



**2020-2021**

# **Athletic Training Program**

## **Student Handbook**

**Department of Exercise Science**

**Arnold School of Public Health**



**UNIVERSITY OF  
SOUTH CAROLINA**



## TABLE OF CONTENTS

<b>I.</b>	<b>AT Program Description</b> .....	4
	BOC Certification .....	4
<b>II.</b>	<b>AT Program Mission, Vision, and Educational Goals</b> .....	4
	Mission .....	4
	Vision .....	5
	AT Program Goals and Learning Outcomes.....	5
<b>III.</b>	<b>USC AT Program Faculty and Staff Directory</b> .....	6-7
<b>IV.</b>	<b>Student Academic Information</b> .....	7
	Admission to AT Program.....	7
	Admission Process .....	7
	Admission Requirements.....	8
	Tuition and Fees for AT Program .....	9
	AT Fellowships .....	11
<b>V.</b>	<b>Athletic Training Curriculum</b> .....	12
	Advisement .....	12
<b>VI.</b>	<b>AT Clinical Education</b> .....	12
	Clinical Education Assignments .....	13
	Clinical Evaluation and Assessment .....	13
	Clinical Evaluation by Preceptor .....	14
	Evaluation of Preceptor and Clinical Education Site .....	14
	Clinical Education Experience Hours Policy.....	15
	Requirements for Clinical Education Hours .....	15
	Supervision of AT Program Students .....	15
<b>VII.</b>	<b>Clinical Education General Information</b> .....	16
	Employment during Clinical Assignments .....	16
	Clinical Education Attendance/Punctuality .....	17
	<b>Clinical Education Rules and Guidelines</b> .....	17

General Rules .....	17
Visiting Teams .....	17
Travel .....	17
ATS Clinical Requirements .....	18
Athletic Training Student Code of Conduct .....	18
Inappropriate Behavior Policy.....	18
Athletic Training Student Relationships .....	19
Professional Appearance Policy.....	20
Confidentiality .....	21
Confidentiality Agreement Policy.....	21
Social Media Policy .....	22
Criminal Background Check and Reporting Policy .....	23
Violations of Code of Conduct .....	23
Probation/Dismissal .....	23
Student Grievances .....	23
<b>VIII. Athletic Training Student Health and Safety .....</b>	<b>24</b>
University of South Carolina Wellness Programs: Alcohol, Drugs, and Health.....	24
Technical Standards Policy .....	24
Athletic Training Student Insurance.....	26
Acknowledgment of Risk .....	26
Workers' Compensation Policy.....	26
Active Communicable and Infectious Disease Policy .....	27
Immunization Policy... ..	28
Hepatitis B Immunization Policy .....	28
Post-Exposure Evaluation and Follow-Up.....	29
<b>IX. APPENDICES.....</b>	<b>30</b>
Appendix A: NATA Code of Ethics.....	30
Appendix B: BOC Standards of Professional Practice.....	32

Appendix C: Carolinian Creed.....	36
Appendix D: University of South Carolina Wellness Program: Alcohol, Drugs, and Health .....	37
Appendix E: University of South Carolina AT Program BBP Exposure Control Plan .....	39
Appendix F: General Health and Safety Information .....	55

## **INTRODUCTION**

Faculty and students associated with the Athletic Training Program (AT Program) are governed by the policies and procedures of the University of South Carolina (UofSC) as documented in the Faculty Manual, Arnold School of Public Health Faculty Guidelines, and the Graduate School. This document is designed to set forth the policies and procedures of the AT Program and is intended to enhance, clarify, and supplement (not replace) those of the University, School and Graduate School of UofSC.

### **I. AT Program Description**

The UofSC AT Program is housed in the Department of Exercise Science in the Arnold School of Public Health. The UofSC AT Program has maintained its accreditation through the Commission on Accreditation of Athletic Training Education (CAATE) since 1996.

The UofSC AT Program provides students with the theoretical knowledge and understanding of the athletic training profession in the context of the larger health care system as well as its current procedures and techniques in sport injury management. Students gain this knowledge through required coursework and clinical experiences as they prepare to make successful contributions to the athletic training profession. The program combines formal classroom instruction and clinical experiences in a process that culminates in the student graduating with eligibility to sit for the Board of Certification (BOC) examination. Students who graduate from the program and subsequently pass the BOC examination will be qualified to be employed as an athletic trainer in a variety of healthcare settings, including secondary schools, colleges and universities, professional athletic teams, sports medicine clinics, or in industrial preventative medicine clinics.

#### ***BOC Certification***

In order to become a certified as an AT, the ATS (athletic training student) must graduate from an accredited athletic training program and pass the BOC examination. Students enrolled in the UofSC Athletic Training Program (AT Program) must meet BOC requirements in order to apply to take the examination. Please visit the Board of Certification website ([www.bocatc.org](http://www.bocatc.org)) for additional information.

### **II. AT Program Mission, Vision, Goals, and Objectives**

#### ***Mission***

The mission of the MS in Athletic Training program is to:

- 1) provide interdisciplinary approaches to medicine through designed clinical educational experiences for students in a variety of settings and interactions with different health care professionals.
- 2) teach students to access, interpret, and integrate relevant research into their clinical decision making through didactic and clinical education that focuses on evidence-based medicine.
- 3) enhance professional development of students through community engagement and recognize the role

of the athletic trainer as a healthcare provider within the larger context of a changing healthcare system.

## ***Vision***

The University of South Carolina Athletic Training Program's vision is to achieve prominence as an innovator in the integration of interdisciplinary education/practice, research, evidence-based practice, and community engagement. The Program will advance the profession of athletic training, our community of learners, current and future athletic training leaders, health-related outcomes, and healthcare policy at all entries of practice.

## ***UofSC AT Program Goals***

1. Goal 1: To develop students' competence as entry-level athletic trainers based on evidence-based practice
2. Goal 2: To foster students' development of clinical knowledge and skills to successfully apply these techniques in diverse patient populations.
3. Goal 3: To foster the development of athletic trainers who demonstrate professionalism, leadership, compassion, cultural competence, and ethical behaviors.
4. Goal 4: To develop students that are dedicated to patient-centered and community engagement
5. Goal 5: To provide educational curriculum that emphasizes a holistic and interprofessional approach to medicine through innovative models

## ***UofSC AT Program Learning/Program Outcomes***

- *Learning Outcome 1.1* - Students will demonstrate the knowledge and skills necessary for entry-level athletic trainers to use a systematic approach to ask and answer clinically relevant questions that affect patient care by using review and application of existing research evidence.
- *Learning outcome 1.2* - Students will demonstrate the ability to develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients' overall health and quality of life.
- *Learning outcome 1.3* - Students will demonstrate the ability to synthesize and integrate knowledge, skills, and clinical decision-making into client/patient care.
- *Learning outcome 1.4* - Students will demonstrate the ability to apply contemporary principles and practices of healthcare informatics.
- *Program outcome 1.5* – The program will achieve acceptable student achievement measures for program graduation, retention, graduate job placement, first-time BOC pass rates and three-year aggregate BOC pass rates.
- *Learning outcome 2.1* - Students will demonstrate diagnostic skills, create care plans, and incorporate interventions for patients with health conditions commonly seen in athletic training practice to maximize the patient's participation and health-related quality of life.
- *Learning outcome 2.2* - Students will demonstrate the knowledge and skills necessary to evaluate and immediately manage acute conditions and emergency situations.
- *Learning outcome 2.3* - Students will demonstrate the ability to recognize, refer, and support patients with behavioral health conditions.
- *Learning outcome 2.4* - Students will demonstrate an understanding of health care administration and quality improvement.
- *Program outcome 2.5* – Students are provided athletic training clinical experiences and supplemental clinical experiences in a logical progression of increasingly complex patient-care experiences throughout the two academic years.

- *Program outcome 2.6* - Clinical education will provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities with a variety of health conditions commonly seen in athletic training practice.
- *Program outcome 2.7* – Students will be exposed and integrated into patient care experiences from varied populations including throughout the lifespan, of different sexes/genders, with different socioeconomic statuses, varying levels of athletic ability, and those who participate in non-sport activities.
- *Learning outcome 3.1* - Students will demonstrate the ability to maintain current cultural competence.
- *Learning outcome 3.2* – Students will practice in a manner that is professional and in alignment with ethical standards of the profession.
- *Learning outcome 3.3* – Students will develop the skills to become a lifelong learner guided by professional competence, professional development, and advocates of the profession.
- *Learning outcome 4.1* – Students will develop their ability to provide patient education to patients, support systems, and stakeholders.
- *Learning outcome 4.2* – Develop a patient-centered approach to athletic training including advocating, identifying, and engaging patients in the care process.
- *Learning outcome 5.1* – Students have multiple, planned interprofessional education and interprofessional practice exposures. Just participation to measure!!
- *Program Outcome 5.2* - The UofSC Athletic Training Program will provide quality instruction in didactic courses of athletic training knowledge, skills, and abilities
- *Program Outcome 5.3* – The program will offer clinical education opportunities through simulation and telemedicine/telehealth

### **III. UofSC AT Program Faculty and Staff Directory**

<b>USC AT Program Faculty</b>	<b>Office #</b>	<b>Office Phone#</b>	<b>E-mail</b>
Jim Mensch, PhD, SCAT, ATC AT Program Director	Blatt 102	(803) 777-3846	<a href="mailto:jmensch@mailbox.sc.edu">jmensch@mailbox.sc.edu</a>
Amy Hand, MA, SCAT, ATC AT Clinical Education Coordinator	Blatt 101-A	(803) 777-7175	<a href="mailto:fraley@email.sc.edu">fraley@email.sc.edu</a>
Toni Torres-McGehee, PhD, SCAT, ATC Post-Professional AT Program Director Assoc Dean for Diversity, Equity, Inclusion	Blatt 212	(803) 777-0636	<a href="mailto:torresmc@mailbox.sc.edu">torresmc@mailbox.sc.edu</a>
Justin Goins, PhD, SCAT, ATC, CSCS Clinical Assistant Professor	Blatt 101-P	(803) 777-9860	<a href="mailto:goinsj@mailbox.sc.edu">goinsj@mailbox.sc.edu</a>
Susan Yeargin, PhD, SCAT, ATC Associate Professor	PHRC 226	(803) 777-3169	<a href="mailto:syeargin@mailbox.sc.edu">syeargin@mailbox.sc.edu</a>
Zachary K. Winkelmann PhD, SCAT, ATC Clinical Assistant Professor	Blatt 213	(803) 777-6555	<a href="mailto:winkelz@mailbox.sc.edu">winkelz@mailbox.sc.edu</a>
Chandler Fogle, MS Academic Advisor—Athletic Training	PHRC 206D	(803) 576-6357	<a href="mailto:FOGLECA@mailbox.sc.edu">FOGLECA@mailbox.sc.edu</a>

Brenn Hartley Administrative Coordinator for AT	Blatt 102	(803) 777-5267	<a href="mailto:hartleya@mailbox.sc.edu">hartleya@mailbox.sc.edu</a>
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<b>USC Adjunct Faculty</b>	<b>Office #</b>	<b>Office Phone#</b>	<b>E-mail</b>
Tom Dompier, PhD, ATC	LVC	(717) 867-6551	<a href="mailto:dompier@lvc.edu">dompier@lvc.edu</a>
Nichee Lloyd, PT	PRISMA Health	(803) 749-5031	<a href="mailto:Soccermed8@hotmail.com">Soccermed8@hotmail.com</a>
Jason Wimberly, MS, SCAT, ATC	PRISMA Health	(803) 296-9443	<a href="mailto:Jason.Wimberly@prismahealth.org">Jason.Wimberly@prismahealth.org</a>
George Wham, EdD, SCAT, ATC	Pelion High School	(803) 821-2258	<a href="mailto:Gwham@lexington1.net">Gwham@lexington1.net</a>

<b>PhD Students</b>	<b>Office #</b>	<b>Phone#</b>	<b>E-mail</b>
Courtney Meyer, MS, SCAT, MS	Blatt 101-B	803-777-4616	<a href="mailto:cmmeyer@email.sc.edu">cmmeyer@email.sc.edu</a>
Nancy A. Uriegas MS, LAT, SCAT, ATC	Blatt 211	(956) 459-8524	<a href="mailto:nuriegas@email.sc.edu">nuriegas@email.sc.edu</a>
Ally Smith, MS, SCAT, ATC	Blatt 211	(740) 255-1323	<a href="mailto:abs16@email.sc.edu">abs16@email.sc.edu</a>

#### **IV. Student Academic Information**

##### ***Admission to Master of Science in AT Program (ATCAS)***

All Professional Athletic Training MS applicants must apply through the Athletic Training Centralized Application Service (ATCAS). Please visit the ATCAS website for more information:

<https://atcas.liasoncas.com/applicant-ux/#/login>

For questions regarding admission through ATCAS, please contact Christy Smith:

Christy Smith  
 Director of Graduate Student Services  
 Arnold School of Public Health  
 University of South Carolina  
 921 Assembly Street  
 Public Health Research Center, Room 108  
 Columbia, SC 29208  
 803-777-5031 / 803-777-6960  
 fax: 803-777-3588  
 email: [csmith@sc.edu](mailto:csmith@sc.edu)

## **Admission Process**

The ATCAS portal opens on July 1<sup>st</sup> of each year and students may begin to apply. Students **DO NOT** need to apply to the graduate school at the University of South Carolina. The Director of Graduate Student Services in the Arnold School of Public Health will transfer all information from ATCAS into the UofSC Graduate School system. The Arnold School of Public Health will only import verified applications to the University of South Carolina. This means that all admission requirements must be met before student applicant files will be reviewed.

We anticipate a cohort of approximately 20 students each year, which will be filled on a rolling basis with the most qualified applicants. We encourage students to apply by November 15th for our priority application review and admission decision. All application materials must be received in ATCAS no later than February 15 each year for consideration for the cohort starting in Summer.

## **Admission Requirements**

The following requirements must be submitted and verified by ATCAS for admission to the MS in AT:

- Bachelor of Science degree from an accredited institution
  - Submit official transcripts from ALL schools attended (not just those in which a degree was earned) to ATCAS.
  - After an admission decision is made, all official transcripts must be submitted to the University of South Carolina Graduate school before students are eligible to enroll. This is in addition to the transcripts submitted to ATCAS.
  - International applicants may also be required to submit transcript evaluations from WES.
- Minimum GPA of 3.0 from the undergraduate degree
- Graduate Record Exam (GRE)
  - Institution code: 5818 (U of South Carolina Columbia)
- For international applicants, a satisfactory score on the Test of English as a Foreign Language (TOEFL) - minimum score of 80 internet-based, 230 computer-based, or 570 paper-based - or the International English Language Testing System (IELTS) Academic Course Type 2 exam - minimum overall band score of 6.5. This requirement may be waived for applicants that have earned a prior degree from a US institution.
- **International students:** The University of South Carolina Office of International Student Services website [https://sc.edu/about/offices\\_and\\_divisions/international\\_student\\_services/before\\_you\\_arrive/index.php](https://sc.edu/about/offices_and_divisions/international_student_services/before_you_arrive/index.php) is a great resource for international applicants and new students. The site has information about immigration and obtaining a visa.
- Minimum of 50 hours of observation of a certified athletic trainer
  - Documentation of clinical hours must be verifiable on the official program application. Use the form provided on ATCAS
- UofSC Technical Standards Form
  - This form must be signed and dated by a Physician (MD)
- Professional resume
- Letter of interest/professional goals
- Three professional recommendation letters



### **Prerequisite classes (minimum grade of a C)**

- Biology and Lab (4 credits)
- Chemistry and Lab (4 credits)
- Physics and Lab (4 credits)
- Anatomy and Physiology I and II and Labs (8 credits)
- Exercise Physiology (3 credits)
- Psychology (3 credits)
- Nutrition (3 credits)
- Statistics (3 credits)

\* these classes must be completed by the start of the MS in AT program in June.

\* Due to the Covid-19 pandemic we are accepting P/F for required pre-requisite classes for the 2020-21 applications. Those classes will not be used when calculating GPA for pre-requisite classes.

### **Tuition and Fees**

#### **Estimated Graduate Student Fees 2020-21**

#### **University and Department Fees:**

The fees represented in this table are an estimation of costs and should not be interpreted as an exact quotation or billing amount. Fees can also be found on the **University Bursar's Office website**.

\*Some fees are calculated based on the number of credits taken during the semester. Semesters with 12+ credits pay a flat rate. Less than 12 credits it is based on a per credit charge. See Bursar website for a complete list.

<b>Fee Description based on 2020-21 (Year 1)</b>	<b>Summer year 1 13cr</b>	<b>Fall year 1 11cr</b>	<b>Spring year 1 12cr</b>
<b>Academic Fees/Tuition (Resident)</b>	\$6,867	\$6,295	\$6,867
<b>Academic Fees/Tuition (Non-Resident)</b>	\$14,880	\$13,640	\$14,880
<b>Health Professions Fee (Resident)</b>	\$800	\$880	\$800
<b>Health Professions Fee (Non-Resident)</b>	\$1,100	\$1,210	\$1,100
<b>Technology Fee</b>	\$200	\$187	\$200
<b>AT Program Fee</b>	NA	\$625	\$625
<b>Health Center Fee</b>	\$190	\$190	\$190
<b>Cadaver Fee (BMSC 740)</b>	\$1000	NA	NA

<b>Fee Description based on 2020-21 (Year 2)</b>	<b>Summer year 2 11cr</b>	<b>Fall year 2 9cr</b>	<b>Spring year 2 9cr</b>
<b>Academic Fees/Tuition (Resident)</b>	\$6,295	\$5151	\$5151
<b>Academic Fees/Tuition (Non-Resident)</b>	\$13,640	\$11,160	\$11,160
<b>Health Professions Fee (Resident)</b>	\$880	\$720	\$720
<b>Health Professions Fee (Non-Resident)</b>	\$1,210	\$990	\$990
<b>Technology Fee</b>	\$187	\$153	\$153
<b>AT Program Fee</b>	NA	\$625	\$625
<b>Health Center Fee</b>	\$190	\$190	\$190
<b>Cadaver Fee (BMSC 740)</b>	NA	NA	NA

**Health Insurance:**

Graduate students are required by UofSC to have health insurance. Students can purchase insurance through UofSC or provide proof of enrollment in a comparable plan. The cost of UofSC is \$2,047 for the 2019-20 year.

**AT Program Fees:**

In addition to university and department fees, athletic training students in the University of South Carolina Athletic Training Program may have other fees/expenses associated with being a student in the program. These expenses are described here with estimates to help with planning. These fees are subject to change from year-to-year.

- **Clinical Clothing (some are optional)** – UofSC AT program will provide students with clinical clothing to be worn at their clinical sites. Students may purchase additional clothing based on the AT Program’s Professional Appearance Policy. Items include, but are not limited to, khaki pants/shorts, collared shirts, inclement weather gear, and a watch.
- **Immunization-** In addition to required UofSC immunization, some clinical sites will require proof of additional immunizations at their facility.
- **Professional Organization Membership(s) and Symposiums (optional)** – Including, but not limited to: NATA, MAATA, SCATA, SCATSA, ACSM, and NSCA.
- **Travel Expenses** – AT students are responsible for transportation to and from assigned clinical sites, which varies each semester.
- **CPR Recertification** – Students are required to be CPR and first-aid certified throughout their time in the AT Program. Certification must be completed every other year.
- **Carolina Card Fee and AT Student ID Badge** – Students must provide their Carolina Card in order to get into the Blatt PE Center, where the majority of Athletic Training classes are held. Students are responsible for paying for a new card if theirs is lost or damaged. It is part of the AT Program’s Professional Appearance Policy that student wear an AT Student ID badge during all clinical experiences.

**Potential Additional Fees**

<b>Fee Description</b>	<b>2019-20 Amount</b>	<b>Frequency</b>
Additional Clinical Clothing	\$100.00	annual
Immunizations		
• MMR	\$95.00	one time
• Tuberculosis Test	\$31.00	annual
• Hepatitis B	\$112.00	one time
• Influenza	\$20.00	annual
Professional Organizations		
• NATA – student	\$80.00	annual
• SCATSA	\$40.00/year, \$25.00/semester	annual/semester
• ACSM – student	\$10.00	annual
• NSCA – student	\$65.00	annual
Travel Expenses	variable	annual
CPR Certification/Recertification	\$45.00	one time
Carolina Card Fee		
• Damaged Card	\$25.00	one time
• Replacement Card	\$35.00	variable
AT Student ID Badge	\$20.00	one time

### ***Athletic Training Fellowships***

The Athletic Training Program at UofSC is excited to offer multiple AT Fellowships to support outstanding graduate students interested in the AT program. Each fellowship will be \$750 (\$250 for each semester) for the 2020-21 academic year and comes with an out-of-state tuition waiver for non-South Carolina residents. Each fellowship is for one year (1st year students only) and all students are expected to begin establishing SC residency upon their arrival to UofSC.

### ***AT Fellowship Requirements/Directions:***

- 1) All applicants must be acceptance to the UofSC Graduate school for the MS in AT through ATCAS
- 2) Students will submit a 2-3-minute video highlighting accomplishments and reasons for attending the University of South Carolina AT Program. Students should use this video as an opportunity to:
  - Help AT Program faculty to get to know you
  - Demonstrate the importance of getting a MS in Athletic Training degree at South Carolina
  - Explain the impact an AT fellowship would have on you
  - Hear your story

To submit, please upload to YouTube and send the link to Dr. Mensch at [jmensch@mailbox.sc.edu](mailto:jmensch@mailbox.sc.edu) by March 19, 2021. Students will be notified about fellowships by April 1, 2021.

Directions for how to load a video on YouTube can be found here:

<https://www.youtube.com/watch?v=Hlxqk0iHp5w>

Any questions about AT Fellowships can be directed to Dr. Mensch at (803) 777-3846 or the email above. Please visit the **graduate school** website for information on fellowships, awards, grants and other opportunities for funding. Or visit UofSC's website for all **financial aid information**.

### ***Student Responsibility***

The Arnold School of Public Health faculty and staff work diligently to provide students all the information that is necessary to complete its graduate programs in a successful and timely manner. However, it is the student's responsibility to thoroughly read all of the information available in this handbook, handouts on the College's website [https://www.sc.edu/study/colleges\\_schools/public\\_health/index.php](https://www.sc.edu/study/colleges_schools/public_health/index.php) and in the *UofSC Graduate Bulletin*: <http://bulletin.sc.edu/index.php?catoid=94>

## MS in AT Academic Curriculum

### Year 1 AT Program-(65 credits)

Summer 1		13cr
<b>BMSC 740</b>	Human Anatomy for Health Sciences	6
<b>ATEP 700</b>	Introduction to Therapeutic Interventions in Athletic Training	3
<b>ATEP 701</b>	Principles of Evidence-Based Medicine	3
<b>ATEP 702L</b>	Principles of Athletic Training Lab	1
Fall 1		11
<b>ATEP 748</b>	Evaluation & Therapeutic Intervention of Lower Extremity Injuries	4
<b>ATEP 748L</b>	Evaluation & Therapeutic Intervention of Lower Extremity Injuries lab	1
<b>ATEP 730</b>	Behavioral Health & Wellness	3
<b>ATEP 711</b>	Clinical Experiences in Athletic Training I	3
Spring 1		12
<b>ATEP 749</b>	Evaluation & Therapeutic Intervention of Head, Neck & Spine Injuries	4
<b>ATEP 749L</b>	Evaluation & Therapeutic Intervention of Head, Neck & Spine Injuries lab	1
<b>ATEP 797</b>	Clinical Pathology & Pharmacology in Athletic Training	2
<b>ATEP 797L</b>	Clinical Pathology & Pharmacology in Athletic Training Lab	1
<b>PUBH 678</b>	Transforming Health Care for the Future	1
<b>ATEP 712</b>	Clinical Experiences in Athletic Training II	3
<b>Total</b>		<b>36</b>

### Year 2 AT Program

Summer 2		11
<b>ATEP 750</b>	Evaluation & Therapeutic Intervention of Upper Extremity Injuries	4
<b>ATEP 750L</b>	Evaluation & Therapeutic Intervention of Upper Extremity Injuries Lab	1
<b>ATEP 796</b>	Athletic Training Administration	3
<b>ATEP 713</b>	Clinical Experiences in Athletic Training III	3
Fall 2		9
<b>ATEP 732</b>	Emergency Management Practices in Athletic Training	3
<b>ATEP 741</b>	Advanced Clinical Skills in Athletic Training	3
<b>ATEP 714</b>	Clinical Experiences in Athletic Training IV	3
Spring 2		9
<b>ATEP 715</b>	Clinical Experiences in Athletic Training V	6
<b>PUBH 700</b>	Perspectives in Public Health (On-line)	3
<b>Total</b>		<b>29</b>

**65 Total Credits**

### Academic Advisement

All students in the MS in Athletic Training are advised by the AT Program Director (Dr. Mensch). Students progress through the curriculum as a cohort. Individual advisement meetings take place with Dr. Mensch during the last few weeks of each semester. If you have any questions after reviewing the Athletic Training admissions information or this handbook, you may call the Office of Graduate Student Services at 803-777-5031, or the graduate director Dr. Mensch at 803-777-3846.

### VI. AT Clinical Education

All students enrolled in the UofSC AT Program receive a clinical assignment starting in the fall of their first year in the AT program. Students will then be enrolled in a clinical education course in 5 consecutive semesters (ATEP 711, 712, 713, 714, 715). Students on academic probation are not eligible to participate in clinical education rotations. To graduate from the UofSC AT Program, all students must complete a minimum of five

semesters of specific clinical experiences. All athletic training students must complete the majority of their clinical education experiences under the direct supervision of a preceptor who is an athletic trainer and in good standing with the SC Department of Health and Environmental Control. Clinical assignments are available through UofSC men's & women's athletics, UofSC campus recreation, local high schools, sports medicine clinics, youth sports, physical therapy clinics, and small colleges. Students must provide their own transportation to all clinical education sites. The final clinical course (ATEP 715) is a clinical immersion experience that can be done anywhere. Students will meet with the Clinical Education Coordinator (Dr. Hand) and work together to find an immersive experience that meets all CAATE requirements and the students professional goals.

#### *Required Clinical Education Experiences:*

- Individual sports
- Team sports
- Sports requiring protective equipment
- Patients of different sexes
- Non-sport patient populations
- A variety of conditions other than orthopedics

#### ***Clinical Education Assignments***

The Clinical Education Coordinator (CEC) oversees the clinical education experiences of all athletic training students. Athletic training students will be assigned to clinical assignment based upon a variety of factors which include, but are not limited to, the following: previous experience and clinical assignments, clinical experiences needed prior to anticipated program completion, indicated professional practice preferences, clinical proficiency and competency, professional responsibility and dependability, extracurricular activities, part-time employment, academic performance, class schedules, and other factors as felt to be pertinent by the Athletic Training Program faculty.

#### ***Clinical Evaluation and Assessment***

#### **Clinical Integrated Proficiencies & Competencies**

##### *What are the Clinical Competencies/Clinical Integrated Proficiencies?*

Clinical Competencies are the common set of athletic training skills/proficiencies used for curriculum development and education of CAATE-accredited athletic training programs. They also serve as a guide for development of educational experiences leading to BOC certification. The competencies/clinical integrated proficiencies identify knowledge and skills to be mastered within an entry-level athletic training program. UofSC AT Program clinical competencies are integrated into didactic and clinical courses within the curriculum. The ATS must demonstrate mastery of competencies to Preceptors and course instructors.

##### *When do I complete Clinical Competencies/Clinical Integrated Proficiencies?*

Completion of all clinical competencies/proficiencies is a graduation requirement for the athletic training program. No student will be allowed to progress through the UofSC AT Program or receive a clinical assignment until the previous competency requirements are completed. Failure to complete the assigned competencies/ proficiencies will result in failing the clinical course and program probation. Cognitive and psychomotor competencies will be instructed and assessed in the academic portion of the program via lecture, laboratory settings, and written and/or oral practical examinations. Clinical proficiencies will be assessed during both academic and clinical portions of the athletic training program. All students will be assigned a preceptor

who will evaluate clinical competencies and proficiencies through the semester. In addition, students will be required to attend practice labs throughout the semester to complete competencies and proficiencies.

*How do I complete Clinical Competencies/Clinical Integrated Proficiencies?*

Students will be required to complete all clinical integrated proficiencies outlined on the clinical integrated proficiency checklist under the direct supervision of their Preceptor. As part of the clinical education experience, the Preceptor will evaluate individual students on their ability to perform assessments associated with the corresponding Athletic Training Clinical Experience course.

The following rubric will be used by Preceptors to assess student performance:

Proficient	2	The Athletic Training Student has demonstrated the required knowledge and skills that meet standards according to entry level benchmarks and indicators of a certified athletic trainer.
Developing	1	The Athletic Training Student has begun to develop the required knowledge and skills necessary to meet the standards according to entry level benchmarks and indicators of a certified athletic trainer.
Unacceptable	0	The Athletic Training Student has not demonstrated the required knowledge and skills necessary to meet the standards according to entry level benchmarks and indicators of a certified athletic trainer.

Students must score a 2 (demonstrating proficiency) on the evaluation of a practical assessment. If students score a 0 or 1 on any clinical proficiency or competency, the student will need to be retested. It is the responsibility of the student to make up any failed proficiencies or competencies by the LAST day of each semester. Any proficiencies or competencies left incomplete or failed will result in the student receiving an F for the associated Athletic Training Clinical Experience course.

Students are expected to take an active role in becoming proficient in all clinical skills. The student is responsible for learning the information and practicing the skills required to demonstrate competency in all clinical skills. Clinical competencies/proficiencies will not be accepted without a date and a signature.

**\* Clinical competency checklists can only be signed by Preceptors affiliated with the UofSC AT Program.\***

**Clinical Evaluation by Preceptor**

The athletic training student's clinical performance and behaviors will be evaluated at mid-term and at course completion by the Preceptor they are assigned. This evaluation will be a part of the student's grade in their corresponding clinical class.

Assessment Rubric Used for Clinical Evaluation:

Proficient	2	The ATS has performed at a level of quality that meets or exceeds standards according to entry level benchmarks and indicators of a certified athletic trainer.
Developing	1	The ATS has begun to perform at a level of quality that is necessary to meet the standards according to entry level benchmarks and indicators of a certified athletic trainer (Some Improvement Needed prior to final signature).
Unacceptable	0	The ATS has not performed at a level of quality that is necessary to meet the standards according to entry level benchmarks and indicators of a certified athletic trainer (Improvement needed prior to final signature).

## **Evaluation of Preceptor and Clinical Education Site**

Students are required to evaluate their Preceptor and their clinical site at the conclusion of every semester.

## **Clinical Education Experience Hours Policy**

The athletic training student Clinical Education Experience Hours Policy was created to ensure that students, faculty, and preceptors all follow the same guidelines in accordance with accreditation standards. This policy outlines the minimal and maximal amount of clinical experience hours students are expected to complete as part of their clinical course requirements.

Each student participating in ATEP 711, 712, and 714 must complete a minimum of 12 hours and a maximum of 30 hours of supervised field experience every full week in the clinical environment they are assigned. A full week is defined as any week where the university has scheduled 5 full days of class. The AT Program establishes that a one-week period runs from Sunday to Saturday. Students participating in clinical immersion clinicals ATEP 713 and ATEP 715 must complete a minimum of 30 hours and maximum of 60 hours of supervised field experience every full week in the clinical environment they are assigned. See specific course syllabus for more information.

Athletic training students must document clinical education experience hours during their rotation. At the conclusion of the month, all clinical education hours will be verified for the minimum/maximum of required clinical education hours. If an athletic training student is unable to achieve the minimum required hours or exceeds the maximum contact hours in a week, they must complete the Contact Hour Discrepancy Form and have it signed by their Preceptor. The AT Program Director may accept clinical education hours below the minimum requirement or above the maximum contact hours a week for extraneous factors that are not controllable by the athletic training student.

Documentation of Clinical Education Experience forms and Contact Hour Discrepancy forms are available on the AT Program Blackboard site and must be turned in for each month that class is in session, by the 5th of the following month.

It is the responsibility of the student to make time in their schedule to attend the clinical education site or event as scheduled by the AT Program Clinical Education Coordinator. The Preceptor is responsible for verifying the completed hours by signing the students' monthly hours sheet. Completing the minimal clinical hours will be a part of the student's grade in their corresponding clinical class (see the instructor's syllabus for points associated with clinical education hours). Any students that are found to have violated a policy of the AT Program while completing a clinical education experience can have his/her clinical education hours invalidated for that period of time. The invalidation of these hours could result in the student failing to meet the minimum number of required clinical education hours the clinical setting in which they are assigned.

## **Requirements for Clinical Education Hours**

### **How to Report Clinical Hours**

- It is the student's responsibility to record and report all clinical hours.
- Clinical education hours log sheets are available on the Athletic Training Program Blackboard site.
- Clinical education hour log sheets must be signed by the Preceptor and are due on the 5th of every month to the Clinical Education Coordinator.
- Students should make a copy of all clinical education hour log sheets.
- Students will record one hour for each hour they are in the athletic training facility working or engaged in athletic training activity.

- Partial hours are recorded to the nearest 1/4 of an hour.
- When rounding to the nearest ¼ hour, you must work 8 minutes or more of the ¼ hour to round up. If you work less than 8 minutes of the ¼ hour, you should round back.
- When traveling on a road trip, only actual hours spent working in athletic training activities can be recorded (hours to and from the site or hours spent in a motel are not acceptable).

#### Hours That Do Not Count toward USC AT Program Requirements

- Hours not completed under the direct observation of a UofSC Preceptor.
- Hours spent traveling (team travel, lodging, etc.). However, while traveling, hours spent giving treatment and those spent at the competition and practice sites will count if under the direct supervision of a UofSC Preceptor.
- Hours spent at clinical education sites not affiliated with the UofSC AT Program.

#### ***Supervision of AT Program Students***

##### *Direct Supervision*

When instructing and evaluating clinical proficiencies, the Preceptor must be physically present, including “constant visual and auditory interaction”. This ensures that the Preceptor can intervene on behalf of the student and the patient.

In the event that Preceptor is not physically present (e.g., bathroom, phone call, evaluating another athlete), a student may only apply first aid skills (e.g., RICE, splinting, activate EMS, CPR) in an injury situation.

## **VII. Clinical Education General Information**

### ***Employment during Clinical Assignments***

The AT student should expect a considerable time commitment at their clinical site. Students are expected to follow the schedule of their clinical assignment. It is the responsibility of the student to discuss their schedule with their Preceptor prior to the start of their clinical assignment. Any outside employment schedules must not conflict with clinical expectations and requirements.

### ***Clinical Education Attendance/Punctuality***

The clinical education experience allows AT students to implement, practice, and master skills vital to their success as athletic training professionals. These experiences are provided in the form of clinical assignments (both on and off campus) with an assigned Preceptor and are a required portion of the student’s educational experience.

A student enrolled in the AT Program is required to attend and actively participate in scheduled/assigned clinical experiences. Therefore, all athletic training students will be required to attend and be actively involved in AT Program clinical experiences as assigned.

Understandably, there will be times when absences cannot be pre-approved (illness, family emergency, etc). These will be dealt with at the discretion of the Program Director. It is the student’s responsibility to communicate with all appropriate instructors and staff when these instances do arise. Again, the student



should make every effort in advance of the absence to follow this notification procedure. Athletic training students are encouraged to provide advance notice to their supervising Preceptor.

Clinical Education Availability and Punctuality recommendations:

- Arrive at practice at least 30 minutes or more as indicated before the beginning of practice and remain until all post-practice activity is complete or until dismissed.
- When anticipating arriving late, call immediately.
- Students should be where assigned on time or early. If anything, be five minutes early.
- Be ready to participate when entering the facility.
- Look for something to do before sitting and talking.
- When unable to make an assigned duty, call one of the staff athletic trainers or your group leader in advance where arrangements can be made to cover your absence.
- If unable to attend a practice, game, etc. or assigned sport, advance notice must be given to the staff.

## ***Clinical Education Rules and Guidelines***

### **General Rules**

- a) Profanity, horse play, or similar actions are unacceptable to the allied health care professional and will not be tolerated.
- b) All rules of the NCAA and SEC governing varsity practices, events, or competitions are to be followed by the athletic training students.
- c) Schedule all personal appointments away from athletic training facility and clinical hours.
- d) Personal business should not be conducted in the athletic training facility.
- e) No student is allowed to use a modality without specific instructions from a preceptor and the student having demonstrated competency with the modality.
- f) Appropriate emergency procedures are discussed and demonstrated with each new student.

### **Visiting Teams**

All visiting teams are to be treated with proper courtesy and respect. Remember these athletes and staff are our guests. We should try to meet their needs as much as possible. Once an athlete is injured, we are all on the same team. Hopefully, if our guests are treated properly here, they will reciprocate the same attitude and availability when we visit them.

### **Travel**

Athletic training students are to abide by the respective rules of their assigned varsity sport when traveling on a road trip with their assigned clinical rotation. They should be ready to go if requested by a staff athletic trainer to accompany him/her on a trip. Athletic training students are to adhere to all travel regulations that apply to that team.

## **AT Student Clinical Requirements (Must Complete):**

- 1) Emergency Cardiac Care certification must be completed every other year. Course must provide adult and pediatric CPR, AED, 2nd Rescuer CPR, Airway Obstruction, and Barrier Devices (e.g., pocket mask, bag valve mask). Acceptable ECC providers are those adhering to the most current International Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care. The two most common courses that meet these requirements are: a) CPR/AED for the Professional Rescuer through the American Red Cross, and b) BLS Healthcare Provider through the American Heart Association.
- 2) Annual documented completion of Blood Borne Pathogen (BBP) training.

## ***Athletic Training Student Code of Conduct***

### **Appropriate Behavior**

Athletic training students are expected to uphold the Code of Ethics of the NATA. Students are encouraged to review the NATA Code of Ethics (**Appendix A**), BOC Standards of Professional Practice (**Appendix B**), and The Carolinian Creed (**Appendix C**).

Preceptors reserve the right to dismiss students from their clinical site for inappropriate behavior. AT students are expected to follow the guidelines for personal conduct established by the UofSC AT Program. Any behavior deemed embarrassing to the UofSC AT Program, University of South Carolina, or clinical site would qualify as inappropriate behavior. Use of alcohol is prohibited during all UofSC AT Program clinical experiences, including travel.

### **Inappropriate Behavior Policy at Clinical Education and USC Affiliated Sites**

The University of South Carolina Athletic Training Program is committed to fostering an environment that promotes academic success for students and instructors at all clinical education sites. Athletic training students should conduct themselves in a professional manner at all times. At no time should they engage in conduct that would undermine their patients' confidence or cause a conflict of interest in their patients' care. Inappropriate and unacceptable behaviors that demonstrate disrespect for others or a lack of professionalism will not be tolerated. Inappropriate relationships include but not limited to those with patients, supervisors, preceptors, coaches, and staff in the clinical education setting can be detrimental to patient care and the learning process. If a pre-existing relationship is present, it is the athletic training student's responsibility to inform the Program Director and Clinical Education Coordinator as soon as possible after receiving clinical site assignments and before reporting to that clinical site for an educational experience. The Clinical Education Coordinator will re-assign the athletic training student to a different clinical assignment to avoid any detriment to patient care and student learning. All UofSC Preceptors and clinical education sites have the right to dismiss students from their clinical site for inappropriate or unacceptable behaviors.

Violations for inappropriate and unacceptable behaviors could result in failure of clinical education courses (ATEP 711, 712, 713, 714, 715) as well as dismissal from the clinical education site and/or athletic training program. All reported cases will be handled on an individual basis by the AT Program Disciplinary Committee. If you have any questions regarding inappropriate relationships and behaviors in the clinical education setting, please contact the Program Director and/or Clinical Education Coordinator.

## **Athletic Training Student Relationships**

The AT student comes in contact with other members of the Athletic Department and the public quite often. It is helpful to know the limits of this contact in order that some unfortunate circumstances can be avoided. Following are brief guidelines to use in dealing with others during your assigned activities.

### **Athletic Training Students to Faculty and Staff Athletic Trainers**

The staff athletic trainer is the ultimate authority in the athletic training facility. The staff athletic trainers' orders/requests are to be carried out as promptly as possible and not to be passed to subordinates. It is perfectly acceptable to ask questions of a staff athletic trainer about anything pertinent. Ask, do not challenge, in front of patients/athletes.

If there are any grievances, they are to be directed to the Staff Athletic Trainer, Head Athletic Trainer, or Director of Athletic Training and Sports Medicine where the appropriate course of action will be decided upon. The Graduate Assistant Athletic Trainers are members of the staff.

### **Athletic Training Students to Team Physicians**

The medical director or team physicians are the ultimate medical authority at the University. Always follow the physician's directions explicitly. Whenever you are accompanying a student athlete to an on-site visit with a physician, always accompany the student athlete into the examination, be attentive, and be able to inform the athletic training staff on the status of the student athlete or their injury. Remember, these physicians are extremely busy, they may run behind schedule or seem abrupt at times, but they are vital to the performance of our jobs and should be treated with respect at all times.

### **Athletic Training Students to Athletic Director**

The Athletic Director has the ultimate responsibility for all aspects of the athletic program and reports directly to the University president. If the Athletic Director asks you a question about an athlete or their injury, refer the Athletic Director to the staff athletic trainer.

### **Athletic Training Students to Coaches**

The Head Athletic Trainer is ultimately responsible for reporting injuries or the status of student athletes to the respective coach. If a coach asks you a question about an athlete or their injury, answer it to the best of your knowledge, do not speculate. If a question still remains, refer the coach to the staff athletic trainer. Adhere to the coach's rules as though you were a member of the team; avoid giving the appearance of having special privileges.

### **Athletic Training Students to Athletes**

Treat each and every athlete the same, with respect. Do not discuss an athlete's injury with another athlete or friend. Refer the athlete to a staff athletic trainer if he/she has a question that you cannot answer. Do not speculate. Avoid close personal relationships with athletes; it could put you in a compromising situation. If any problems arise with an athlete, refer the problem to a staff athletic trainer or the athlete's coach. Do not provide an alibi for athletes. Do not issue special favors.

### **Athletic Training Student to Athletic Training Student**

Treat one another with respect and with a professional attitude. Share the work as assigned, and always do your part. Be fair with those students under you. Be constructive in your criticism and helpful in your

comments. Refer confrontations and problems to a staff athletic trainer. Always attempt to challenge each other to grow in skill and knowledge attainment.

### Athletic Training Student to the Public and Media

Present yourself with conduct and manner becoming to an allied health care professional. Be courteous. Refrain from arguments regarding athletes, athletics, coaches or teams. Do not be the "inside source" for your friends or the media. Remember that you signed a Confidentiality Statement. Avoid making statements concerning the status of an injured athlete; refer them to one of the staff athletic trainers.

### **Professional Appearance Policy**

As a member of the AT staff at UofSC, students are required to maintain a professional and appropriate appearance. This is a necessary measure to present a professional image to our UofSC faculty, staff, and students, as well as maintaining a positive public image for the AT Program and profession. It is the student's responsibility to be in appropriate dress at all times when working. Clothing is available through the UofSC AT Program but is not required to purchase. You can purchase non-logo clothing on your own.

All AT Program members will be provided with a nametag to be worn in all clinical education experiences. Athletic training students will not be allowed to participate in clinical education experiences without an AT Program issued nametag. Replacement nametags will be available to students for \$30.00.

### Proper Attire for AT Program Clinical or Laboratory Courses

AT students must have appropriate clothing for all courses that are clinical or lab-based. This typically includes clothing designed for physical activity. This is the only setting where t-shirts and mesh shorts are allowed and required. NO JEANS, STUDED CLOTHING, or SHOES are permitted on any AT Program Evaluation/Educational Surface. Improper clothing can result in an unexcused absence in that course. Locker rooms are available at the Blatt for changing before and after courses.

### Proper Attire for Collegiate Events (e.g., games, matches, and meets)

- USC (or Plain) Athletic Training collared shirt. Shirts must be tucked in at all times with no rolled-up sleeves.
- Flat-bottomed shoes (no open-toed shoes) and socks
- Shorts or pants in one of the following colors: black or khaki (shorts must be fingertip length).
- Students must adhere to the dress code mandated by Preceptor and/or coaching staff.
- Indoor/court sports may require business casual dress

### Proper Attire for Collegiate Practices

- USC (or Plain) collared shirt or t-shirt (No "Cocks" and no rolled up sleeves)
- Flat-bottomed shoes (no open-toed shoes)
- Socks
- Shorts, pants, or wind suit in one of the following colors: garnet, black, gray, or khaki (shorts must be fingertip length).

### Proper Attire for Healthcare Facilities (e.g., physician offices, physical therapy clinics)

- Business Casual attire only (no shorts)
- No open-toed shoes

## Additional Guidelines for Appearance at ANY USC AT Program Clinical Site

- No more than 1 earring in each ear (no dangling earrings).
- Tattoos must be covered at all times.
- Facial jewelry must be removed at all times.
- Any natural hair color is acceptable.
- All students should be well groomed.
- Long hair must be tied back at all times.
- Finger nails must be well groomed and kept at an appropriate length.
- No acrylic nails.
- No hats inside the athletic training facility. When outside, hats must be worn visor forward.
- No jeans.
- No running shorts. All shorts at the terminal end must be the same level through the opening for the leg.
- If belt loops are present, belt is required.
- Pants will be worn in an appropriate and neat manner (waist of pants will be on the person's waist, no cut off bottoms, or excess amounts of holes, etc).
- Hairstyles should be neat and maintained.
- For males, facial hair must be kept neatly trimmed.

## **Confidentiality**

Always stay within the limits of your position and knowledge. Do not discuss any athletic training facility activities (injuries, treatments, doctor's reports, etc.) with others, online web sites, or in a classroom setting. The confidentiality of the medical atmosphere is paramount. You may not release information to anyone regarding an athlete. This includes the health status of an athlete, open the athlete's file for inspection, copy or reproduce any reports for anyone but the athlete, pass authorized information by telephone, or use X-ray or test results for demonstration or instruction without prior, written permission.

## **Confidentiality Agreement Policy**

All ATS will sign a Confidentiality statement at the beginning of each academic year. These guidelines must be adhered to strictly. Disregarding these instructions will result in prompt dismissal from the USC AT Program.

Athletic training students will agree and acknowledge the following:

1. I may come into contact with other persons' educational, medical, financial, educational and/or other personal information;
2. This information, whether oral or recorded, is considered to be private and confidential under Federal and state laws and under University of South Carolina policy;
3. I have a duty to follow adequate safeguards for the protection of other persons' medical, private, and/or educational information, which includes proper disposition of records and proper protection of my password and of my workstation;
4. I will not use or disclose any form of another person's medical, personal, and/or educational information, whether written, oral, recorded electronically, heard, seen, or memorized to anyone outside the Department, except as specifically authorized;

5. It is a violation of Federal and state laws and the University of South Carolina policy to repeat or to release another person's medical, personal, and/or educational information, without the express written permission of the person;
6. If I am in doubt about whether it is appropriate to share, use, or disclose another person's medical, personal, and/or educational information, I will consult with my supervisor;
7. Failure to abide by this Confidentiality Statement could result in my termination, dismissal, expulsion, or suspension from the Athletic Training Program, and/or Department of Exercise Science, as well as the University of South Carolina.

This statement will be maintained in any file pertaining to me and may be used as evidence by anyone, including law enforcement, in the event that I violate the policies, procedures, or practices of the Department or if I use or disclose another person's individual's medical, private, or educational information without valid authorization.

### **Social Media Policy**

The following are guidelines for members of the University of South Carolina (USC) Athletic Training Program (AT Program) who participate in social media (Facebook, Instagram, Twitter, Google+, etc). These guidelines apply whether individuals are posting to their own sites or commenting on other sites:

- 1) Follow all applicable USC and USC AT Program policies. For example, you must maintain patient privacy. Among the policies most pertinent to this discussion are those concerning patient confidentiality, university affairs, mutual respect, photography and video, and release of patient information to media.
- 2) Write in the first person. Where your connection to USC and USC AT Program is apparent, make it clear that you are speaking for yourself and not on behalf of USC or USC AT Program. In those circumstances, you should include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of USC or USC AT Program." Consider adding this language in an "About me" section of your blog or social media profile.
- 3) If you identify your affiliation to USC or USC AT Program, your social media activities should be consistent with USC and USC AT Program's high standards of professional conduct.
- 4) If you communicate in the public internet about USC or USC AT Program-related matters, you must disclose your connection with USC or USC AT Program and your role at USC or USC AT Program.
- 5) Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior reflect poorly on USC or USC AT Program, and may result in liability for you, USC, or USC AT Program. Be respectful and professional to fellow students, faculty, staff, clinical affiliations, business partners, competitors, and patients.
- 6) Ensure that your social media activity does not interfere with your USC or USC AT Program commitments.
- 7) The USC AT Program strongly discourages "friending" of patients on social media websites. Members of the USC AT Program in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.
- 8) The USC AT Program discourages Clinical Preceptors from initiating "friend" requests with Athletic Training Students (ATS) they supervise.

### **Criminal Background Check and Reporting Policy**

The Athletic Training Program (AT Program) conducts criminal background checks for Athletic Training Students as required by the University of South Carolina and/or Clinical Affiliated Sites. A criminal conviction or pending criminal charge may be a factor in your position within the AT Program and/or clinical site placement. The information request to conduct a criminal background check will not be used for any other purpose.

Discrimination based on age, gender, race or any other protected class status is prohibited by University policy. A record of conviction and/or pending criminal charges is not an absolute bar to the AT Program or clinical site placement. Such information will be considered only if there is a substantial relationship between the circumstances of the conviction and/or pending charge and the position within the AT Program. Athletic Training Students must fill out the provided forms accurately and completely, to the best of their knowledge, disclosing all convictions and/or pending criminal charges for any felony or misdemeanor.

An athletic training student's failure to accurately and completely disclose his or her criminal conviction history may be grounds for removal from the AT Program.

### **Violations of Code of Conduct**

Any violation of the professional behavior code of conduct outlined above could be grounds for dismissal from the clinical education site and/or USC Athletic Training Program. Preceptors reserve the right to dismiss any athletic training student from his/her clinical assignment for any violation of clinical site rules and regulations. All cases will be handled on an individual basis by the AT Program in conjunction with the USC Student Conduct and Academic Integrity Office ([http://sc.edu/about/offices\\_and\\_divisions/student\\_conduct\\_and\\_academic\\_integrity/index.php](http://sc.edu/about/offices_and_divisions/student_conduct_and_academic_integrity/index.php)).

### **Probation/Dismissal**

Failure to meet one or more of the requirements for program progression will result in the student being placed on program probation. While on program probation, subsequent failure to meet any program requirements will result in dismissal from the program.

Students on academic probation are not eligible for a clinical assignment/rotation. Each case is handled on an individual basis by the AT Program. All cases of student conduct are worked in conjunction with the USC Student Conduct and Academic Integrity Office.

### **Student Grievances**

On any staff larger than one person, there are bound to be some interpersonal problems. These problems can and should be handled quietly and efficiently with little disruption of routine. They should be handled in the office and not during treatment or rehabilitation. All that is required is some maturity and patience. All interpersonal problems should first try to be resolved by those involved. If no progress can be made, then the parties may look to USC's Student Grievance Policy.

### **Procedures for Graduate Students for Petitions and Appeals and for All Grievances**

1. A student who wishes to submit a grievance, petition or appeal within the Arnold School should first seek resolution with the faculty or staff member in question. If no satisfactory resolution is achieved, the

student may pursue the matter further with the department chair. The student must follow any additional procedures established by the program or department for this level of review; these procedures are not specified in this school policy and may require a written statement or other documentation from the student.

2. If not satisfied with the resolution at the program/department level, the student may seek resolution through the Arnold School Office of Faculty Affairs and Curriculum. The designated associate dean will meet with the student and try to facilitate an informal resolution, if appropriate.
3. If not satisfied with the informal resolution at the school level, the student may submit the grievance, appeal or petition in writing to the Office of Faculty Affairs and Curriculum. Grievances, petitions and appeals are heard by the Scholastic Standards and Petitions Committee. This committee includes faculty members from each department and student representation; the dean cannot be a member of this committee. This committee will hear the complaint only after the procedures outlined above have been exhausted and upon request of the student or faculty member concerned.
4. The student should provide any documentation relevant to the grievance, appeal or petition. The Scholastic Standards and Petitions Committee may request additional documentation from the student and from the program/department.
5. The committee may schedule a meeting with the student if needed to discuss the grievance, appeal or petition and to clarify the documentation provided.
6. All parties are bound by the committee's decisions unless either chooses to appeal the grievance further (e.g., appeal to Graduate Council).
7. Committee findings will be distributed in writing to all concerned and a copy filed with the Office of Faculty Affairs and Curriculum within seven (7) calendar days of the meeting.

### ***VIII. Athletic Training Student Health and Safety***

#### **University of South Carolina Wellness Program: Alcohol, Drugs, and Health**

Participation in the Wellness Program is required of all University of South Carolina student-athletes, including scholarship and non-scholarship student-athletes, and other students directly associated with the Athletics Department, including cheerleaders, athletic training students, and equipment managers (collectively referred to in this policy as "student-athletes"). Student-athletes whose eligibility has expired or who no longer participate in intercollegiate athletics but who continue to receive athletic aid are subject to the Wellness Program.

Additional information on the Wellness Program is available in **Appendix D**.

#### **Technical Standards Policy**

The Athletic Training Program at the University of South Carolina is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. The technical standards establishes the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the accrediting agency of the athletic training education (Commission on Accreditation of Athletic Training Education – CAATE) and state regulations.



The following abilities and skills must be met by all students for admittance to the USC Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodations, the student will not be admitted into or progress in the program.

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

In conjunction with the Student Disability Resource Center (803) 777-6742, the University of South Carolina will evaluate, on a case-by-case basis, a student's request for reasonable accommodation on the basis of a disability. The University of South Carolina is committed to providing equal access/opportunity for students with disabilities, while at the same time, reserving the right to deny accommodations that compromise clinician/patient safety and/or fundamentally alter the nature of the program. The program will consider requests for reasonable accommodations by any qualified student with a disability.

All technical and academic standards must be met throughout enrollment in the athletic training curriculum. It is the student's responsibility to notify the Program Director if during enrollment, circumstances occur and he/she cannot meet the technical standards.

### ***Accommodations***

Students initially submit their technical standards document with their application to the Athletic Training Program. If any changes occur in their health that would affect their ability to work clinically and/or fully participate in class, they are required to update their technical standards document. Student will continue to update the document as their health status and ability to work/participate in class changes.

A student seeking accommodation must complete an application with the Student Disability Resource Center. Students must provide documentation related to their disability, which must be from the current treating physician. The document(s) must be on letterhead, include name and date of birth, must be signed and dated, must state the diagnosis(es), and must provide support for how the diagnosis meets the definition of a person with a disability under the ADA. Once the application is processed, the students must attend an orientation.

If it is a temporary injury and students require accommodation, students must still apply and provide documentation from a qualified medical professional about the nature of the injury and how long assistance will be needed.

**Please visit Student Disability Resource Center webpage for more information:**

[http://www.sc.edu/about/offices\\_and\\_divisions/student\\_disability\\_resource\\_center/index.php](http://www.sc.edu/about/offices_and_divisions/student_disability_resource_center/index.php)

### **Athletic Training Student Insurance**

Students pay for insurance through clinical course fees. The AT Program has policies for students as part of their clinical education for Medical Professional Student Liability Insurance, General Tort Liability Insurance, and Workers Compensation. This insurance will ONLY cover students for USC clinical experiences assigned by the USC AT Program. A detailed description of the USC Liability insurance for students can be found in the Program Director's office.

### **Acknowledgement of Risk**

Participation in the Athletic Training Program is a potentially hazardous/dangerous activity. Serious injuries, including permanent paralysis and even death can occur. Neither the University of South Carolina nor any of its employees assume any responsibility in the event of an accident that occurs at a clinical education site. The Athletic Training Program carries a medical professional liability policy for all students in the program. Students are covered only while acting within the scope of their educational experiences. The policy does not provide individual coverage to any student. The University of South Carolina also covers athletic training students with workers compensation coverage through the State Accident Fund. However, the University does not provide primary comprehensive and collision coverage for personal vehicles. You may wish to consider securing adequate health, accident, and automobile insurance to cover yourself while involved in this program. If you have any questions regarding risk management, please contact the Athletic Training Program Director or the USC Risk Management office at (803) 777-7103.

### **Workers Compensation Policy and Student Insurance**

If you are injured during your clinical education experience you may be eligible for Workers' Compensation benefits. When work-related accidents or injuries happen, the Athletic Training Program (AT Program) is required by state law to make sure an injured athletic training student is provided necessary protection and care. Benefits may include payment for medical treatment, replacement of lost wages during periods of disability, and compensation for permanent disability. Injured athletic training students should immediately report any clinical education related injuries to their preceptor and the AT Program immediately and seek medical treatment. ALL INJURIES MUST BE REPORTED, REGARDLESS OF SEVERITY.

#### **When an Injury Occurs**

- Immediately tell your preceptor and the AT Program (Clinical Education Coordinator) if you are injured at your clinical education experience so that medical treatment may be authorized and a Workers' Compensation claim filed. Failure to immediately report the injury may deprive you of the right to compensation.
- The Clinical Education Coordinator and the AT student will call CompEndium Services immediately at 877-709-2667 to report the injury.
- The AT Student will complete an Employee Injury Report and Supervisor Injury Report and provide to the Thomson Student Health Center and/or CompEndium.

## Who Is Covered For What?

All athletic training students participating in clinical education experience through the University of South Carolina AT Program are covered by Workers' Compensation. Any accidental injury or occupational disease sustained by the athletic training student in the course of performing their clinical education experiences may be covered. Any accidental injury or occupational disease sustained by the athletic training student outside of AT Program sanctioned clinical education experiences WILL NOT be covered.

## Receiving Medical Treatment

- The athletic training student must receive medical treatment for work related injuries at the medical facility designated for your campus. At USC Columbia, this is the Thomson Student Health Center located behind the Russell House on Greene Street.
- If the injury occurs when the designated facility is closed, or if the injury is serious, athletic training students in Columbia should go to the Palmetto Health Richland Emergency Room. Athletic training students that are outside of the Columbia should go to emergency room nearest their location.

## **Active Communicable and Infectious Disease Policy**

The University of South Carolina Athletic Training Program has determined 4 distinct parts to the Active Communicable and Infectious Disease Policy:

### 1. Immunization Policies

Athletic training students must provide immunization documentation to the Athletic Training Program in concordance with the **AT Program Immunization Policy**. This includes those immunizations/screenings required for attendance at the University of South Carolina and USC AT Program clinical education sites. The costs of immunizations and screenings shall be incurred by the student.

Students interested in the Athletic Training Program at the University of South Carolina are encouraged to obtain their own Hepatitis B immunizations prior to the start of their first year in the program. The cost shall be incurred by the student. Students will submit documentation of their Hepatitis B immunizations with their application to the Athletic Training Program. If a student so desires, he/she may decline by signing the appropriate form and submitting it to the Athletic Training Program with his/her application. Additional information on the Hepatitis B virus and Hepatitis B immunizations, as well as the Informed Consent/Refusal Form, is available in the **AT Program Hepatitis B Immunization Policy**.

### 2. Annual Bloodborne Pathogen Training

Athletic training students **must complete annual formal bloodborne pathogen training** prior to beginning at their fall clinical education site. Students must complete the University of South Carolina online training for bloodborne pathogens and submit their completion certificate to the program.

### 3. Exposure Control Plan

The University of South Carolina Athletic Training Program will also provide athletic training students with an **Exposure Control Plan** in the event of an exposure to bloodborne pathogens. This plan is available to students on Blackboard and will be readily available and immediately accessible at all clinical education sites. Athletic training students will also have access to and will consistently use bloodborne pathogen barriers and proper sanitation at all clinical education sites.

#### 4. Illness

If an athletic training student is ill, the student will report to Student Health Services (803-777-3175) or a physician of his or her choice. The physician will determine the appropriate treatment and the amount of time the student will be absent from clinical activity. If the student has a communicable disease, the student will notify the Clinical Education Coordinator and Preceptor as soon as possible via phone or e-mail. Any student displaying signs and symptoms of a communicable disease and/or running a fever above 100 degrees will be asked to leave the clinical site and see a physician.

Students are responsible for notifying the Office of Student Affairs and Academic Support (803-777-4172) if they contract a communicable and/or contagious disease that presents a significant degree of health risk to other members of the University community.

#### **Immunization Policy**

Athletic training students must provide immunization documentation to the Athletic Training Program in concordance with the AT Program Immunization Policy. This includes those immunizations/screenings required for attendance at the University of South Carolina and USC AT Program clinical education sites. The costs of immunizations and screenings shall be incurred by the student.

Students are required to have the immunizations required by the University for admissions into the institution, including: 2 doses of MMR (measles, mumps, and rubella) and a meningococcal vaccine for students 21 and under. These requirements can be found at <https://www.sa.sc.edu/shs/imm/immunizations/>.

Students in the Athletic Training Program at the University of South Carolina are also encouraged to obtain their own Hepatitis B immunizations prior to the start of their first year in the program. Students must submit documentation stating they have initiated or completed the 3-part series of the Hepatitis B vaccination, or provide appropriate documentations opting out of the Hepatitis B vaccination to the Athletic Training Program. In addition, students must also submit annual documentation of a negative tuberculosis test. On occasion, some clinical education sites may also require a student to receive an annual influenza vaccination, in which documentation must be provided to the clinical education site.

#### **Hepatitis B Immunization Policy**

Hepatitis is an inflammation of the liver which may be caused by several viruses, one of which is Hepatitis B. The Hepatitis B virus has been detected in almost all body fluids and secretions including blood, saliva, semen, vaginal fluid, breast milk, tears, and urine of someone infected with Hepatitis B. Although contact with infected blood is the most common way in which the virus is transmitted, it can also pass through cuts, scrapes, or breaks in the skin or mucous membrane.

A carrier of Hepatitis B is someone who may or may not show signs of liver disease, but who continues to carry the Hepatitis B virus in the body and, therefore, can transmit to others. A Hepatitis B virus infection may be mild or more severe. Death is uncommon in the early stages of infection. Chronic infection develops in 6-10 percent of patients who become carriers. This chronic infection may last for years, possibly for life, and it may lead to cirrhosis and liver cancer. There is not a treatment or drug available that can kill the Hepatitis B virus. In most cases the body's own defense mechanism will eliminate the infection. In health care workers, the risk of acquiring Hepatitis B is determined mainly by their degree of exposure to blood. Hepatitis B vaccine is recommended for persons at high risk of contracting Hepatitis B. It will not prevent Hepatitis caused by other agents such as Hepatitis A virus or Hepatitis non A, non B virus.

Hepatitis B Immunization should be withheld in the presence of:

- Any serious active infection except when a physician believes withholding the vaccine entails a greater risk.
- Hypersensitivity (allergy) to yeast or any components of the vaccine (alum, thimerosal mercury derivative, aluminum hydroxide, formaldehyde).
- Pregnancy or breast feeding.
- Severe heart/lung problems

Hepatitis B vaccine is generally well-tolerated. As with any vaccine there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, black/blue mark, swelling, and warmth or nodule formation. Other reactions may include low grade fever, fever over 102 degrees (uncommon), general arthralgia or rash neurological disorder.

The vaccine consists of three injections. The first dose is at an elected time, the second dose one month later, and the third dose six months after the first dose. Full immunization requires three doses of the vaccine over a six month period to confer immunity. However, the duration of the protective effects of the Hepatitis B Vaccine is presently unknown and the need for boosters is not yet defined.

*Students enrolled in the Athletic Training Program at the University of South Carolina are encouraged to obtain their own immunizations prior to the start of their first year in the program. The cost shall be incurred by the student. If a student so desires, he/she may decline by signing the appropriate form and submitting it to the Athletic Training Program.*

### **Post-Exposure Evaluation and Follow-Up**

This protocol applies to all USC Columbia campus employees, student employees, apprenticeship students, and all other students who have an exposure to human blood or body fluids. You may call a Student Health Services nurse at 803.777.3658 for any questions or additional information.

### **Personal action required for needle sticks and other exposures to blood or body fluids:**

- If possible, wash or flush the exposed area with soap and/or water immediately.
- Seek medical treatment as soon as possible after the incident.
- Be sure to inform clinical personnel that the injury is an exposure to bloodborne pathogens and/or a needle stick. If possible, needles and other sharps should be placed in a puncture resistant container and given to the medical provider at the treatment facility.
- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the University can establish that identification is infeasible or prohibited by state or local law).
- **During normal working hours: Monday-Friday, 8:00 am – 4:00 pm (excluding holidays):**
  - The exposed individual should immediately report to USC's Student Health Services for a confidential post-exposure evaluation and for assistance with any necessary referrals and appropriate follow-up care (notification should be provided to the **Student Health Nurse at 803-434-2479**). Student Health Services is only equipped to provide medical evaluations for low risk and minor exposure incidents. Higher risk and more significant exposure incidents will be referred to the Palmetto Health Emergency Department.

- **After normal working hours and on week-ends and holidays:**
  - Report to the Emergency Department at Palmetto Health Richland Hospital.
- **Those working out of town should seek treatment at the nearest hospital's emergency department.**

**Workers' Compensation will cover athletic training students who experience a bloodborne pathogens exposure while working on the job:**

*Report the incident to your Preceptor and Clinical Education Coordinator as soon as possible but **do not delay treatment**. A USC incident report will need to be completed once treatment is initiated.*

Standard worker's compensation paperwork will be completed for all employees experiencing an occupational exposure. An exposure report must be completed for each incident.

USC Columbia faculty and students should verify that USC's Student Health Services is provided an incident report and any medical evaluation records.

This report must include the date of the incident, person involved, and their supervisor, nature and consequences of the incident, root cause, and a description of the material/hazard involved. The entirety of the University of South Carolina Athletic Training Program Bloodborne Pathogens Exposure Plan can be found in **Appendix E**. Additional General Health and Safety Information is available in **Appendix F**.

## ***IX. Appendices***

### ***Appendix A: NATA Code of Ethics***

#### **Preamble**

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

## **1. MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELFARE, AND DIGNITY OF OTHERS**

1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

## **2. MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS**

- 2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
- 2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

## **3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES**

- 3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
- 3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- 3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

## **4. MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING.**

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

- 4.2. All NATA members, whether current or past, shall not use the NATA logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3. Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.
- 4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
- 4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

## ***Appendix B: BOC Standards of Professional Practice***

### **I. Practice Standards**

#### *Preamble*

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

The Standards are intended to:

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

The Standards are NOT intended to:

- Prescribe services
- Provide step-by-step procedures
- Ensure specific patient outcomes

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

#### ***Standard 1: Direction***

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

#### ***Standard 2: Prevention***

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

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

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



#### **Standard 4: Examination, Assessment, and Diagnosis**

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

#### **Standard 5: Therapeutic Intervention**

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

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

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

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

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

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

#### *Preamble*

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

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

The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law

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

1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines, and the thoughtful and safe application of resources, treatments and therapies

1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law

1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values

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

- 1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient
- 1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan
- 1.7.1 Does not make unsupported claims about the safety or efficacy of treatment

**Code 2: Competency**

The Athletic Trainer or applicant:

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

**Code 3: Professional Responsibility**

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services or the skills, training, credentials, identity, or services of athletic training
  - 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.6 Does not guarantee the results of any athletic training service
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
- 3.8 Does not possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials without proper authorization
- 3.9 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
- 3.10 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training
- 3.11 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance

violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline, or sanction received by him/herself or by another Athletic Trainer that is related to athletic training

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

3.13 Complies with all confidentiality and disclosure requirements of the BOC and existing law

3.14 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

***Code 4: Research***

The Athletic Trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions

4.2 Protects the human rights and well-being of research participants

4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes, and/or public policy relative to the organization and administration of health systems and/or healthcare delivery

***Code 5: Social Responsibility***

The Athletic Trainer or applicant:

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

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 Maintains adequate and customary professional liability insurance

6.3 Acknowledges and mitigates conflicts of interest

## ***Appendix C: Carolinian Creed***

The community of scholars at the University of South Carolina is dedicated to personal and academic excellence.

Choosing to join the community obligates each member to a code of civilized behavior.

As a Carolinian...

I will practice personal and academic integrity;

I will respect the dignity of all persons;

I will respect the rights and property of others;

I will discourage bigotry, while striving to learn from differences in people, ideas and opinions;

I will demonstrate concern for others, their feelings, and their need for conditions which support their work and development.

Allegiance to these ideals requires each Carolinian to refrain from and discourage behaviors which threaten the freedom and respect every individual.

## **Appendix D. University of South Carolina Wellness Program: Alcohol, Drugs, and Health**

### **Scope**

Participation in the Wellness Program is required of all University of South Carolina student-athletes, including scholarship and non-scholarship student-athletes, and other students directly associated with the Athletics Department, including cheerleaders, athletic training students, and equipment managers (collectively referred to in this policy as “student-athletes”). Student-athletes whose eligibility has expired or who no longer participate in intercollegiate athletics but who continue to receive athletic aid are subject to the Wellness Program.

### **Policy Statement**

The Athletics Department is concerned about the potential use and abuse of drugs and alcohol by student-athletes at the University of South Carolina. This concern includes the use of illegal drugs, the use of anabolic steroids, the use of drugs that are not medically indicated, the misuse of prescription drugs, the use of alcohol, and the use of diuretics and “masking agents” designed to prevent the detection of such drug and alcohol use.

The Athletics Department believes that drug and alcohol use and abuse, in addition to being a violation of team rules, poses a significant threat to the health, growth, development and overall physical and mental well-being of its student athletes; results in diminished academic and athletic performance; increases the risk of injury to student-athletes and, in team sports, to their teammates and opponents; may retard the healing of injuries; and may produce dependence and addiction problems that can have devastating societal, financial and career ramifications.

Therefore, the Athletics Department has adopted and implemented this Wellness Program, including a mandatory program of drug testing, education, and counseling, in an effort to protect the health, safety and wellbeing of student-athletes associated with the Athletics Department.

### **Purpose**

The purpose of the Wellness Program is:

1. To educate student-athletes about the dangers and effects of drug and alcohol use and abuse.
2. To identify through periodic and random testing those student-athletes who may be involved in drug and alcohol use and abuse.
3. To recommend and provide confidential assessment and treatment for those student-athletes identified as having drug or alcohol related problems.
4. To provide corrective actions for those student-athletes found in violation of the Wellness Program.

### **Prohibited Substances**

The Wellness Program tests for substances identified by the Athletics Department or the National Collegiate Athletics Association (“NCAA”) as purporting to be performance enhancing or potentially harmful to the health, safety or well-being of student-athletes, or that are illegal under applicable federal or state law. Student-athletes are reminded they are responsible for the presence of any banned or illegal substance in their body, and are to refrain from areas of risk. Student-athletes are therefore prohibited from using the following substances:

1. Illegal drugs, including but not limited to, marijuana, phencyclidine, stimulants (e.g., amphetamines, ecstasy and cocaine), and hallucinogens (e.g., LSD).

2. Anabolic steroids (e.g., Anavar and Dianabol) and similar growth enhancing or performance enhancing substances.
3. Prescription or over-the-counter drugs not medically indicated.
4. Drugs banned by the NCAA.
5. Diuretics and “masking agents” designed to prevent the detection of drug and alcohol use, not otherwise medically indicated.
6. Alcohol

The Athletics Department reserves the right to modify the list of prohibited substances as it deems appropriate to meet the purposes of the Wellness Program. The NCAA’s list of banned drugs may change during the academic year. An updated list may be found on the NCAA web site ([www.ncaa.org](http://www.ncaa.org)).

### ***Procedural Guidelines***

#### **1. General**

The Athletics Department considers education to be the most important part of its Wellness Program. The Athletics Department will endeavor to educate its student-athletes about the risks inherent in drug and alcohol use and abuse. The Director of Wellness will be responsible for coordinating and making available to student-athletes drug and alcohol related educational programs, services and information throughout the year, including, for example:

- (a) programs for student-athletes, such as educational and motivational speakers that will provide necessary information to enable student-athletes to make decisions that will enhance and encourage a healthy lifestyle;
- (b) dissemination of information and materials available from campus and community resources regarding drugs, alcohol and tobacco, as well as materials related to general health and well-being; and
- (c) providing opportunities for student-athletes to discuss the health, legal and ethical risks of drug and alcohol use and abuse.

#### **2. Annual Orientation Program**

At the beginning of each academic year, prior to the commencement of drug testing, all student-athletes will be required to participate in an Athletics Department orientation program that will include presentations regarding the Wellness Program. Each student-athlete will receive a copy of the Wellness Program, and the drug testing procedures to be used by the Athletics Department will be explained in detail.

All student-athletes will be required to sign a consent form acknowledging their agreement to abide by the terms and conditions of the Wellness Program and granting the Athletics Department permission to perform drug tests at any time and to disclose test results to certain designated individuals. Student-athletes will be subject to drug testing in accordance with the Wellness Program at any time thereafter.

#### **3. Drug Testing Procedure**

Drug testing will be conducted throughout the year, and student-athletes may be drug tested in-season, out-of-season, and during summer school, if they are enrolled at the University of South Carolina. Student-athletes selected for testing will be required to provide a urine specimen for purposes of determining the presence or absence of prohibited substances.

For more information about specific policies related to USC’s Wellness program, contact the Director of Sports Medicine, John Kasik, ATC.



UNIVERSITY OF  
SOUTH CAROLINA



# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

*Environmental Health & Safety*

The South Carolina Occupational Safety and Health standard on Bloodborne Pathogens, Subarticle 6, Section 1910.1030 requires an **annual review** of the exposure control plan. In addition, whenever changes in tasks, procedures, or employee positions affect, or create new occupational exposure, the existing plan must be reviewed and updated accordingly.

The exposure control plan **must be accessible** to employees, as well as to OSHA and NIOSH representatives. The location of the plan may be adapted to the circumstances of a particular workplace, provided that employees can access a copy at the workplace during the work shift. If the plan is maintained solely on computer, employees must be trained to operate the computer.

A hard copy of the exposure control plan must be provided **within 15 working days** of the employee's request in accord with 29 CFR 1910.1020.

## MOST RECENT EXPOSURE CONTROL PLAN REVIEW DATE

Name (Print)	Signature	Date
Dr. Jim Mensch	<i>James Mensch</i>	June 25, 2018

## POLICY

The **Athletic Training Program** is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

This program applies to all work operations in the **Athletic Training Program** where you may be exposed to blood or other potentially infectious materials under normal working conditions or during an emergency situation. Copies of the program may be obtained from the Infectious Waste Manager, **Amy Hand (Athletic Training Program Clinical Education Coordinator, 803) 777-7175**, and located **in Blatt 101A**. This Exposure Control Plan will be reviewed and updated at least annually by **Dr. Jim Mensch, Athletic Training Program Director**, and whenever necessary to reflect new or modified tasks, and/or new or revised employee positions which affect occupational exposure.

This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

The purpose of this exposure control plan is to:

- Eliminate or minimize employee occupational exposure to blood and other potentially infectious materials
- Comply with the OSHA Bloodborne Pathogens Standard, 29 *CFR* 1910.1030

## SCOPE

The plan applies to all employees who have or may have occupational exposure to blood or other potentially infectious materials (OPIM).

- **Blood** is defined as human blood, human blood components, and products made from human blood.
- **Bloodborne Pathogens** include any pathogenic microorganism that is present in human blood or OPIM and can infect and cause disease in persons who are exposed to blood containing that pathogen. Pathogenic microorganisms can also cause diseases such as hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/lymphoma (caused by HTLV-I), HTLV-I associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever.
- **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.



- **Contaminated Laundry** means laundry which has been soiled with blood or potentially infectious materials or may contain sharps
- **Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, and broken glass.
- **Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- **Engineering Controls** are controls that isolate or remove the bloodborne pathogens hazard from the workplace.
- **Exposure Incident** is a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- **HBV** means hepatitis B virus
- **HIV** means human immunodeficiency virus
- **Occupational exposure** is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- **Other potentially infectious materials (OPIM)** is defined as the following: saliva in dental procedures; semen; vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood; along with all body fluids in situations where it is difficult or impossible to differentiate between body fluids; unfixed human tissues or organs (other than intact skin); HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- **Parenteral** is the piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- **Personal Protective Equipment** is specialized clothing or equipment worn by an employee for protection against a hazard.
- **Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- **Research Laboratory** is a laboratory that produces or uses research-laboratory-scale amounts of HIV or HBV.
- **Source Individual** is any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- **Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- **Universal Precautions** is an approach to infection control. The concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- **Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## PROGRAM ADMINISTRATION

The **Athletic Training Program Director, Dr. Jim Mensch (Blatt Physical Education Center 102, (803) 777-3846)**, is responsible for implementation of this Exposure Control Plan (ECP). This ECP will be reviewed and updated at least annually by **Dr. Jim Mensch** and whenever necessary to reflect new or modified tasks, and/or new or revised employee positions which affect occupational exposure.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

**The Athletic Training Program and all affiliated clinical education sites** will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The **Supervisor** of employees with occupational exposure to blood or OPIM will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

**The Athletic Training Program** will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: **Blatt Physical Education Center 102, (803) 777-3846**

The **Athletic Training Program Director, Dr. Jim Mensch**, will be responsible for defining all personnel under their supervision with occupational exposure to blood or OPIM and ensuring training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

## EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications within the department of Environmental Health and Safety in which employees may have occupational exposure:

<b>JOB FUNCTION</b>	<b>TASK/PROCEDURE</b>
<b>Athletic Trainer / Athletic Training Student</b>	<b>Administering first aid and/or responding to injuries</b>

## UNIVERSAL PRECAUTIONS

All employees will utilize **Universal Precautions**. Universal Precautions is OSHA's required method of control to protect employees from exposure to all human blood and OPIM. The term, "Universal Precautions," refers to a concept of bloodborne disease control which requires that all human blood and certain human body fluids be treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.

## EXPOSURE CONTROL PLAN

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees may review this plan at any time during their work shifts by obtaining a copy located in **Blatt 102, in the Athletic Training Student Handbook on the University of South Carolina Athletic Training website, or on the USC Athletic Training Blackboard page.**

## ENGINEERING CONTROLS

**Engineering controls** and **work practice controls** will be used to prevent or minimize exposure to bloodborne pathogens. The supervisor for the department must annually consider and implement appropriate, commercially-available and effective engineering controls designed to eliminate or minimize exposure. The supervisor must solicit and document

for this process input from non-managerial employees who are potentially exposed to injuries from contaminated sharps, materials from infectious waste or spill clean-up materials. Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized.

The specific engineering controls and work practice controls used are listed below:

- *Athletic training faculty and students do not utilize contaminated sharps directly when performing their job duties. Sharps containers are kept in the Athletic Training Research Lab and affiliated clinical education sites in the event that a sharps device is needed.*

The above controls will be examined and maintained on a regular basis. The schedule for reviewing the effectiveness of the controls is as follows:

An infectious waste spill drill is conducted annually by **Dr Jim Mensch**. The drill involves an infectious waste spill scenario and provides an opportunity for discussion and input into how to best handle the scenario. The spill drill is attended by **Athletic Training Program** personnel who might be affected by a bloodborne pathogen spill. Action items identified by the spill drill are documented and resolved as soon as possible. Spill drills and attendance is documented by the **Athletic Training Program Director**.

The **Athletic Training Program Director, Dr. Jim Mensch**, is responsible for ensuring that these recommendations are implemented.

## WORK PRACTICES

Facilities for proper **hand washing** should be readily available in all areas where occupational exposure to bloodborne pathogens is anticipated.

**Antiseptic hand cleansers** in conjunction with clean cloth/paper towels or antiseptic towelettes are examples of acceptable alternatives to running water. However, when these types of alternatives are used, employees must wash their hands with soap and running water as soon as feasible. These alternatives are only acceptable at worksites where it is infeasible to provide soap and running water.

The standard requires that all **equipment** that may be contaminated must be examined and decontaminated as necessary before servicing or shipping. If complete decontamination is not feasible, the equipment must be labeled with the required biohazard label which also specifically identifies which portions of the equipment remain contaminated. In addition, the employer must ensure that this information is conveyed to the affected employees, the servicing representative, and/or the manufacturer, as appropriate, before handling, servicing, or shipping.

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials (OPIM), employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or OPIM. Mouth pipetting/suctioning of blood or OPIM is prohibited. All procedures shall be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

The **responsibility** for providing laundering, cleaning, repairing, replacing, and disposing of PPE at no cost to employees rests with **the Athletic Training Program**. PPE is provided to employees at no cost. Training in the use of the appropriate PPE for specific tasks or procedures is provided by **the Athletic Training Program faculty**. PPE will be chosen based on the expected exposure to blood or OPI materials. The PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used. If laboratory jackets or uniforms are used to protect the employee's body or clothing from contamination, they will be provided at no

cost by the employer. Long pants and closed toe shoes shall be worn when handling all infectious waste and while cleaning up any OPIM and/or blood spills.

The types of PPE available to employees who may be exposed to blood or OPIM are as follows: gloves, eye protection, face protection, laboratory coats

All employees using PPE must observe the following precautions:

- Remove PPE after it becomes contaminated and before leaving the work area. A “work area” is generally considered to be an area where work involving occupational exposure occurs or where contamination of surfaces may occur.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- Wash hands immediately or as soon as feasible after removing gloves or other PPE.

The use of **eye protection** would be based on the reasonable anticipation of facial exposure. Masks in combination with eye protection devices, such as glasses with solid side shields, goggles, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

- If disposable eye and/or face protection becomes contaminated, it will be disposed of with all other contaminated materials.
- If non-disposable eye and/or face protection becomes contaminated, these items will be decontaminated using a disinfectant in the work area.

**Gloves** will be worn to protect hands from exposure to blood or OPIM. Gloves will not be worn outside contaminated areas. Gloves will be changed when contaminated or the integrity has been compromised. Gloves will be removed to wash hands when work with the hazards has been completed and before leaving the area. Only disposable gloves will be used for these duties.

Appropriate gloves must be worn by employees while handling infectious waste and while cleaning up any OPIM and/or blood spills. Gloves must also be worn when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces.

- Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Used gloves will be disposed with other contaminated lab waste.
- Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

Additional protective clothing such as lab coats, gowns, aprons, or similar outer garments will be worn in instances when gross contamination can be expected.

- Contaminated non-disposable lab coats will be deposited in the EHS laboratory to be laundered. These items will not be taken home by any employee. They will be laundered by a contracted facility.

- Contaminated disposable lab coats will be disposed of with the other contaminated lab waste.

PPE may be obtained through the Supervisor. The supervisor will order required PPE and ensure this PPE is available to employees with potential occupational exposure to blood or OPIM. The supervisor will also ensure appropriate PPE in the appropriate sizes is readily accessible and issued without cost to employees. PPE supplies such as gloves will be stored in the **Storage Room (Blatt 107A)**.

## HOUSEKEEPING

OSHA requires contaminated work surfaces to be cleaned with an **"appropriate disinfectant"**. Appropriate disinfectants include a diluted bleach solution and EPA-registered tuberculocides (List B), sterilants registered by EPA (List A), products registered against HIV/HBV (List D) or Sterilants/High Level Disinfectants cleared by the FDA, provided that such surfaces have not become contaminated with agent(s) or volumes of or concentrations of agent(s) for which higher level disinfection is recommended. The lists of EPA Registered Products are available from the National Antimicrobial Information Network on its web site at <http://nain.orst.edu/> or at (800) 447-6349. The sterilants and high level disinfectants cleared by FDA can be found at <http://www.fda.gov/cdrh/ode/germlab.html>. The products listed above must be used by the manufacturer's instructions to be fully affective. If using diluted household bleach for disinfecting, it must be made up daily (every 24 hours).

The particular disinfectant used, as well as the frequency with which it is used, will depend upon the circumstances in which a given housekeeping task occurs (i.e., location within the facility, type of surface to be cleaned, type of soil present, and tasks and procedures being performed).

**Most contaminated work surfaces will be decontaminated using a 10% dilution of household bleach in water (1:10 dilution).** Cleaning procedures are listed below.

Infectious waste is collected in either 96 gallon red wheeled carts or in lined boxes provided by the infectious waste vendor. The vendor will pick up full red wheeled carts and full lined boxes on a weekly basis. Once the vendor has taken the red wheeled cart back to the vendor's facility the cart will be decontaminated prior to returning to campus. When lined boxes are used for infectious waste, the vendor incinerates the boxes and provides new boxes and liners as required. The carts and implements, used for picking up boxed infectious waste, do not come into contact with infectious waste. The infectious waste is boxed before it is placed on the cart. If the cart is accidentally contaminated, it will be cleaned with a solution of 10% bleach in water.

When bins approach capacity (3/4 full), the Athletic Training Program contacts EHS for removal.

## REGULATED WASTE

The Bloodborne Pathogens standard uses the term, **"regulated waste,"** to refer to the following categories of waste which require special handling: (1) liquid or semi-liquid blood or OPIM; (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or OPIM.

Regulated waste containers will be color-coded with the color red or orange to warn all who may have contact with the containers of the potential hazard posed by its contents. The biological hazard symbol will be used to mark these containers as well. All containers must be labeled with the words "infectious waste", "biological waste" or "medical waste". All waste packages must also include a completed tag, filled out by laboratory personnel, and attached.

Regulated waste shall be discarded immediately or as soon as feasible in **containers** that are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled or color-coded in accordance with paragraph (g)(1)(i) of the standard; and

- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

**If outside contamination** of the regulated waste container occurs, it shall be placed in a second container. The **second container** shall be:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
- Labeled or color-coded in accordance with paragraph (g)(1)(i) of the standard; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

OSHA does not generally consider discarded **feminine hygiene products**, used to absorb menstrual flow, to fall within the definition of regulated waste. The intended function of products such as sanitary napkins is to absorb and contain blood. The absorbent material of which they are composed would, under most circumstances, prevent the release of liquid or semi-liquid blood or the flaking off of dried blood. OSHA expects these products to be discarded into waste containers which are properly lined with plastic or wax paper bags. Such bags should protect the employees from physical contact with the contents.

**Sharps containers** shall be maintained upright throughout use, replaced routinely and not be allowed to overfill. When removing sharps containers from the area of use, the containers shall be:

- Closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- Placed in a secondary container if leakage is possible. The second container shall be:
  - Closable;
  - Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
  - Labeled or color-coded according to paragraph (g)(1)(i) of the standard.
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Upon closure, duct tape may be used to secure the lid of a sharps container as long as the tape does not serve as the lid itself.

Sharps containers must be **easily accessible** to employees and located as close as feasible to the immediate area where sharps are used (e.g., patient care areas) or can be reasonably anticipated to be found (e.g., laundries).

During infectious waste pickups, the Infectious Waste Handlers will pick up sharps containers that have already been securely closed. The containers must be replaced by the laboratory requesting pickup. Regulated Waste Disposal Procedures:

- **Full Sharps disposal containers** will be discarded directly into the large biohazard waste boxes with red bag liners for pick-up by Stericycle for incineration.
- **Contaminated sharps** are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are conveniently accessible to the immediate area where sharps are used. If contaminated sharps are involved in the clean-up of a spill, they will be discarded in a sharps container.
- **Reusable sharps** will not be handled by Athletic Training Program students or employees.

- All **other regulated biohazard waste** generated in the labs will be autoclaved, by the laboratory personnel, before they are disposed of in the biohazard boxes which are located in the autoclave rooms.
- For **box pickups**, the infectious waste officer builds a box, inserts the red biohazard liner, and collects the infectious waste in a box. The box is then closed and taped shut. Each box collected is placed in the infectious waste cooler located off Bull Street next to the second floor of Benson School.
- Any **waste generated during the clean-up of a spill** involving blood or OPIM will be discarded in a red biohazard bag and then disposed in the large biohazard boxes with other laboratory infectious waste.
- **Broken glassware** that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

**NOTE: Disposal of all regulated wastes will be in accordance with applicable federal, state and local regulations. DHEC is the controlling agency in South Carolina.**

## LAUNDRY

**Contaminated laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be **bagged or containerized** at the location where it was used and shall not be sorted or rinsed in the location of use.

Other requirements include:

- Contaminated laundry shall be placed and transported in bags or containers labeled with the biohazard label or color-coded using red or orange to indicate contaminated material. It is the responsibility of the Infectious Waste Officer to ensure all contaminated laundry is handled properly.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in secondary bags or containers which prevent soak-through and/or leakage of fluids to the exterior. The secondary bag or container must also be labeled with the above requirements.
- Employees who have direct contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment (PPE). Other appropriate PPE will be determined on a case-by-case basis.
- If contaminated laundry is shipped off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, contaminated laundry will be placed in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i) of the standard.
- Contaminated laundry is not generated within the EHS department. If clothing is contaminated with blood or OPIM, it will then be placed in with infectious waste and that item will be replaced monetarily to the employee by the Environmental Health and Safety department. Contaminated laundry from other departments will also be included with infectious waste. Those items will be replaced by that department for the employee.

Employees are not permitted to take their protective equipment home to launder, it is the responsibility of the EHS department to provide, launder, clean, repair, replace, and dispose of personal protective equipment.

## LABELS

A **warning label** that includes the universal biohazard symbol (see 29 CFR 1910.1030(g)(1)(i)(B) followed by the term "biohazard," must be included on bags/containers of contaminated laundry; on bags/containers of regulated waste; on refrigerators and freezers that are used to store blood or OPIM; and on bags/containers used to store, dispose of, transport, or ship blood or OPIM (e.g., specimen containers). In addition, contaminated equipment which is to be serviced

or shipped must have a readily observable label attached which contains the biohazard symbol and the word "biohazard" along with a statement relating which portions of the equipment remain contaminated.

The **labels** must be fluorescent orange or orange-red or predominantly so, with symbols and lettering in a contrasting color. The label must be an integral part of the container or affixed as close as feasible to the container by a string, wire, adhesive, or other method to prevent its loss or unintentional removal.

**Red bags or red containers** may be substituted for the biohazard labels; however, regulated wastes must be handled according to DHEC rules and regulations.

Labeling is **not required** for:

- Containers of blood, blood components, and blood products bearing an FDA-required label that have been released for transfusion or other clinical uses;
- Individual containers of blood or OPIM that are placed in secondary labeled containers during storage, transport, shipment, or disposal; and
- Specimen containers, if the facility uses Universal Precautions when handling all specimens, the containers are recognizable as containing specimens, and the containers remain within the facility; and
- Regulated waste that has been decontaminated

The labeling requirements do not preempt either the U.S. Postal Service labeling requirements (39 CFR Part III) or the Department of Transportation's Hazardous Materials Regulations (49 CFR Parts 171-181).

**DOT labeling** is required on some transport containers (i.e., those containing "known infectious substances"). It is not required on all containers for which 29 CFR 1910.1030 requires the biohazard label. Where there is an overlap between the OSHA-mandated label and the DOT-required label, the DOT label will be considered acceptable on the outside of the transport container provided that the OSHA-mandated label appears on any internal containers which may be present. Containers serving as collection receptacles within a facility must bear the OSHA label since these are not covered by the DOT requirements.

The Infectious Waste Officer is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify Environmental Health and Safety if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

## HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

Academic **HIV and HBV** research laboratories are regarded as research laboratories under the standard. A research laboratory produces or uses research laboratory-scale amounts of HIV and HBV. Although research laboratories may not have the volume found in production facilities, they deal with solutions containing higher viral titers than those normally found in patients' blood.

The standard covers **animal blood** only for those experimental animals purposely infected with HIV or HBV. Although the standard does not apply to animal blood unless it comes from an experimental animal infected with HIV or HBV, persons handling animals or animal blood should follow general precautions recommended by the Centers for Disease Control/National Institutes of Health Publication, *Biosafety in Microbiological and Biomedical Laboratories*.

EHS employees will not come into direct contact with any substance associated within these laboratories during their normal job duties. If out of scope work is needed within these laboratories, further steps will be taken for protection of EHS employees. Prior to any out of scope work is conducted the Biological Safety Officer and Safety Manager must be contacted.



## HEPATITIS B VACCINATION

The hepatitis B vaccination series is available at no cost after initial employee training and **within 10 days of initial assignment** to all employees identified in the exposure determination section of this plan. Thus, arranging the first dose of the series be administered at a time which will enable this schedule to be met. Vaccination is encouraged unless: 1) documentation exists showing the employee has previously received the series; 2) antibody testing reveals the employee is immune; 3) medical evaluation shows that vaccination is contraindicated; or 4) the employee declines to have the vaccination.

Vaccination will be provided by the **Student Health Services Immunization Clinic**.

If an employee **declines the hepatitis B vaccination**, EHS will ensure the employee signs a hepatitis B vaccine declination. The declination's wording is found in Appendix A of the standard. Documentation of refusal of the vaccination is kept with the Infectious Waste Officer.

Employees have the right to **refuse the hepatitis B vaccine** and/or any post-exposure evaluation and follow-up. Note, however, the employee will be properly informed of the benefits of the vaccination and post-exposure evaluation through training. The employee also has the right to decide to take the vaccination at a later date if he or she so chooses. EHS must make the vaccination available at that time.

EHS may not require an employee to take a pre-screening or post-vaccination serological test prior to receiving hepatitis B vaccination; however, it may be decided by the Safety Make to make pre-screening available at no cost to the employee.

All **medical evaluations and procedures**, including the hepatitis B vaccine and vaccination series, are to be provided according to the current recommendations of the U.S. Public Health Service (USPHS). According to the current guidelines, employees who have ongoing contact with patients or blood and are at ongoing risk for percutaneous injuries should be tested for anti-HBs one to two months after the completion of the three-dose vaccination series. Non-responders must receive a second three-dose series and be retested after the second series. Non-responders must be medically evaluated <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>.

The U.S. Public Health Service (USPHS) does not recommend **routine booster doses** of hepatitis B vaccine, so they are not required at this time. However, if a routine booster dose of hepatitis B vaccine is recommended by the USPHS at a future date, such booster doses must be made available at no cost to those eligible employees with occupational exposure.

**Environmental Health & Safety and/or Student Health Services** will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents must be reported, investigated, and documented. Should an exposure incident occur, contact **Buddy Harley** at the following number: **office: 803-777-5255 or cell: 803-528-8191**. Personnel must also immediately report all exposure incidents to their immediate supervisor. Step-by-step instructions for how to handle post-exposure events are listed below and are also available in the **Student Health Services (SHS) General Medicine Clinic nurse's station**. Supervisors are responsible for ensuring that staff are offered immediate medical care, appropriate diagnostics and treatment.

An immediately available confidential medical evaluation and follow-up will be conducted. The exposed employee should immediately report to **Student Health Services** for a confidential post-exposure evaluation and for assistance with the referrals and appropriate follow-up care. If during business hours, and prior to sending the patient, notification should be provided to **the Student Health Nurse at 803-434-2479**. For some lower risk incidents, provider consultation by phone may be sufficient with subsequent follow up at a later time. **After business hours**, the **exposed employee**

should be sent to the **Palmetto Richland Memorial Hospital's Emergency Department** for evaluation, care and treatment. The **General Medicine Center provider will call 803-434-1663** and provide a full verbal report to a provider in the Emergency Department.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the University can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. Ensure two "tiger-top" blood tube specimens are drawn from the potential host patient. Each tube should be labeled with the date of the draw, host's name, date of birth and medical record number. Document the source individual's test results were conveyed to the employee's health care provider. If consent cannot be obtained and is required by state law, the employer must document in writing that consent cannot be obtained. Exposures from an unknown source will be managed based on specifics of the injury and the events surrounding the injury. These cases should still be considered worker's compensation cases and handled accordingly.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- Standard worker's compensation paperwork will be completed for all employees experiencing an occupational exposure. An exposure report must be completed for each incident.

#### ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Student Health Services will ensure the health care professional(s) responsible for employee's hepatitis B vaccination, post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Student Health Services clinical staff and the exposed employee will ensure the health care professional who is evaluating the employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The Employee Safety Manager must obtain and provide to the employee a copy of the evaluating healthcare professional's **written opinion** within 15 days of completion of the evaluation. The healthcare professional's written

opinion for hepatitis B is limited to whether hepatitis B vaccination is indicated and if the employee received the vaccination. The written opinion for post-exposure evaluation must include information that the employee has been informed of, the results of the evaluation and told about any medical conditions resulting from exposure that may require further evaluation and treatment. All other findings or diagnoses must be kept confidential and not included in the written report.

The institution that provides medical services (e.g. Student Health Services and/or the Palmetto Richland Memorial Hospital's Emergency Department) will provide the employee with a copy of the evaluating health care professional's written opinion **within 15 days** after completion of the evaluation.

**Post-exposure counseling** will be given to employees following an exposure incident. Counseling concerning infection status, test results and interpretation of all tests, will assist the employee in understanding the potential risk of infection and in making decisions regarding the protection of personal contacts. For example, counseling should include USPHS recommendations about the transmission and prevention of HIV. These recommendations include refraining from blood, semen, or organ donation; abstaining from sexual intercourse or using measures to prevent HIV transmission during sexual intercourse; and refraining from breast feeding infants during the follow-up period. Counseling based on the USPHS recommendations must also be provided for HBV and HCV and other bloodborne pathogens, as appropriate. Counseling will be made available regardless of the employee's decision to accept serological testing.

### PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

EHS Safety Manager will review the circumstances of all exposure incidents to determine:

- if engineering controls were in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

All percutaneous injuries from contaminated sharps will be recorded by the Employee Safety Manager in a Sharps Injury Log.

### EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive **initial and annual training** conducted by the Biological Safety Officer or Employee Safety Manager.

- **NOTE:** The Biological Safety Officer is responsible for providing training for **research lab personnel** handling human-derived research samples. The Safety Manager is responsible for providing training to personnel in **non-laboratory work areas** with occupational exposure to blood or OPIM. **Academic programs** that place students in work environments where the student may have an occupational exposure to bloodborne pathogens are responsible for providing training to these students (see the "Scope" section of the ECP for additional training guidance for academic programs). The **supervisor** is responsible for ensuring all personnel with occupational exposure that work under their supervision have completed required training.

Training will be given at the time of initial assignment to tasks where occupational exposure may occur, and it will be repeated within 12 months of the previous training. In addition, training must be provided **when changes** (e.g., modified/new tasks or procedures) affect a worker's occupational exposure. Part-time and temporary employees are covered and are also to be trained on University time.

The person conducting the training is required to be **knowledgeable** in the subject matter covered by the elements in the training program and be **familiar** with how the course topics apply to the workplace that the training will address. The trainer must demonstrate **expertise** in the area of occupational hazards of bloodborne pathogens.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

## RECORDKEEPING

**Training records** are completed for each employee upon completion of training. These documents will be kept for at least **three years**. The Employee Safety Manager will maintain copies of the training roster for each Bloodborne Pathogens Training they provide.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

**Medical records** are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

The medical record includes the name and social security number of the employee; a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination; copies of all results of examinations, medical testing and follow-up procedures; copies of the healthcare professional's written opinion; and copies of the information provided to the healthcare professional.

Medical records will be kept confidential and are not reported or disclosed without the expressed written consent of the worker, except as required by the standard or as may be required by law.

Student Health Services is responsible for maintenance of the required medical records. Student Health Services is also responsible for obtaining copies of these records for EHS employees that are referred to other institutions for medical services. These confidential records are kept in the Student Health Services medical records for at least the **duration of employment plus 30 years**. If this department is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of National Institute for Occupational Safety and Health (NIOSH) will be contacted for final disposition.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within **15 working days**. Such requests should be sent to *Student Health Services*.

Any employer who is required to maintain a log of occupational injuries and illnesses under OSHA's Recordkeeping regulation (29 CFR Part 1904) is also required to establish and maintain a **sharps injury log** for the recording of percutaneous injuries from contaminated sharps. All work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by 29 CFR 1910.1030) will be recorded on the **OSHA 300 Log**.

If an employee is splashed or exposed to blood or OPIM without being cut or punctured, the incident must be recorded on the OSHA 300 Log if it results in the diagnosis of a bloodborne illness or if it meets one or more of the recording criteria in 29 CFR 1904.7.

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Employee Safety Manager in Environmental Health and Safety.

All percutaneous injuries from contaminated sharps are also recorded in a **Sharps Injury Log** and must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

All employee records will be made available to the employee or his representative in accordance with OSHA standard 1910.1020. All employee records will be made available to OSHA and the NIOSH under 1910.1020.

# Appendix A:

## **HEPATITIS B VACCINE DECLINATION (MANDATORY)**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name)

Date:

## **Appendix F. General Health and Safety Information**

### **Blood Borne Pathogens**

*2010-2011 NCAA Sports Medicine Handbook, Eighteenth edition, July 2010, page 66 -72.*

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV, or Hepatitis C.

The emphasis for the student-athlete and the athletics health-care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

#### **Hepatitis B Virus (HBV)**

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of one percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults.

Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States, there are approximately one million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer.

Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure.

The incidence of HBV in student-athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

#### **HIV (AIDS Virus)**

The Acquired Immunodeficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). Some experts believe virtually all persons infected with HIV eventually will develop AIDS and that AIDS

is uniformly fatal. In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately 14 percent of all new HIV infections occur in persons aged between 12 to 24 years. The risk of infection is increased by having unprotected sexual intercourse and the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts. Similar to HBV, these rare instances probably occurred through unrecognized wound or mucous membrane exposure.

### ***Comparison of HBV/HIV***

Hepatitis B is a much more “sturdy/ durable” virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood, particularly parenteral (needle-stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern for transmission in sports with sustained close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

### ***Participation by the Student-Athlete with Hepatitis B (HBV) Infection***

*Individual's Health*—In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment. Therefore, the simple presence of HBV infection does not mandate removal from play.

*Disease Transmission*—The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained close body contact. Within the NCAA, wrestling is the sport that best fits this description. The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following recommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student -athletes in such sports who develop chronic HBV infections (especially those who are e-antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

### ***Participation of the Student-Athlete with HIV***

*Individual's Health*—In general, the decision to allow an HIV positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual's health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, the presence of HIV infection in and of itself does not mandate removal from play. The team physician must be knowledgeable in the issues surrounding the management of HIV-infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of excellent health and productive life during its natural history. During this period of preserved health, the team physician may be involved in a series of complex issues surrounding the advisability of continued exercise and athletics competition.



The decision to advise continued athletics competition should involve the student-athlete, the student-athlete's personal physician, and the team physician. Variables to be considered in reaching the decision include the student-athlete's current state of health and the status of his/ her HIV infection, the nature and intensity of his/her training, and potential contribution of stress from athletics competition to deterioration of his/her health status.

There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV-infected individuals. What little data that exists on the effects of intense training on the HIV-infected individual demonstrates no evidence of health risk. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student-athlete.

*Disease Transmission*—Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting. Therefore, there is no recommended restriction of student-athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.

### ***Athletic Training Health-Care Responsibilities***

The following recommendations are designed to further minimize risk of blood-borne pathogens and other potentially infectious organisms transmission in the context of athletics events and to provide treatment guidelines for caregivers.

In the past, these guidelines were referred to as "Universal (blood and body fluid) Precautions." Over time, the recognition of "Body Substance Isolation," or that infectious diseases may also be transmitted from moist body substances, has led to a blending of terms now referred to as "Standard Precautions." Standard precautions apply to blood, body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood. These guidelines, originally developed for health-care, have additions or modifications relevant to athletics. They are divided into two sections — the care of the student-athlete, and cleaning and disinfection of environmental surfaces.

#### **Care of the Athlete/Patient:**

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid and standard precautions.
2. Assemble and maintain equipment and/or supplies for treating injured/ bleeding athletes. Items may include:  
  
Personal Protective Equipment (PPE) [minimal protection includes gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter]; antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled "sharps" container for disposal of needles, syringes and scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.
3. Pre-event preparation includes proper care for wounds, abrasions or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective

equipment on high-risk areas, such as elbows and hands.

4. The necessary equipment and/or supplies important for compliance with standard precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings, and a container for appropriate disposal of needles, syringes, or scalpels.
5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change their uniform before return to participation.
6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.
7. Personnel managing an acute blood exposure must follow the guidelines for standard precaution. Gloves and other PPE, if necessary, should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.
8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobial wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.
9. Any needles, syringes or scalpels should be carefully disposed of in an appropriately labeled "sharps" container. Medical equipment, bandages, dressings and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot water at temperatures of 71°C (160°F) for 25minute cycles may be used.

### **Care of Environmental Surfaces:**

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.
2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include: Personal Protective Equipment (PPE) [gloves, goggles, mask, fluid -resistant gown if chance of splash or splatter]; supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol; and properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:100 bleach/water ratio).
3. Put on disposable gloves.

4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)
5. Spray the surface with a properly diluted chemical germicide used according to manufacturer's label recommendations for disinfection, and wipe clean. Place soiled towels in waste receptacle.
6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:100, and follow manufacturer's label directions for disinfection; wipe clean. Place towels in waste receptacle.
7. Remove gloves and wash hands.
8. Dispose of waste according to facility protocol.

**Final Notes:**

1. All personnel responsible for caring for bleeding individuals should be encouraged to obtain a Hepatitis B (HBV) vaccination.
2. Latex allergies should be considered. Non-latex gloves may be used for treating student-athletes and the cleaning and disinfection of environmental surfaces.
3. Occupational Safety and Health Administration (OSHA) standards for Bloodborne Pathogens (Standard #29 CFR 1910.1030) and Hazard Communication (Standard #29 CFR 1910.1200) should be reviewed for further information.

Member institutions should ensure that policies exist for orientation and education of all health-care workers on the prevention and transmission of blood-borne pathogens. Additionally, in 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to eliminating or minimizing occupational exposure to blood-borne pathogens. Many of the recommendations included in this guideline are part of the standard. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.