (no sagging) that would allow for the student's gluteal fold or underwear to show, and at no time is it appropriate for shirts to be low-cut, sleeves cut-off or shorten to allow for inappropriate skin to be revealed. If unsure of the appropriateness of certain clothing items, consult with the program personnel.

### **Oklahoma Board of Medical Licensure and Supervision**

GATS must fully understand, practice and abide by all state regulations regarding athletic trainers. See the below website for the full State of Oklahoma Athletic Trainers Act.

[http://www.okmedicalboard.org/athletic\\_trainers](http://www.okmedicalboard.org/athletic_trainers)

### **STATE OF OKLAHOMA**

**ATHLETIC TRAINERS ACT** [http://www.okmedicalboard.org/athletic\\_trainers#laws-rules](http://www.okmedicalboard.org/athletic_trainers#laws-rules)

#### **Title 59 O.S., Sections 525 - 535**

##### **534. Persons actively engaged as athletic trainer - Application of act**

A. Any person actively engaged as an athletic trainer in this state on the effective date of this act shall, within six (6) months of that date, be issued a license if proof is submitted of five (5) years' experience as an athletic trainer within the preceding ten-year period, and the license fee required by the Oklahoma Athletic Trainers Act is paid. Nothing herein shall be construed to require any educational institution or other bona fide athletic organization to use the services of a licensed athletic trainer.

B. Athletic trainers shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

C. Any person, as authorized in accordance with Section 5 of Title 76 of the Oklahoma Statutes, may offer prevention, emergency care or first aid services on a voluntary, uncompensated basis, to any amateur or group at an amateur athletic event.

GATS are required during the Pre-professional level to register as an Apprentice Athletic Trainer. Each student must read, understand and practice the requirements as per state regulation. See program director for details. As of 5/13/02

#### **\*OKLAHOMA ADMINISTRATIVE CODE**

**TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
CHAPTER 25. ATHLETIC TRAINERS AND APPRENTICES**

As used in the Oklahoma Athletic Trainers Act:

1. "Athletic trainer" means a person with the qualifications specified in Section 530 of this title, whose major responsibility is the rendering of professional services for the prevention, emergency care, first aid and treatment of injuries incurred by an athlete by whatever methods are available, upon written protocol from the team physician or consulting physician to effect care, or rehabilitation;
2. "Apprentice athletic trainer" means a person who assists in the duties usually performed by an athletic trainer under the direct supervision of a licensed athletic trainer;
3. "Board" means the State Board of Medical Licensure and Supervision, and;
4. "Committee" means the Athletic Trainers Advisory Committee.



527. License required

No person shall hold himself or herself out as an athletic trainer without first being licensed under the provisions of this act

## **SUBCHAPTER 7. LICENSURE OF APPRENTICE ATHLETIC TRAINERS**

Section

435:25-7-1. Definitions

435:25-7-2. Supervision

435:25-7-3. Examination

435:25-7-4. Licensure fee

435:25-7-5. Renewal fee

435:25-7-6. Duplicate licenses

### **435:25-7-1. Definitions**

The following words or terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicated otherwise: "Apprentice Athletic Trainer" means a person who is putting in clock hours toward becoming a licensed Athletic Trainer.

"**Direct supervision**" means on-site, personal supervision. The supervisor will delineate specific tasks and duties to be performed. Supervisee will not perform duties or tasks for which he/she is not trained.

"**General supervision**" means responsible supervision and control. The supervisor is regularly and routinely on site to provide supervision. When not on site, the supervisor is available physically or through direct telecommunication for consultation.

[Source: Amended at 17 Ok Reg 1357, eff 5-11-00]

### **435:25-7-2. Supervision**

An Apprentice Athletic Trainer is a person who assists in the duties usually performed by an athletic trainer under the direct supervision of a licensed athletic trainer.

### **435:25-7-3. Examination**

The Board hereby waives any examination for licensure as an apprentice athletic trainer.

### **435:25-7-4. Licensure fee**

The fee for licensure as an apprentice athletic trainer upon initial application shall be as set in 435:1-1-7.

### **435:25-7-5. Renewal fee**

The annual renewal fee for licensure as an apprentice athletic trainer shall be as set in 435:1-1-7.

### **435:25-7-6. Duplicate licenses**

Upon presentation of an affidavit and satisfactory proof that an Athletic Trainer's license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license upon the instruction of the Board. Such license shall carry the notation that it is a duplicate to replace the original license. A fee of 15.00 shall be collected.

## **BOC Standards of Professional Practice**

GATS must fully understand, practice and abide BOC Standards of Professional Practice that all certified athletic trainer must follow. See the below website for more BOC information.

<http://www.bocatc.org/public-protection#standards-discipline>

### **Introduction**

The mission of the Board of Certification Inc. (BOC) is to provide exceptional credentialing programs for healthcare professionals. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation. Accordingly, the BOC provides a certification program for the Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as "Athletic Trainer" from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director. The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review

and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

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

**I. Practice Standards**

**II. Code of Professional Responsibility**

[http://www.bocatc.org/system/document\\_versions/versions/154/original/boc-standards-of-professional-practice-2018-20180619.pdf?1529433022](http://www.bocatc.org/system/document_versions/versions/154/original/boc-standards-of-professional-practice-2018-20180619.pdf?1529433022)

### **Preamble**

The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers. Compliance with the Standards is mandatory.

The Standards are intended to:

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

The Standards are NOT intended to:

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

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

### **Standard 1: Direction**

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

### **Standard 2: Prevention**

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

### **Standard 3: Immediate Care**

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

### **Standard 4: Clinical Evaluation and Diagnosis**

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

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

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

Assessment measures to determine effectiveness of the program are incorporated into the program.

### **Standard 6: Program Discontinuation**

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

### **Standard 7: Organization and Administration**

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

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

### **Preamble**

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

### **Code 1: Patient Care Responsibility**

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
- 1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare
- 1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
- 1.4 Maintains the confidentiality of patient information in accordance with applicable law
- 1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
- 1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
- 1.7 Exercises reasonable care, skill and judgment in all professional work

### **Code 2: Competency**

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities 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 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, certificant 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/her 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 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 not limited to providing candid and 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*.

**Code 4: Research**

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the rights and well being of research subjects
- 4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

**Code 5: Social Responsibility**

The Athletic Trainer or applicant:

- 5.1 Uses professional skills and knowledge to positively impact the community
- 5.2 Advocates for appropriate health care to address societal health needs and goals

**Code 6: Business Practices**

The Athletic Trainer or applicant:

- 6.1 Does not participate in deceptive or fraudulent business practices
- 6.2 Seeks remuneration only for those services rendered or supervised by an AT; does not charge for services not rendered
  - 6.2.1 Provides documentation to support recorded charges
  - 6.2.2 Ensures all fees are commensurate with services rendered
- 6.3 Maintains adequate and customary professional liability insurance
- 6.4 Acknowledges and mitigates conflicts of interest

**ATHLETIC TRAINING GLOSSARY TERMS**

*Compiled by Athletic Training Strategic Alliance Inter-Agency Terminology Work Group, the following document is used to provide common definitions to be used across the athletic training profession.*

**Academic Doctorate**

The academic doctoral degree (e.g. PhD, EdD) is the highest degree awarded by universities and is usually the credential necessary for appointment in academia, typically as a tenure-track faculty member (e.g. Assistant, Associate or Full Professor) or as a research scientist.

**Athletic Trainers**

Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the states' statutes, rules and regulations. As a part of the health care team, services provided by ATs include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.

**Athletic Training Student**

A student currently enrolled in courses while matriculating through a CAATE accredited professional education program.

**Certificate of added qualification (caq)**

A CAQ demonstrates completion of an educational training program and passing an examination, or series of examinations, to demonstrate employment-based proficiency and ensure attainment of specific knowledge and skills in an area. Certificates of added qualification are not a credential, and do not grant the holder the right to practice beyond that which the professional credential affords.

**Certificate of Completion (COC)**

A concentrated learning program that provides structured, systematic educational and training experiences, based on the provider's criteria, but is not usually an objective, independent measure of competence against national standards.

**Certification**

A voluntary process by which a practitioner's entry-level knowledge and skills are demonstrated and measured against a defined standard.

### **Clinical Decision Making**

“Clinical decision making is a contextual, continuous, and evolving process, where data are gathered, interpreted, and evaluated in order to select an evidence-based choice of action.” (Source DOI: <http://dx.doi.org/10.1016/j.profnurs.2014.01.006>)

### **Clinical Education**

The teaching and application of athletic training knowledge, skills and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor as a part of an accredited athletic training program. (Source: CAATE Standards)

### **Competence**

“Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community served. Competence builds on a foundation of clinical skills, scientific knowledge and moral development.” (Source: Epstein RM. Hundert EM. Defining and Assessing Professional Competence. JAMA 2002;287(2):227-235)

### **Continuing Education (CE)**

“The term continuing education (CE) is an all-encompassing term within a broad spectrum of post-secondary learning activities and programs. Within the healthcare professions the terms continuing medical education (CME) is commonly used. Credentialed professionals are often required to engage in CE activities and report the CEUs to the appropriate credentialing or licensing agency as a condition of maintaining their credentials to practice.” (Source: [www2.ed.gov/about/offices/list/ous/international/usnei/us/ceu.doc](http://www2.ed.gov/about/offices/list/ous/international/usnei/us/ceu.doc))

### **Continuing Education Unit (CEU)**

“Continuing education units (CEU) are awarded by many educational and training providers to signify successful completion of non-credit programs and courses designed to improve the knowledge and skills of working adults. Among the most common uses of CEUs are to record refresher, transitional, or knowledge accomplishments for professional workers undergoing what is called continuing professional education.” (Source: [www2.ed.gov/about/offices/list/ous/international/usnei/us/ceu.doc](http://www2.ed.gov/about/offices/list/ous/international/usnei/us/ceu.doc))

### **Disablement Model**

Conceptual models that provide a framework for clinical practice and research. They conceptualize patient function as an interaction between a person's health condition, environmental factors, and personal factors (World Health Organization). The athletic training profession has adopted/endorsed the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) as the preferred disablement model for the profession.

### **Fellowship**

A post-professional training program in a highly specialized area of athletic training used to further focus the clinician's area of specialization. Fellowships require formal training beyond the successful completion of a residency program. (This is not associated with the NATA Fellows which is an award program.)

### **Graduate Assistantship**

A paid, but temporary, employment position. This position may or may not include employee benefits and is guided by college/university policy and applicable legislation for employing a graduate assistant. The primary objective is to financially support the student's academic studies.

### **Interprofessional Education**

The process of learning with, about and from other health care providers.

### **Licensure**

Regulated process established by statute whereas it would be illegal for an individual to practice without a license.

### **Patient Care**

The provision of athletic training services (i.e. injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions) to an actual patient.

### **Patient-centered Care**

“Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” (Source: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847105/>)

### **Postdoctoral Fellowship/Researcher**

A post-doctoral research fellowship is a directed, highly individualized training program designed to prepare the participant, who already received a doctoral degree, to function as an independent investigator and research scholar. The purpose of post-doctoral fellowship programs is to develop highly specialized expertise in the scientific research process. (This is not associated with the NATA Fellows which is an award program.)

### **Post-professional Clinical Doctorate**

A clinical doctoral degree (e.g. DAT) is a post-professional degree requiring both a research and clinical component that develops knowledge and skills within a certain discipline to provide service or care within the scope of a particular profession’s clinical practice. The purpose of attaining a post-professional clinical doctoral degree is to become a clinical scholar with advanced knowledge and skills needed for the delivery of patient care at the highest levels.

### **Preceptor**

A certified and/or licensed professional who teaches and/or evaluates students in a clinical setting using an actual patient base.

### **Pre-professional Student**

A person with intentions to enroll in an accredited athletic training program. Students are not involved in the provision of athletic training services and the role of pre-professional students is bound by state practice acts.

### **Professional Preparation**

The preparation of the student who is in the process of becoming an athletic trainer (AT.) Professional education culminates with eligibility for Board of Certification, Inc. (BOC) certification and appropriate state credential.

### **Residency**

Post-professional Athletic Training Residency Programs are formal educational programs that offer structured curricula and mentorship, including didactic and clinical components, to educate athletic trainers in a specialty area. They are designed to build upon and expand the athletic trainer’s knowledge and experience acquired during professional (entry-level) education.

### **Specialty certification**

A voluntary post-professional education and training process by which an athletic trainer demonstrates that he/she has met defined standards beyond that required for professional-level certification. A specialty certification may lead to its own credential and will have a recertification requirement.

**Statement of credit**

The documentation each participant receives verifying participation and completion of a continuing education activity.

**Supervision of Professional Athletic Training Students**

“A physical presence of the clinical instructor allowing for ‘visual and verbal’ contact between the preceptor and the student with ‘the ability for the preceptor to intervene on behalf of the patient’.”  
(Source: CAATE: 2007 Standards)

**Support Personnel**

An unlicensed, non-credentialed individual who performs tasks designated by a Certified Athletic Trainer. These individuals are not permitted to provide patient care. Non-patient care services such as facility maintenance, stocking supplies, preparing equipment for use, inventory and cleaning may be performed by support personnel. These individuals and their supervisors must follow Department of Labor standards and state practice acts.

**MATP Forms**

Forms can be found in the program office. Forms are subject to change. If you have any questions at any time please check with program director or clinical coordinator. See office information.

## Appendix A: BBP Exposure Control Plan



### Blood borne Pathogen Exposure Control Plan

#### PURPOSE

The University of Central Oklahoma has established this written exposure-control plan, in accordance with OSHA standard 29 CFR 1910.1030, for all employees who handle, store, use, process or dispose of potentially infected blood and blood products. The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to human blood or other infectious body fluids.

#### RESPONSIBILITIES

Departmental supervisors and Departmental Leads shall be responsible for ensuring their employees comply with the provisions of this plan. Each University department is responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, Hepatitis B vaccinations, etc. Hepatitis B vaccinations shall be administered through McBride Clinic. The Environmental Health and Safety Department shall be responsible for training University employees and for disposing of biohazardous waste.

#### ENGINEERING AND WORK PRACTICE CONTROLS

Universal precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to all employees working at the University of Central Oklahoma.

- Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).
- Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.

\*\*Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work.

- University employees who encounter improperly disposed needles shall notify EHS of the location of the needle(s). Additionally, the appropriate authorities at the location shall be notified (i.e. lab manager). Needles shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that location, EHS will pick up and dispose of the needles in an appropriate, labeled sharps container. Needles should never be recapped or placed in municipal trash stream. Needles may be moved only by using a mechanical device or tool (forceps, tongs, broom and dust pan).
- Breaking or sharing of needles is prohibited.
- No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
- No food or drinks shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench



tops where blood or other potentially infectious materials are present.

- Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

## HOUSEKEEPING

Decontamination will be accomplished by utilizing the following materials:

10% (minimum) solution of chlorine bleach

Lysol or other EPA-registered disinfectants

- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning or as indicated in the directions.

- Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.

- Sweep or brush broken glassware into a dustpan, do not pick up directly with the hands.

- Known or suspected contaminated sharps shall be discarded immediately or as soon as possible into containers that are closeable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available through EHS.

- When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of injury.

- Incineration of biohazardous waste shall be handled by a biological waste destructor.

- This shall be coordinated through the EHS department. EHS has a contract with Stericycle for biological waste removal. Scheduled removal sites include:

- Howell Hall
- Hamilton Field House
- Facilities Building/EHS

## LAUNDRY PROCEDURES

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use.

EHS shall coordinate cleaning or disposal of contaminated laundry.

## PERSONAL PROTECTIVE EQUIPMENT

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized.

Each University department will provide gloves, face shields, eye protection, and aprons to employees and will replace or repair personal protective equipment as necessary, all at no cost to their employees.

All personal protective equipment will be chosen based on the anticipated exposure to blood or other

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

Employees must:

- Utilize protective equipment in occupational exposure situations.
- Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to blood borne pathogens.
- Remove all personal protective equipment before leaving the work area.
- Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

#### HEPATITIS B VACCINE

The Hepatitis B Vaccine shall be offered to all University personnel who, during the course of their employment and regular job duties, may come into contact with human blood or potentially infectious bodily fluids.

If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

#### POST EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor.

Following a report of an exposure incident, the exposed employee shall go to McBride Clinic on 3406 S. Boulevard for a confidential medical evaluation and follow-up, including at least the following elements:

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with 29 CFR 1910.1020.

#### TRAINING

All high-risk employees shall participate in a training program. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

The training program will include at least the following elements:

- An explanation of the regulatory text of 29 CFR 1910.1030.
- A general explanation of the epidemiology and symptoms of blood borne diseases.
- An explanation of the modes of transmission of blood borne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment

### **UCO Blood Borne Pathogen Policy**

<https://sites.uco.edu/administration/safety-transportation/ehs/files-ehs/occup-health/Bloodborne%20Pathogen%20Exposure%20Control%20Plan.pdf>

### **Plus**

#### **Taken from 2013 UCO Biological Safety Manual**

<http://sites.uco.edu/administration/safety-transportation/ehs/files-ehs/occup-health/UCO%20Biological%20Safety%20Manual.pdf>

### **Page 44 – 48**

#### **L. Procedures for Working with Human Blood or Other Potentially Infectious Material**

1. Departments with employees who have reasonably anticipated eye, skin, mucous membrane or parenteral contact with human blood or other potentially infectious materials must follow the UCO Exposure Control Plan in compliance with the OSHA Blood borne Pathogen Standard.
2. Other potentially infectious material means the following:
  - a. Human Body Fluids:
    - (1) Semen,
    - (2) Vaginal secretions, (3) Pericardial fluid,
    - (4) Cerebrospinal fluid, (5) Synovial fluid,
    - (6) Pleural fluid,
    - (7) Pericardial fluid, (8) Peritoneal fluid, (9) Amniotic fluid,
    - (10) Saliva in dental procedures,
    - (11) any body fluid that is visibly contaminated with blood,
    - (12) all body fluids in situations where it is difficult or impossible to differentiate between body fluids,
  - b. Other:
    - (1) any unfixed tissue or organ (other than intact skin) from a human, living or dead,
    - (2) human immunodeficiency virus (HIV)-containing cell or tissue cultures,
    - (3) human organ cultures,
    - (4) HIV or hepatitis B virus (HBV) containing culture medium or other solutions, and
    - (5) Blood, organs, or other tissues from experimental animals infected with HIV, HBV or other blood borne pathogens infectious to man.
  - c. Special Procedures for Human Tissue/Cells/Cell Lines:

- (1) Only established human cell lines and human cell strains which are characterized (tested by antigenic screening for viral or agent markers, co-cultivation with indicator cells allowing contaminants to grow, or molecular technology such as polymerase chain reaction or nucleic acid hybridization) to be free of blood borne pathogens (including HIV, HBV, Epstein-Barr virus, Herpes virus and papilloma members of the Papovirus group, etc.) and documented as such may be excluded from the requirements of the OSHA Blood borne Pathogen Standard.
  - (2) Cell lines/strains that are procured from commercial vendors or other sources with documented testing to be free of human blood borne pathogens and which have been protected from contamination may be excluded from the requirements of the OSHA Blood borne Pathogen Standard.
  - (3) Use of human tissue/cells/cell lines in the laboratory setting requires the approval of the UCO Institutional Review Board.
3. Universal precautions should be observed which dictates that all human blood and other potentially infectious materials should be treated as infectious for HBV, HIV, and other blood borne pathogens.
  4. Engineering and work practice controls should be utilized first to minimize employee exposure. Where occupational exposure remains after the institution of engineering controls, PPE should also be used as follows:
    - a. Gloves should be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin such as during phlebotomies and when handling or touching contaminated items.
    - b. Masks in combination with eye protection devices such as goggles or face shields should be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious material may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
    - c. Gowns, aprons, lab coats, surgical caps or hoods, and/or shoe covers should be worn when gross contamination can be reasonably anticipated. The type and characteristics of this protective clothing will depend upon the task and degree of exposure anticipated.
  5. Hand washing facilities should be readily accessible to employees. Personnel in work areas that do not have hand washing facilities readily accessible should be provided with an appropriate hand cleanser in conjunction with clean cloth or paper towels or antiseptic towelettes. Employees should wash their hands with soap and running water as soon as feasible after using antiseptic hand cleansers or towelettes.
  6. All garments should be removed as soon as possible if penetrated by blood or other potentially infectious material.
  7. Removed PPE should be placed in a designated area or container for storage, washing, decontamination, or disposal. Contaminated PPE should be placed in a designated container labeled with the biohazard symbol.
    - a. P P E should be cleaned, laundered and/or disposed in a proper manner.
      - (1) Contaminated disposable PPE should be placed in a biohazard bag until it can be sterilized / autoclaved.
      - (2) Contaminated PPE, that can be laundered, should be placed in a container labeled with the biohazard symbol until sent to an appropriate laundry in accordance with the UCO's *Exposure Control Plan*.
  8. Employees should wash their hands immediately or as soon as feasible after removal of gloves or other PPE.
  9. Employees should wash their hands or other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
  10. Safe needle devices should be used where possible or appropriate.
  11. Contaminated needles or other contaminated sharps should not be bent, recapped, or removed. If needles must be recapped, a mechanical means or a one-handed technique should be used.

12. Immediately or as soon as possible after use, contaminated sharps should be placed in appropriate containers, even if the sharps are reusable and will be reprocessed.

a. These containers should be:

- (1) puncture resistant,
- (2) labeled with the biohazard symbol or color-coded, (3) leak-proof on the sides and bottom, and
- (4) not be allowed to overfill (a good guideline is to dispose when approximately two-thirds full).

b. Other guidelines for selection of sharps containers should consider issues such as lids that lock tight for safe disposal, a container that is specifically constructed for the method of sterilization that will be used (if sharps containers are not specifically constructed to be autoclaved, the resulting mass of melted plastic is extremely hazardous due to the needles that often protrude), and a clear top that would allow inspection.

13. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in areas where there is a reasonable likelihood of occupational exposure.

14. Food or drink should not be kept in areas where blood or other potentially infectious materials are present or stored.

15. Procedures which minimize spraying, splashing, spattering, and generation of droplets of infectious material shall be used whenever possible.

16. No mouth pipetting should occur.

17. Biohazard labels should be affixed to all containers of regulated waste, refrigerators, freezers and other containers that hold or are contaminated with blood or other potentially infectious material. Red bags or containers may be substituted for labels.

18. Specimens of blood or other potentially infectious materials should be placed in a container which prevents leakage during collection, storage, transport, or shipping. This container should be red or labeled with the biohazard symbol and closed prior to being stored, transported, or shipped. If contamination outside this primary container occurs or is likely to occur, it should be placed in a second red or similarly labeled container which prevents leakage during handling processing, storage, transport, or shipping.

19. Equipment which has been in contact with blood or other potentially infected material should be examined prior to servicing or shipping and should be decontaminated as necessary.

- a. Where complete decontamination cannot occur prior to servicing, a readily observable biohazard label shall be attached to the equipment stating which portions of the equipment remains contaminated, and
- b. the employee requesting the service or repair is responsible for ensuring that information is conveyed to all affected employees, service representatives such as the UCO Biomed Vendor and/or the manufacturer prior to handling, servicing, or shipping so that appropriate precautions can be taken.

20. Contaminated work surfaces should be decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious material and at the end of the work shift if the surface has become contaminated since the last cleaning.

21. Broken glassware which may be contaminated should not be picked up directly with the hands but by mechanical means such as a brush and dustpan, tongs or forceps.

22. All employees with occupational exposure should receive blood borne pathogen training at the time of assignment to tasks where occupational exposure may take place, when changes affect employees' occupational exposure and at least annually thereafter.

23. The hepatitis B vaccine should be made available to all employees who have occupational exposure to blood or other potentially infectious materials.

24. If an employee sustains an exposure incident (such as a stick with a contaminated needle/scalpel/dental wire or a splash of potentially infectious material in the eye, mouth, mucous membrane, or non-intact skin), the exposed person should immediately:

a. c l e a n s the wound with soap; flush mucous membranes with water or normal saline solution;  
b. n o t i f i e s his/her supervisor, designated coordinator, or other designated individual;

c. p r o c e e d for treatment within 1-2 hours of the exposure (see the UCO *Infectious Diseases Policy* for current recommended treatment locations); and

d. i f possible, for laboratory exposures, brings a sample of the source material to the treatment facility for testing.

Sources: OSHA *Blood borne Pathogens* Standard (29 CFR 1910.1030)

**UCO MATP Communicable Disease and Blood Borne Pathogen  
Student Policy Acknowledgement Page:**

I, \_\_\_\_\_, have read and understand the above  
Print Student's Name  
procedures for communicable diseases and blood borne pathogen procedures.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Appendices B: Level I Modality Instruction and Documentation Form

KINS 5413 AT Clinical I

Student's Name: \_\_\_\_\_

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

2020 Standards – Standard 73: Select and incorporate interventions that align with patient care Plans Interventions = Modalities

### Preceptor Instruction and Evaluation of Level I Modality Skills Check List

	Design therapeutic interventions to meet specified treatment goals.
	Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.
	Position and prepare the patient for various therapeutic interventions.
	Describe the expected effects and potential adverse reactions to the patient.
	Instruct the patient how to correctly perform rehabilitative exercises.
	Apply the intervention, using parameters appropriate to the intended outcome.
	Reassess the patient to determine the immediate impact of the intervention.

### Electrical Stimulation

Yes or No	Parameters	Answers - Appropriate Set up/Application
	1. Explain IFC	Interfering mid frequency biphasic sine wave current
	2. Treatment Goal / theory	Pain Control – Gate Theory – Explain: large sensory afferent nerves are stimulated by EStim blocking slower A-Delta and C fibers at the Dorsal Horn of Spinal cord, so pain perception is modulated
	3. Proper patient positioning Patient preparation	Proper supine, side lying, sitting up position with support Comfortable position, pillows, check injury site Clean skin with Alcohol wipes Instruct patient on sensation – “Tingling”
	4. Equipment Preparation	Check electrodes, stickiness, leads conditions
	5. Equipment Parameters	Turn on machine, Select IFC quad polar
	6. Equipment Parameters	Beat Frequency, Pulse Rate – High, 100 -4100hz or 80-150 hz if sweep – 4080-4150 Carrier Frequency, 4000 hz ( new Estim 5000 and 5100 hz )
	7. Equipment Parameters	Electro placement –quad polar, criss cross Surrounding painful area between electrodes- through joint, electrodes not close together
	8. Equipment Parameters	Target or Sweep vector setting - adjust for accommodation or location
	9. Output Intensity	Sensory stimulus, below motor levels – should not see contraction!
	10. Treatment Durations	10- 30 mins, long or as prescribed
	11. Treatment Frequency	Daily, possible twice daily or more
	12. Other TENS Application	High TENS – High Rate = 100 hz, Low width= 40-60 Microsecs, amplitude to comfortable tingling, 20-30 mins treatment time



## Hydrocollator Packs

Yes / No	Parameters	Appropriate Set up/Application
	1. Treatment Goal	Moist Superficial Heat
	2. Foundation: Effects  Contraindications  Precautions	Superficial increase in circulation, Increased metabolism, Muscle relaxation through analgesia Ease of application Circulation, sensation, burns, skin problems Burns to patient!!!
	3. Patient preparation: Psycho / Physical Prep  Equipment prep	Expose area to be treated Explains what heat does and mild warmth Check packs and water temp-140-160
	4. Patient Position	Prone or reclining, pillow under knee and head
	5. Procedure of Therapy	Place pack in folded towel or pack cover, 6 layers, place towel between patient and pack
	6. Dosage	Should feel mild warmth after a few mins with comfort level of patient
	7. Application Duration	20 - 25 mins
	8. Frequency of Application	2-3 times per day, every 3-4 hours
	9. Durations of Therapy	Varies – 3 weeks or more?
	10. Post Treatment Instructions / Exercises	Stretching and exercises
	11. Other Extra Credit	Place pack back in hydrocollator with reversed color tabs up, - clean up water!!

## Ultrasound

Yes or No	Parameters	Answers - Appropriate Set up/Application	
	1. Foundation Acoustic vibrations from high frequency US that produces thermal and non-thermal effects	____Advantage /Disadvantage Deep heat,	____Indications Anywhere heat is needed Supplement to other treatment
	2. Thermal Decrease pain Increases blood flow Increases metabolism Relaxes muscle	____Disadvantage Small areas, expensive difficult to contour	____Contraindication /Precautions Acute injuries Circulatory or sensory problems Eye, Repro organs, DVT,PM, cancer Metal implants Child Growth plates, total joints
	3. Non-thermal Tissue regeneration Wound healing, Cell membrane alteration		

	4. Application Supine – elevated Clean towel Clean skin	____Equipment prep Clean sound head Sufficient coupling gel Must have clean towels	____Patient Prep Should feel mild heat Should be comfortable
	5. Procedure Patient is comfortable position Place towel around clothing Select proper sound head size Sufficient coupling gel	____Dosage Select appropriate Freq, 1 or 3.3HZ Set duty cycle Set timer Move at 2-4 cm per sec, twice sound head size	____Length of Treatment 5-15 mins
	6. Frequency Twice daily for athletes	____Duration 14 treatments	____Post Application Clean gel off patient Clean sound head Clean table, wash towels Stretching and exercise to follow
	7. Maintenance Calibrate every 6-12 months	____Other Safety check yearly	____Safety

### Whirlpool

Yes / No	Parameters	Appropriate Set up/Application
	1. Treatment Goal	Moist Superficial Heat
	2. Foundation: Effects  Contraindications  Precautions	Superficial increase in circulation, Increased metabolism, Muscle relaxation through analgesia Ease of application Circulation, sensation, burns, skin problems Burns to patient!!!
	3. Patient preparation: Psycho / Physical Prep  Equipment prep	Expose area to be treated Have towel Water temp 102-108 degrees F
	4. Patient Position	Sitting on bench or stand or chair for hand and elbow
	5. Procedure of Therapy	Place extremity in whirlpool
	6. Dosage	Should feel mild warmth after a few mins with comfort level of patient
	7. Application Duration	10 - 20 mins, move extremity while in water
	8. Frequency of Application	2 times per day
	9. Durations of Therapy	Varies – 3 weeks or more?
	10. Post Treatment Instructions / Exercises	Stretching and exercises

## Core Competencies Assigned to Courses