



2024-2025

Athletic Training Program

Student Handbook

Department of Exercise Science

Arnold School of Public Health



**UNIVERSITY OF
SOUTH CAROLINA**



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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 (USC) 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. It is intended to enhance, clarify, and supplement (not replace) those of the University, School, and Graduate School of USC.

I. AT Program Description

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

The USC AT Program provides students with theoretical knowledge and understanding of the athletic training profession in the context of larger healthcare and its current procedures and techniques in sports 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.

BOC Certification

To become 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 USC Athletic Training Program (AT Program) must meet BOC requirements to apply. Please visit the Board of Certification website (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 various settings and interactions with different healthcare 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 the **professional development** of students through community engagement and recognize the athletic trainer's role 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 integrating 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.

USC 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 apply these techniques in diverse patient populations successfully.
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 a curriculum that emphasizes a holistic and interprofessional approach to medicine through innovative models

USC 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 reviewing and applying 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 emergencies.
- *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 participating 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 the ethical standards of the profession.
- *Learning outcome 3.3* – Students will develop the skills to become lifelong learners 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 USC 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. USC AT Program Office of Access and Opportunity

The University of South Carolina and its athletic training program believe that diversity and inclusion is necessary to achieve academic and institutional excellence. Every student, faculty and staff member not only matters, but their unique perspectives are the core of our strength and our success.

The USC Office of Access & Opportunity:

https://www.sc.edu/about/offices_and_divisions/access_and_opportunity/index.php

The ASPH Office of Access & Collective Engagement:

https://sc.edu/study/colleges_schools/public_health/internal/faculty_staff/administrative_departments/diversity/index.php

Inclusive Excellence Policy [credit to Central Michigan AT Program]

The USC AT program integrates concepts of cultural competency, cultural humility, and respect in client/patient care throughout the didactic and clinical components of the program. The USC AT program will strive to create an environment that enhances the underlying principles and stated policies of affirmative action, diversity, and equitable access for all. We will not discriminate or judge based on one's ability, age, color, ethnicity, gender, gender identity, gender expression, genetic information, familial status, height, marital status, mental health status, national origin, political persuasion, race, religion, sex, sexual orientation, veteran status, or weight except where such a distinction is required by law or institutional policy. Students may have specific needs relative to their protected classes in terms of practice and observance. The USC AT program will work with students on a case-by-case basis to reasonably accommodate.

Admission and matriculation in the USC AT program will be contingent upon the student's verification that they understand and meet the program's technical standards, with or without accommodations of their protected status. (*See USC AT program technical standards*)

If a student indicates a potential issue and need for any accommodation to meet USC AT program requirements, the AT Program Director, and/or Clinical Education Coordinator, in conjunction with university officials and the appropriate AT faculty, will review and determine if USC AT program requirements can be met with reasonable accommodations. The review will assess student/patient safety, as well as the educational standards of the AT program/institution, including coursework and clinical education requirements.

AT Program DEI statements for all AT course syllabi.

Diversity and Inclusion

The university is committed to an inclusive, safe, and respectful campus environment for all persons, and one that fully embraces the Carolinian Creed. To that end, all course activities will be conducted in an atmosphere of friendly participation and interaction among colleagues, recognizing and appreciating each student's unique experiences, backgrounds, and points of view. Students and faculty are always expected to apply the highest academic standards to the course and treat others with dignity and respect.

Accessibility, Disability, and Triggers [credit to Dr. David Moscovitz]

I am committed to ensuring course accessibility for all students. If you have a documented disability and expect reasonable accommodation to complete course requirements, please notify me at least one week before accommodation is needed. Please also provide SDRC

(https://sc.edu/about/offices_and_divisions/student_disability_resource_center/) documentation to me before requesting accommodation. Likewise, if you are aware of cognitive or emotional triggers that could disrupt your intellectual or mental health, please let me know so I can be mindful of the course content.

Diversity, Ethics, and the Carolinian Creed [credit to Dr. David Moscovitz]

This course works to foster a climate free of harassment and discrimination, and it values the contributions of all forms of diversity. The decision to enter university and pursue advanced study is a choice that entails a commitment to personal ethics expressed in the Carolinian Creed (www.sa.sc.edu/creed): "I will discourage bigotry while striving to learn from differences in people, ideas, and opinions." Likewise, the Student Code of Conduct (STAF 6.26 (<http://www.sc.edu/policies/ppm/staf626.pdf>)) stresses, "The University of South Carolina strives to maintain an educational community that fosters the development of students who are ethical, civil and responsible persons."

Title IX and Gendered Pronouns [credit to Dr. David Moscovitz]

This course affirms equality and respect for all gendered identities and expressions. Please do not hesitate to correct me regarding your preferred gender pronoun and/or name if different from what is indicated on the official class roster. Likewise, I am committed to nurturing an environment free from discrimination and harassment. Consistent with Title IX policy, please be aware that as a responsible employee, I am obligated to report information you provide about a situation involving sexual harassment or assault.

Values [credit to Dr. David Moscovitz]

Two core values, inquiry, and civility, govern our class. Inquiry demands that we all cultivate an open forum to exchange and substantiate ideas. When you see an opportunity, strive to be creative, take risks, and challenge your conventional wisdom. Civility supports our inquiry by demanding ultimate respect for the voice, rights, and safety of others. Threatening or disruptive conduct may result in course and/or university dismissal. Civility also presumes basic courtesy: please be well rested, on time, and prepared for class, which includes time for a restroom stop before (not during) the course and silencing all personal devices.

Additional DEI Education and Training for students and faculty

Sexual Misconduct Training

One of the ways we ensure that we maintain a professional environment free from harassment and discrimination is through required AT program sexual harassment training at the beginning of the school year. The Assistant

Vice President for Civil Rights and Title IX/Title IX & ADA Coordinator provides training on these issues for our students.

In addition, the Civil Rights and Title IX offer mandatory Harassment and Discrimination Prevention Training required at the University of South Carolina for all university employees system-wide. It covers the university policies, laws, and procedures that address unlawful discrimination and harassment.

All incoming graduate students must complete community education training courses as part of their registration process. The three required training courses are Sexual Assault Prevention, Mental Well-Being, and Diversity, Inclusion, and Belonging. The training can be located at this website:

https://www.sc.edu/study/colleges_schools/graduate_school/new_students/community_education_courses/

IV. USC AT Program Faculty and Staff Directory

USC AT Program Faculty	Office #	Office Phone#	E-mail
Jim Mensch, PhD, SCAT, ATC AT Program Director	Blatt 102	(803) 777-3846	jmensch@mailbox.sc.edu
Amy Fraley, Ph.D., SCAT, ATC AT Clinical Education Coordinator	Blatt 101-C	(803) 777-7175	fraleya@email.sc.edu
Toni Torres-McGehee, PhD, SCAT, ATC Post-Professional AT Program Director Assoc Dean for Diversity, Equity, Inclusion	Blatt 212	(803) 777-0636	torresmc@mailbox.sc.edu
Susan Yeargin, PhD, SCAT, ATC Associate Professor	PHRC 226	(803) 777-3169	syeargin@mailbox.sc.edu
Zachary Winkelmann, PhD, SCAT, ATC Clinical Assistant Professor	Blatt 213	(803) 777-6555	winkelz@mailbox.sc.edu
Dawn Emerson, Ph.D., SCAT, ATC Clinical Assistant Professor	Blatt 101-A	(803) 777-9860	mintond@mailbox.sc.edu
Brenn Hartley Administrative Coordinator for AT	Blatt 102	(803) 777-5267	hartleya@mailbox.sc.edu
Christy Smith Director of Graduate Student Services (ASPH)	PHRC 108	(803) 777-6960	cffreema@mailbox.sc.edu

PhD Students	Office #	Phone#	E-mail
Courtney Meyer, MS, SCAT, ATC	PHRC		cmmeyer@email.sc.edu
Kenya Moore, MS, SCAT, ATC	Blatt 211		kenyam@email.sc.edu

V. 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: <http://atcas.liasoncas.org/>

Deadlines

Applications open on ATCAS starting **June 15th** of each year. The USC AT program has an early admission deadline of November 15. Applications completed through ATCAS by **November 15th** will be screened for early admission decisions. All other applications will be due **February 15th** for the cohort starting at the end of May. The USC AT program typically begins in Summer I, around the last week of May.

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: cfsmith@sc.edu

Admission Process

The ATCAS portal opens on June 15th 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 USC 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.

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. Applications in ATCAS will not be screened or reviewed until all official transcripts are received and verified.
 - 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. This is also required for students who graduate from the University of South Carolina.
 - International applicants may also be required to submit transcript evaluations from WES.
- Minimum GPA of 3.0 from the undergraduate degree
- 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 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
- USC Technical Standards Form
 - This form must be signed and dated by a Physician (MD), Nurse Practitioner (NP), or Physician Assistant (PA)
- Professional resume
- Letter of interest/professional goals
- Three professional recommendation letters
- GRE is **optional** (not required) and may be submitted within their application if they wish

Prerequisite classes (minimum grade of a C or passing grade)

- 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)

Additional Information/Petitions

- All classes must be completed by the start of the MS in AT program (typically the last week of May).
- Questions related to meeting AT program course requirements should be made to the AT professional program director—Dr. Mensch (jmensch@mailbox.sc.edu). The AT program admission committee will review all petitions pertaining to pre-requisite course requirements.
- Any successful petition related to pre-requisite course requirements will result in automatic admission with conditions.

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 occur 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.

Academic Progression (GPA Requirement)

Graduate courses may be passed for degree credit with a grade as low as C, but a degree-seeking student must maintain at least a **B** (3.00 on a 4.00 scale) cumulative grade point average. No grade below a (C) will count on a MS in AT program of study and if a student receives a grade lower than a C, the class must be retaken prior to matriculating to additional AT courses. The sequencing of classes in the AT curriculum are meant to build on previous content, and therefore students may not progress with their cohort if they receive a grade below a C in any AT program course. Students will be required to sit out and join the next cohort the following year unless it is a non-AT related course such as PUBH 700/PUBH 678.

Programs may cancel a student's registration privilege if the student fails to make adequate progress toward the degree defined by the program's academic policies. A student's registration privileges may be canceled for failure to meet academic standards defined by The Graduate School.

Academic Suspension Policy

Graduate degree-seeking students whose cumulative grade point average (GPA) drops below 3.00 (**B**) will be placed on academic probation by The Graduate School and allowed one calendar year in which to raise the cumulative GPA to at least 3.00. In the case of a conversion of grades of incomplete that cause a cumulative GPA to drop below 3.00, a degree-seeking student will be placed on academic probation at the end of the semester in which the grade is posted. Students whose cumulative GPA falls below the required minimum of 3.00 by receiving a grade for a course in which they received a grade of Incomplete will, instead of a one-year probationary period, be granted only one major semester of probation dating from the semester in which the Incomplete conversion grade is received by the registrar in which to raise their cumulative GPA to 3.00 or above. Students who do not reach a cumulative 3.00 grade point average during the probationary period will be suspended from graduate study and will not be permitted to enroll for further graduate coursework as a degree or non-degree student.

Colleges, schools, and/or departments may have a more stringent policy than The Graduate School's academic suspension policy. Students are also responsible for knowing program policies.

AT Program Remediation Policy

If a student is experiencing academic issues, the course instructor and AT program director may request a meeting with the student. A written report will be completed during the meeting articulating an action plan for corrective action or remediation.

Remediation: Exam/Skill Assessment

In order to facilitate learning across the program, students must obtain a 70% or higher on specific exams and skill assessments in all AT classes (e.g., midterm exams, final exams, OSCE, practical exams, SP encounters). *Please see course syllabi for specific assignments and exams included in the remediation policy.*

Students receiving below 70% on an assessment must complete a remediation plan. Course instructors and/or the AT program may decide which specific portion of the assessment is to be remediated. Students may not have to complete specific sections where they scored well. The specific portions of the assessment to be remediated will be included in the written report for program remediation and must be completed within 72 hours of receiving your grade. It is the students'

responsibility to contact the instructor after receiving a grade below 70% on a remediation assignment/exam meaning regular review of grades and feedback is expected. Remediation could include, but is not limited to, retaking the exam, reperforming OSCE or SP encounters, written explanations of incorrect questions or tasks, and/or verbal presentations of material. The remediation will be scored on a pass/fail basis; failure to complete remediation, and any further subsequent failed remediation, will result in the drop of a one full letter grade on the final course grade. Each student will remediate the assignment/exam until a score of 70% is achieved; however, the grade on the assessment will remain the same following remediation.

*Note: BMSC 740, PUBH 678, and PUBH 700 are not included in the remediation policy for the AT program.

AT Program Attendance Policy

The USC AT program attendance policy aligns with the Graduate School (See entire policy at: <https://academicbulletins.sc.edu/graduate/policies-regulations/graduate-academic-regulations/#text>)

Students in the AT program are expected to meet all academic objectives as defined by the course instructor. Students are responsible for completing all assigned work, to attend all class meetings from the beginning of the semester, and participating in class. The AT program and USC aim to ensure the highest academic standards while recognizing that events occur beyond the personal control of students or faculty. Different courses demand different approaches to assessing student attendance and participation. AT program faculty will provide students with a specific attendance policy in their class syllabus by the first day of class. Students are responsible for satisfying the requirements for attendance and participation for any class in which they are enrolled, including requirements for notification and documentation of excused absences. This policy applies to all AT courses, including synchronous or asynchronous online courses.

The University of South Carolina is required by law to excuse absences from class for the following reasons:

1. Performance of a military duty or obligation imposed by state or federal law, as documented in writing by the appropriate state or federal authority.
2. Legal obligation to appear at or participate in a judicial/administrative proceeding, including the performance of jury duty, as documented in writing by the appropriate judicial/administrative authority.
3. Any medical condition related to pregnancy or childbirth, as documented by the student's health care provider, requiring the student's absence from class.
4. A disability, as defined by the Americans with Disabilities Act and as documented by the Student with the Student Disability Resource Center, which prevents the student from attending class.
5. Observance of a religious practice, holiday or holy day, if the instructor of the class is provided written notification by the student of their intent to observe such religious practice, holiday or holy day no later than the end of the second week of regularly scheduled classes in a full fall or spring semester term, and within twice the length of the drop/add period for any other term.

Any other absences required to be excused by applicable state or federal law. The University of South Carolina requires that absences from class for the following reasons must also be excused:

1. Participation in an authorized University activity, in which the student plays a formal, required role. Such activities include but are not limited to, musical performances, academic competitions, and varsity

athletic events. University documentation of participation should be provided in advance of the absence.

2. Illness or injury that is too severe or contagious for the student to attend class, with appropriate documentation.
3. Death or severe illness of an immediate/dependent family member, with appropriate documentation.
4. University closure for weather-related or other emergencies.

Instructors, at their discretion, may also excuse absences from class for the following reasons:

1. Non-closure weather-related emergencies that affect a student's capacity to reach campus or that require a student's presence off-campus.
2. Mandatory interviews related to employment, professional school, or graduate school that cannot be rescheduled.
3. Any other situation deemed excusable by the instructor. Instructors are encouraged to show understanding toward students' needs while remaining mindful of the University's high academic standards and the need to be scrupulously even-handed.

Clinical Education opportunities and AT Program attendance:

The AT Program will work with students to identify clinical sites that will help them enhance their clinical skills and abilities. However, all immersive clinical experiences must be associated with one of the AT Program's clinical education courses (ATEP 713 & ATEP 715).

Although the AT Program approves and sets up all clinical sites for students; it is possible some clinical experiences may flow into the academic semesters; and students will miss in-person classes. These unique situations will be handed on a case-to-case basis using the following guidelines:

- The course instructors of the affected academic classes need to be the first level of communication. Students must notify and meet with all individual instructors to grant permission to miss class during this absence. If faculty are willing to work with students, the student is responsible for making up any missed work or assignments and will be required to meet all course deadlines, regardless of if they are excused from attending class in-person. (Note: faculty are not required to provide a virtual option for students to participate in class).
- Students should prioritize clinical education experiences outside of academic class time when possible. Students should also attempt to create clinical hours schedule that minimizes conflicts with academic class time.
- The AT faculty will consider up to 3 weeks of class time to be missed for clinical immersive experiences that impede into an additional summer/fall/spring academic semester. The time will be based on the total class meeting time for each specific course and may not be more than the equivalent of 3-weeks based off the 16-week traditional fall/spring academic calendar. (Summer semester equivalent will be determined)
- Once approval is given by the course instructor, the clinical education coordinator, program director, and course instructors will meet and produce a plan on a case-by-case basis. Each situation is different

and will be judged accordingly based on multiple factors, including the location and quality of the clinical site, the academic standing of the student, and course exams and assignments.

- Students missing more than the allotted time for any reason (excused or unexcused) will be subject to grade reduction up to and including failure of the class.

AT Professional Classroom and Clinical Behavior Policy

The University of South Carolina Athletic Training Program is committed to fostering an environment in the classroom, labs, and clinicals that promotes academic success for all students and instructors. Athletic training students should always conduct themselves in a professional manner. As part of the program, we expect all students to engage in respectful behavior and communication, including verbal and non-verbal, towards classmates. Inappropriate and unacceptable behaviors that create an unsupportive learning environment will not be tolerated. It is unacceptable for students to create a negative learning environment in the classroom, labs, clinical education experiences, or at any other point during their AT education. Examples of unprofessional behaviors (not an inclusive list) are violations of the NATA Code of Ethics, BOC Standards of Professional Practice, and The Carolinian Creed, as well as disturbing class, using electronic devices in an inappropriate manner, and inappropriate behavior and/or communication (verbal and non-verbal).

Anyone (including classmates, faculty, staff, clinical preceptors, and the general public) may report a student for lack of professional behavior to the AT program director, clinical education coordinator, AT faculty, EXSC department chair, or other resources where the individual feels comfortable, such as the office of student conduct and academic integrity or office of civil rights and Title IX. (see links below). If possible, and when behavior is directly observed by faculty, faculty are encouraged to intervene to stop the behavior and address pertinent issues immediately.

https://sc.edu/about/offices_and_divisions/student_conduct_and_academic_integrity/index.php

https://www.sc.edu/about/offices_and_divisions/civil_rights_title_ix/

Violations of AT Professional Program Policies

Any violation of AT Program policies will result in a documented infraction. The documentation form includes the documented infraction, required action plan, student grievance & appeals/petitions, action taken, and signatures of the involved parties. The nature of the reprimand will be determined on a case-by-case basis and the recommendation of the involved course instructor/faculty member and AT Program Director. Violations of the policy can result in suspension and/or dismissal from the classroom, lab, and/or USC Athletic Training Program, as well as a failing grade in the class. All cases will be handled on an individual basis by the course instructor/faculty and AT Program Director. If necessary, an AT Program committee can be formed and may include a preceptor, teaching assistant, stakeholder, Director of Athletic Training Programs, Clinical Education Coordinator, AT Program core faculty, and Chair of the EXSC Department. Violations of the inappropriate behavior policy and/or course syllabi may result in a formal reprimand using the ***“Professional Athletic Training Program Behavior Policy Violation Form”***.

Practical steps pertaining to violations of AT program policies:

- 1- A behavior that violates the policy occurs or continually happens after verbal warnings.
- 2- The individual who witnesses or experiences the behavior policy violation will notify the AT Program Director via phone or email. The individual will then write a short description of the infraction to describe the nature of the incident, which will be sent via email or placed directly into the documentation form.
- 3- The AT Program Director will check with the AT Program faculty to see if similar behaviors or concerns are occurring in other facets of the program including class, lab, or clinical education experiences. This could be discussed formally in our biweekly AT programs meeting (depending on timing) or informally via email with the AT Program Director.
- 4- The involved course instructor/faculty member/individual and the AT Program Director will decide on the action. The options include a verbal warning, written warning, suspension, or expulsion.
- 5- The AT Program Director will then complete the reprimand documentation form based on the written report, policy violation, and the action plan decided.
- 6- The AT Program Director will set up a meeting with the AT student to discuss the incident(s), allowing the student an opportunity to share perspectives and providing the reprimand documentation form. All parties will sign acknowledging receipt and aligning future behaviors with the disciplinary actions decided.

Graduate Student Assistance & Appeal Process

The policies and regulations of the University of South Carolina serve as purposeful guidelines and standards for students as they pursue degree objectives. Occasionally, individual students may feel they have grounds to seek exception from the uniform application of such regulation and policies. Graduate students may file written grievances, appeals or petitions to the Office of Faculty Affairs and Curriculum seeking to reverse or modify decisions made at a lower level of authority. Resolution of any written grievance must follow the procedures outlined in policies maintained by the USC Division of Student Affairs and Academic Support. More information on [Arnold School of Public Health Student Grievance Website](#).

The USC Office of Student Advocacy is an additional resource that helps students resolve university related problems and concerns in an informal way. This is a great resource to help students with: certifying excused absence, help resolving an issue, help if you feel treated unfairly by faculty or staff member, or need help navigating university policy or procedure.

https://sc.edu/about/offices_and_divisions/student_affairs/our_initiatives/academic_success/ombuds_services/our_services/index.php

V. Tuition and Fees

Estimated Graduate Student Fees 2024-25

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 USC Bursar's website:

https://sc.edu/about/offices_and_divisions/bursar/tuition_and_required_fees/index.php

*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.

Fee Description based on 2024-25 (Year 1)	Summer year 1 15cr	Fall year 1 11cr	Spring year 1 12cr
Academic Fees/Tuition (Resident)	\$6,867	\$6,295	\$6,867
Academic Fees/Tuition (Non-Resident)	\$14,880	\$13,640	\$14,880
Health Professions Fee (Resident)	\$800	\$880	\$800
Health Professions Fee (Non-Resident)	\$1,100	\$1,210	\$1,100
Technology Fee	\$200	\$187	\$200
AT Program Fee	\$625	\$625	\$625
Health Center Fee	\$190	\$190	\$190
Cadaver Fee (BMSC 740)	\$1000	NA	NA

Fee Description based on 2024-25 (Year 2)	Summer year 2 11cr	Fall year 2 9cr	Spring year 2 9cr
Academic Fees/Tuition (Resident)	\$6,295	\$5151	\$5151
Academic Fees/Tuition (Non-Resident)	\$13,640	\$11,160	\$11,160
Health Professions Fee (Resident)	\$880	\$720	\$720
Health Professions Fee (Non-Resident)	\$1,210	\$990	\$990
Technology Fee	\$187	\$153	\$153
AT Program Fee	\$625	\$625	\$625
Health Center Fee	\$190	\$190	\$190
Cadaver Fee (BMSC 740)	NA	NA	NA

Health Insurance:

Graduate students are required by USC to have health insurance. Students can purchase insurance through USC or provide proof of enrollment in a comparable plan. The cost of USC health insurance is \$3,091 for the 2024-25 year. For specific information on USC's health insurance please visit:

https://sc.edu/about/offices_and_divisions/health_services/insurance-payments/required-health-insurance/student-health-insurance-plan.php

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)** – USC 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 USC 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.
- **Textbook** – AT students are responsible for purchasing a subscription at ATu (<https://www.atu.health/>) that will serve as their online educational resource that has short videos of 3000+ assessments, special tests, manual therapy, movement analysis, and exercise techniques and 5000+ HD instructional videos. The student will have 24/7 unlimited access to it and include some of their assignments for courses. Additional textbooks include ATEP 730 What Made Maddy Run, ATEP 732 Preventing Sudden Death in Sports, and ATEP 714 BOC Exam Prep Book, and ATEP 796 Administrative Topics in Athletic Training.
- **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

Fee Description	2024-25 Amount	Frequency
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	\$66.00	annual
• SCATSA	\$40.00/year, \$25.00/semester	annual/semester
• ACSM – student	\$26.00	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

University of South Carolina AT Fellowship Information

Purpose: An AT Fellowship is a one-year award for incoming admitted professional athletic training students that are **non-South Carolina residents**. The award is \$750 (\$250/semester) and will provide in-state tuition for the program's Summer, Fall, and Spring terms of Year 1. Admission into the program does not guarantee in-state tuition. Applications submitted after November 15 have a decreased likelihood of consideration. We recommend all non-residents apply by the November 15 priority deadline for Fellowship consideration.

The award is not renewable; however, international students are eligible to be considered for an AT Fellowship for Year 2 of the program as they cannot obtain South Carolina Residency. All other students must review the South Carolina residency policy with the University Registrar. The program does not guarantee in-state tuition for Year 2, and individuals who do not qualify for in-state tuition but are US residents are not eligible for the AT Fellowship in Year 2. If you are unsure about your current SC residency status, please see the link for more information.

https://sc.edu/about/offices_and_divisions/registrar/residency_and_citizenship/residency/index.php

Eligibility: All applicants must have an application verified through ATCAS, complete an interview with the USC AT Admissions Committee (comprised of faculty, staff, and Ph.D. students), and be offered unconditional admittance into the AT program. The AT Program has limited AT fellowships, and the number of awards given may vary yearly based on budget considerations.

Process: After an applicant has received an offer to join the professional AT program from the Program Director, the Admissions Committee will calculate a score using objective data and criteria from the ATCAS application. The applicant will not need to submit any additional materials for consideration of the award. All non-resident admitted students will autonomically have a Fellowship score (rubric below) calculated to determine eligibility.

Criteria for Consideration: The Fellowship score will be calculated using the objective data below:

- Overall GPA (provided on ATCAS application*)
- Science GPA (provided on ATCAS application*)
- Average Reference Rating Score (provided on ATCAS application)
- Average Admissions Committee Interview Score

**Applicants who have an updated GPA following their ATCAS application submission can submit their updated verified GPA to Dr. Mensch for Fellowship consideration.*

Decisions: After completing the rubric, admitted students who score 21-25 will automatically be offered an AT Fellowship on a rolling basis up to the maximum number of available fellowships following the early decision deadline (November 15). If the number of qualified applicants exceeds the number of available fellowships, a ranking order will be used based on the interview round and rubric score. Individuals offered a Fellowship will have *three weeks* to accept their offer to join the program and accept their fellowship. If the deadline passes, the offer of a Fellowship will be removed, but an offer to join the program will still be supported. We will continue to offer Fellowships throughout this process to qualified applicants as available.

If fellowships still remain following the February 15th application deadline, all remaining fellowships will be offered to non-residents who scored a 20 or below using a ranked order OR individuals who were unable to accept the initial fellowship offer during the early admittance period. These offers will be good for two weeks with the same process of the Fellowship expiring, but the offer to join the program is still supported.

Questions: All questions about AT Fellowships should 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 funding opportunities.

USC Athletic Training Fellowship Rubric

Student Name _____

1. Overall GPA

0 1 2 3 4 5

5 pts: 4.0-3.75

4 pts: 3.74-3.50

3 pts: 3.49-3.35

2 pts: 3.34-3.20

1 pts: 3.19-3.00

0 pts: 2.99 or less

2. Science GPA

0 1 2 3 4 5

5 pts: 4.0-3.75

4 pts: 3.74-3.50

3 pts: 3.49-3.35

2 pts: 3.34-3.20

1 pts: 3.19-3.00

0 pts: 2.99 or less

3. Reference Rating Score

Total Average: ____ /5

Evaluator 1: ____/5

Evaluator 2: ____/5

Evaluator 3: ____/5

4. Interview Score

Scored 0-10 by each admissions committee member (must have a minimum of 2 scores)

Total Average: ____ /10

Committee Member 1: ____/10

Committee Member 2: ____/10

Committee Member 3: ____/10 or N/A

Committee Member 4: ____/10 or N/A

Committee Member 5: ____/10 or N/A

Fellowship Score: _____/25

Establishing Residency in South Carolina

USC Residency Office

Where you live determines your status as an in-state or out-of-state student and may impact your tuition and scholarship eligibility. The University of South Carolina is required by law to verify your residency before granting in-state status and tuition. All students need to visit the USC Residency website for detailed information: https://sc.edu/about/offices_and_divisions/registrar/residency_and_citizenship/residency/

It is the responsibility of each student to make an appointment with a SC Residency staff member and understand the rules and requirements for establish SC residency. Please email resident@sc.edu to set up an appointment. It is important for all students to make an appointment with the residency office prior to coming to South Carolina as it takes a full 12 months to meet all the residency requirements. The USC AT program encourages all out of state students to make an appointment as soon as they are accepted to the USC AT program, between January and April.

After moving to South Carolina, the following actions must be taken:

- Establish domicile *
- Register vehicle(s) within 45 days of establishing domicile *
- Obtain a SC driver's license within 90 days of establishing domicile *
- Provide 51% or more of one's own financial support towards all expenses (including tuition) for the previous 12 months
- Complete the Residency Certification Form on Self Service Carolina and provide proof of the above documents to the registrar's office by the priority processing deadline.
- Pay and file SC income taxes

*Required to have maturity of 12 months and must fall before the first day of class for the semester requested. This is typically May 1st.

Please note recent changes in SC residency requirements:

- SC Code 62-602.H.2 – An independent person 'cannot claim the domicile of another individual as their own for the purposes of establishing intent to become a South Carolina resident
- Students can no longer sign a lease for a house that is the principal residence and place of habitation of another person and then claim it for residency
- Students can only rent homes and apartments that are strictly rentals, not rent a room in someone else's home or pay rent to family members

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 read all of the information available in this handbook thoroughly, handouts on the College's website https://www.sc.edu/study/colleges_schools/public_health/index.php and in the *USC Graduate Bulletin*: <https://academicbulletins.sc.edu/graduate/>

VI. MS in Athletic Training Curriculum

Year 1 AT Program-(67 credits)

Maymester		6cr
BMSC 740	Human Anatomy for Health Sciences	6
Summer 1		9cr
ATEP 700	Introduction to Therapeutic Interventions in Athletic Training	3
ATEP 701	Principles of Evidence-Based Medicine	3
ATEP 702L	Principles of Athletic Training Lab	3
Fall 1		11cr
ATEP 748	Evaluation & Therapeutic Intervention of Lower Extremity Injuries	4
ATEP 748L	Evaluation & Therapeutic Intervention of Lower Extremity Injuries Lab	1
ATEP 730	Behavioral Health & Wellness	3
ATEP 711	Clinical Experiences in Athletic Training I	3
Spring 1		12cr
ATEP 749	Evaluation & Therapeutic Intervention of Head, Neck & Spine Injuries	4
ATEP 749L	Evaluation & Therapeutic Intervention of Head, Neck & Spine Injuries Lab	1
ATEP 797	Clinical Pathology & Pharmacology in Athletic Training	2
ATEP 797L	Clinical Pathology & Pharmacology in Athletic Training Lab	1
PUBH 678	Transforming Health Care for the Future	1
ATEP 712	Clinical Experiences in Athletic Training II	3
Total		38cr

Year 2 AT Program

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

67 Total Credits

Comprehensive Assessment Criteria for MS in AT

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

- Provide **interdisciplinary** approaches to medicine through designed clinical educational experiences for students in a variety of settings and interactions with different health care professionals.
- 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**.
- Enhance **professional development** of students through community engagement and recognize the role of the AT as a healthcare provider within the larger context of a changing healthcare system.

All candidates for a Master of Science in Athletic Training must complete a comprehensive assessment in the major field of study that is distinct from program course requirements. This is a requirement for graduation. The make-up of comprehensive assessments will vary from program to program. The USC AT program has created a comprehensive assessment that aligns with the mission of the program, specifically enhancing professional development and integrating evidence-based medicine. This assessment will be based on content and skills from courses/clinicals that build over each semester in the program (see conceptual framework in Appendix G). To meet the final comprehensive assessment for the AT program, each student is required to **submit** some form of research for dissemination at a professional conference, workshop, journal, or other approved venue by the research advisor (acceptance is NOT a requirement).

Framework

Summer 1st year

- ATEP 701 Principles of Evidence-based Medicine
- Students learn the foundation of EBM

Fall 1st year

- ATEP 711 Clinical Experiences in Athletic Training I
- Students are required to create and present a Critically Appraised Topic paper and present in class.
- Builds off of content from ATEP 701

Spring 1st year

- ATEP 749 Evaluation & Therapeutic Intervention of Head, Neck, Spine, and Abdomen Injuries
- Students are required to create and present a Disablement model case study paper
- Builds off of content from ATEP 730 Behavior Health and Wellness, specifically patient-centered care

Summer 2nd year

- ATEP 713 Clinical Experiences in Athletic Training III
- Students are required to find a professional conference or journal that accepts research submissions.
- Students are required to identify submission guidelines and create an abstract for submission, as well as a poster for presentation.

Fall 2nd year

- ATEP 741 Advanced Clinical Skills in Athletic Training
- Students are required to complete an evidence to practice review

Spring 2nd year

- ATEP 715 Clinical Experiences in Athletic Training V (clinical immersion)
- Students are required to demonstrate they have completed the AT Program comprehensive assessment (submission of their work for publication or presentation). Demonstration of submission of a CAT paper, disablement model, case study, evidence to practice or another approved work by a student is required by **May 1st**.

Student Readiness for Independent Practice

The AT program uses a “**Student Readiness**” framework to address CAATE standard #4 which requires programs to engage in continuous quality improvement to *address identified deficiencies and to strive towards aspirational goals*. The intent of this framework is to track student clinical knowledge, skills, and abilities across all six semesters of the AT program. Students are evaluated on the following domains: ***patient-care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, orthopedic skills, behavioral health skills, emergency and primary care skills, pediatric skills, and overall readiness for independent practice***. Students assess their performance of specific clinical responsibilities according to the following scale:

Performance Quality Rating (students complete The Athletic Training Milestones via Qualtrics survey using the following 6-pt Likert scale)

Critical Deficiencies: The graduate student's behaviors are not within the spectrum of developing competence. Instead, they indicate significant deficiencies in an individual's performance.

Level 1: Describes behaviors of an early athletic trainer.

Level 2: Describes behaviors of a learner who is advancing and demonstrating improvement in performance related to milestones.

Level 3 (Ready for Unsupervised Practice): Describes behaviors of an individual who substantially demonstrates the milestones identified for an athletic trainer who has completed a Commission on Accreditation of Athletic Training Education (CAATE) accredited professional program and is ready for unsupervised practice. ***This ranking is designed as the graduation target for our program.***

Level 4 (Ready for Advanced Practice): Describes behaviors of an individual who substantially demonstrates the milestones identified for an athletic trainer and exhibits performance consistent with an advanced practice clinician. ***This column is designed as the graduation target for post-professional programs, but an individual may display these milestones at any point during their education and training.***

Level 5 (Aspirational): Describes behaviors of an individual who has advanced beyond those milestones that describe advanced practice. These milestones reflect the competence of an expert or role model and can be used by programs, personnel supervisors, and individuals to facilitate further professional growth. ***It is expected that only a few exceptional individuals will demonstrate these milestone behaviors.***

There are five points where students are assessed:

- 1- New student orientation prior to starting classes (typically the end of May)
- 2- Baseline testing at the end of the first fall semester
 - ATEP 711 (beginning of December)
- 3- End of the first academic year
 - ATEP 712 (end of April)
- 4- Prior to clinical immersion
 - ATEP 714 (beginning of December)
- 5- Post clinical immersion/end of program
 - ATEP 715 (end of April)

- Will include open-ended responses specific to the totality of the program and readiness for job placement and duties

The AT program uses the data to identify specific benchmarks for expected achievement. At each time point, a student readiness survey is administered in person by designated AT faculty and program director. The survey is completed in-person at the time points identified above. The in-person survey allows for a more thorough explanation of the intent of each survey question and answers any questions. Data from the surveys are used by the AT program to address course content and sequencing, student learning, quality of instruction, quality of clinical education, and overall quality improvement of the MS in AT.

VII. AT Clinical Education

All students enrolled in the USC 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—See Appendix G for conceptual framework). Students on academic probation are not eligible to participate in clinical education rotations. To graduate from the USC 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 USC men's & women's athletics, USC 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. Fraley) and work together to find an immersive experience that meets all CAATE requirements and the student's 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 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. USC 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 USC 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.

How do I complete Clinical Competencies/Clinical Integrated Proficiencies?

Students will be required to complete all clinical integration proficiencies under the direct supervision of a Preceptor. As part of the clinical experience a preceptor will evaluate individual athletic training students on their ability to perform assessments associated with this course. CIP sheets are uploaded into Evaluate. This evaluation will be done online through that system. There will be a hard copy in the course Black Board (just for your reference). But you must use the Evaluate system to get signed off by your preceptor (there will be NO hard copy).

You MUST score a 3 (Exemplary) or 2 (Proficient) on the evaluation of any Clinical Integration Proficiencies. If you score a 1 (Developing) or 0 (Not Competent) on any of the Clinical Integration Proficiencies, the athletic training student will need to be reassessed on by the Preceptor on a date that does not coincide with the original assessment date. It is the responsibility of the student to complete all of the Clinical Integration Proficiencies by the end of the semester. Any Clinical Integration Proficiencies left incomplete or not assigned a score of 3 (Exemplary) or 2 (Proficient) will result in the athletic training student receiving a "Fail" for that required grade for this course. A grade of "Fail" will result in a maximum grade of a D in the course (you will NOT graduate). It is the athletic training student's responsibility to provide a model for each Clinical Integration Proficiency that requires a physical demonstration. Use Evaluate system!!

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 competency checklists can only be signed by Preceptors affiliated with the USC AT Program in the Evaluate system.****

Clinical Evaluation by Preceptor

The athletic training student's performance will be evaluated at mid-term and at course completion by the Preceptor that they are assigned. This performance evaluation is an online assessment tool (you must use Evaluate system for all evaluations). You will receive information emails through Evaluate, as well as reminders. Any student who does not have completed clinical education experience evaluation will have their grade automatically lowered to a D. Failure to receive a C or higher will prohibit students to continue in the AT Program course sequence, and the student will have to retake the course (you will NOT graduate). Any questions or concerns regarding clinical experiences should be directed to your Preceptor and Clinical Education Coordinator or Dr. Mensch. 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 whole 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 whole 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. Athletic training students must keep track of their clinical hours using the Evaluate system portal. The Preceptor (supervisor of the clinical education site that you are assigned) is responsible for verifying the completed hours by approving the hours you complete in the Evaluate system WEEKLY. They will also sign off on Evaluate at the conclusion of each month. The course instructor may accept clinical education hours below the minimum required hours per week for extraneous factors that are not controllable by the athletic training student. If the student is unable to attain required hours in a given week, a clinical hour discrepancy sheet must be submitted into the Evaluate online system at the end of that particular week. If you do not complete the minimum clinical hours each week in the semester, or fail to submit your hours discrepancy in Evaluate, you will receive a D for the class. Failure to receive a C or higher will prohibit students from continuing in the AT Program course sequence, and the student will have to retake the course. Any students that are found to have violated a policy of the AT Program while completing a clinical education experience can have their 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 into the Evaluate system.
- Clinical education hour log must be approved by Preceptors and are due on the 5th of every month to the Clinical Education Coordinator through the Evaluate system.
- 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 1/4 hour, you must work 8 minutes or more of the 1/4 hour to round up. If you work less than 8 minutes of the 1/4 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 USC 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 USC Preceptor.
- Hours spent at clinical education sites not affiliated with the USC 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.

VIII. 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 de 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 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 them on the 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 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 USC AT Program and their clinical site. Any behavior deemed embarrassing to the USC AT Program, University of South Carolina, or clinical site would qualify as inappropriate behavior. Use of alcohol is prohibited during all USC 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 USC 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 they have 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 Program at USC, AT students are required to maintain a professional and appropriate appearance. This is a necessary measure to present a professional image to our USC faculty, staff, and students, outside stakeholders, and other clinical sites, 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 USC AT Program but is not required to be purchased. 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 only be allowed to participate in clinical education experiences with 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 clinical or lab-based courses. This typically includes clothing designed for physical activity. This is the only setting where t-shirts, workout style shorts/pants, and flat, close-toed shoes are allowed and required. Improper clothing can result in an unexcused absence from that course. Locker rooms are available in Blatt PE Center for changing before and after courses.

Attire and Grooming for USC AT Program Clinical Education

The following attire and grooming policy is a minimum expected requirement for all sites. The AT students is expected to maintain cleanliness including grooming, attire selection, and bathing. Students must adhere to the dress code mandated by each clinical site which may exceed the requirements for the program. If a student has a professionalism concern for a site with higher expectations than our minimum policy, the AT student should set up a meeting with the Program Director and Clinical Education Coordinator. If a student has accommodations set forth by the Inclusive Excellence Policy, reasonable accommodations will be implemented.

The AT student should adhere to the following rules and recommendations:

- Grooming (Hairs, Nails, Bathing)
 - Hair color, length, and style is open for all students to their desires.
 - Recommendation: Hair should be maintained regularly
 - Long hair may be required to be tied back during patient care
 - Facial hair should be maintained and groomed
 - Make-up and cosmetics can be worn but should be kept to a minimum during patient care
 - Nails should be clean and at an appropriate length
 - Recommendation: Avoid acrylic nails when possible due to cleanliness issues in accordance with the CDC guidelines
 - Nails can be painted
- Shirts
 - USC Athletic Training or plain collared shirt
 - Indoor/court sports and physician practice may require business casual dress
 - Shirts must cover the entire torso
 - Recommendation: Tucking in your shirt is advised for clinical practice but not required
 - No see-through, mesh, or vulgar phrases/images can be on shirts (this included “COCKS” shirts at USC)
 - All shirts must have sleeves (no tank tops)
- Pants and shorts
 - Pants and shorts should be neutral colored and worn at the waist.
 - Shorts should be at least 5-inch inseam for all AT students
 - Recommendation: Avoid wearing jeans, leggings, tights, yoga pants, and pajama style pants.
 - Recommendation: Belts may be helpful to maintain pants/shorts at the waist
 - No running, mesh, or gym shorts
 - No cut off, frayed, or distressed holes
- Weather-related options
 - Hoodies, sweatpants are allowed for cold-weather events, but the AT student must be dressed appropriately under the gear. The hoodies/jackets should be USC or USC AT branded or in the color-scheme
 - Rain gear (jackets, pants, boots) is permitted when necessary
- Footwear
 - Flat-bottomed shoes only such as sneakers
 - No open-toed shoes such as flip flops
 - Recommendation: Avoid footwear such as sandals, crocs, ugg boots, etc. during clinical education

- Hats and head coverings
 - Recommendation: Hats and visors may be worn outside at events
 - These should not be worn inside the athletic training facility except for protected class exceptions
- Jewelry and Body Art
 - Jewelry is allowed
 - Recommendation: Avoid large rings that can rip gloves
 - Skin art such as tattoos and henna are allowed; however, some clinical sites may require them to be covered while providing patient care.
 - No vulgar or profane body art can be visible at any time
 - Recommendation: Wearing a watch can be useful during clinical practice

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 USC or if I use/disclose an 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, X (Formerly Twitter), Google+, Tik Tok, Snapchat]. 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 on 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.

Clinical Immersion additional requirements

One of the primary goals of the USC AT program is to provide interdisciplinary approaches to medicine through designed clinical educational experiences for students in a variety of settings and interactions with different health care professionals. The AT program encourages to seek out new clinical opportunities/sites for their immersion experience in unique places where athletic trainers can make a difference. These clinical sites often align with student professional goals and provide great learning environments where ATS can grow and develop. However, these clinical sites may have additional requirements that selected clinical sites by the AT CEC may not have, including (but not limited to) criminal background checks, drug tests, Covid tests, etc. Clinical immersion sites chosen by the student that require additional requirements/accommodations are done so at the expense of the ATS. The AT program is not responsible for additional expenses associated with a clinical immersion site that is chosen by the student. All students have the opportunity to be placed at a clinical immersion site by the CEC where these things are not required or are already provided by the USC AT program.

Educational Expenses provided by Clinical Immersion Sites

Students are able to be compensated for their clinical immersion educational experiences. Compensation can include things such as a stipend, meal allowance, housing allowance, and/or salary. Educational compensation is only available during immersive clinical experiences where all students are afforded the same opportunity. Students are prohibited from obtaining these expenses during non-immersive clinical experiences. If a student or preceptor has any questions pertaining to supplementation to ATS, please contact the USC AT program director and/clinical education coordinator.

Violations of Code of Conduct

Any violation of the professional behavior code of conduct outlined above in the clinical education policies could be grounds for dismissal from a clinical education site and/or the AT program. Preceptors reserve the right to dismiss any athletic training student from their clinical assignment for any violation of clinical site rules and regulations. Students on academic probation are not eligible for a clinical assignment/rotation. All cases will be handled on an individual basis by an AT Program committee made of at least 3 faculty and may include preceptors, other stakeholders, Director of Athletic Training Programs, Professional AT Program Director, Clinical Education Coordinator, AT Program Faculty, and Chair of the EXSC Department.

Graduate Student Assistance & Appeal Process

The policies and regulations of the University of South Carolina serve as purposeful guidelines and standards for students as they pursue degree objectives. Occasionally, individual students may feel they have grounds to seek exception from the uniform application of such regulation and policies. Graduate students may file written grievances, appeals or petitions to the Office of Faculty Affairs and Curriculum seeking to reverse or modify decisions made at a lower level of authority. Resolution of any written grievance must follow the procedures outlined in policies maintained by the USC Division of Student Affairs and Academic Support. More information on [Arnold School of Public Health Student Grievance Website](#).

On the Columbia Campus, the Graduate Student Ombuds serves as a confidential, neutral, informal, and independent resource for graduate students' concerns and conflicts.

https://sc.edu/study/colleges_schools/graduate_school/opportunities_support/ombuds/index.php

IX. 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 our 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

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.

- 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 it 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 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 their 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 USC AT Program will also provide athletic training students with an **Exposure Control Plan** in the event of 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. AT 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 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 it 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, they 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 exposure to human blood or body fluids. You may call a Student Health Services nurse on 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 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 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**.

X. 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 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.

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, 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 themselves 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 themselves 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”).

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).

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.

Appendix E. University of South Carolina AT Program BBP Exposure Control Plan



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 accordance with 29 CFR 1910.1020.

MOST RECENT EXPOSURE CONTROL PLAN REVIEW DATE		
Name (Print)	Signature	Date
Dr. Jim Mensch	James Mensch	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:

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

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 handle the scenario best. 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 identifies explicitly 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 countertops 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 charge. 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 sterilant 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 outside 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 typically 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 they so choose. 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 regular 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 **Prisma Health Richland 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 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.

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, 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 that 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 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 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.

Appendix G. Clinical Education Conceptual Framework

USC Athletic Training Clinical Education Framework

Summer Year 1	Fall Year 1	Spring Year 1
<p>Didactic Experiences</p> <ul style="list-style-type: none"> • BMSC 740 –Foundation of Anatomy • ATEP 700—Foundation of therapeutic interventions • ATEP 702L—Foundation of healthcare, immediate and emergency best practices, and basic skills • ATEP 701—Foundation of EBM <p>Course Lab Experiences</p> <ul style="list-style-type: none"> • ATEP 702L <p>Clinical Experiences</p> <ul style="list-style-type: none"> • None <p>OP/SP/Sim/CIP Assessments</p> <ul style="list-style-type: none"> • SP – ATEP 702L • OP – ATEP 700 • OP – ATEP 702L • Simulation – ATEP 702L 	<p>Didactic Experiences</p> <ul style="list-style-type: none"> • ATEP 748 & 748L • ATEP 730 <p>Course Lab Experiences</p> <ul style="list-style-type: none"> • ATEP 748L <p>Clinical Experiences—ATEP 711</p> <p>CLINICAL SITES</p> <ul style="list-style-type: none"> • (2) 8-week rotations <ul style="list-style-type: none"> ○ Throughout the lifespan ○ Different sexes/SES status ○ Non-sport activities <p>CLINICAL CONTENT</p> <ul style="list-style-type: none"> • New content (90 minutes) • Review content (90 minutes) <ul style="list-style-type: none"> ○ Focus on content from 700, 702L ○ Through scenarios/simulation ○ Practice/Expand/Explore 748, 748L, 730 <p>OP/SP/Sim/CIP Assessments</p> <ul style="list-style-type: none"> • SP x 2 – ATEP 730 • OP – ATEP 748L • SP – ATEP 748L • CIP – ATEP 711—align with clinicals • OPs x 2 – ATEP 711 • Telemedicine SP x 3 – ATEP 730 • CAT paper & presentation (builds on 701)---ATEP 711 	<p>Didactic Experiences</p> <ul style="list-style-type: none"> • ATEP 749 & 749L • ATEP 797 & 797L • PUBH 678---IPE <p>Course Lab Experiences</p> <ul style="list-style-type: none"> • ATEP 749L • ATEP 797L <p>Clinical Experiences—ATEP 712</p> <p>CLINICAL SITES</p> <ul style="list-style-type: none"> • (1) 16-week rotation <ul style="list-style-type: none"> ○ Diverse Experiences/Same mission <p>CLINICAL CONTENT</p> <ul style="list-style-type: none"> • New content (90 minutes) • Review content (90 minutes) <ul style="list-style-type: none"> ○ Focus on content from: 748, 748L, 730 <i>and also</i> 700, 702L ○ Through scenarios/simulation ○ Practice/Expand/Explore 749, 749L, 797, 797L, 678 <p>OP/SP/Sim/CIP Assessments</p> <ul style="list-style-type: none"> • SP Clinic x 6 – ATEP 797L • OPs x 5—ATEP 749 • CIP—ATEP 712—align with clinicals • SPs x 3—ATEP 712 • Disablement model case study paper and presentation—ATEP 749--(building off 730—patient centered care)

Summer Year 2	Fall Year 2	Spring Year 2
<p>Didactic Experiences</p> <ul style="list-style-type: none"> • ATEP 750 & 750L • ATEP 732 <p>Course Lab Experiences</p> <ul style="list-style-type: none"> • ATEP 750L <p>Clinical Experiences—ATEP 713</p> <p><i>CLINICAL SITES</i></p> <ul style="list-style-type: none"> • (1) 3-5-week rotation: ~July 29-Aug 18 <ul style="list-style-type: none"> ○ Immersive ○ Emergency/environmental considerations ○ No clinical site experiences until after ATEP 750/L are over <p><i>CLINICAL CONTENT</i></p> <ul style="list-style-type: none"> • New content (90 minutes) • Review content (90 minutes) <ul style="list-style-type: none"> ○ Focus on content from: 749, 749L, 797, 797L, 678 and also 700, 702L, 748, 748L, 730, ○ Through scenarios/simulation ○ Practice/Expand/Explore 750, 750L, 732 <p>OP/SP/Sim/CIP Assessments</p> <ul style="list-style-type: none"> • SP—ATEP 750L • Policy Development & Defense—ATEP 732 • OP/SP—ATEP 713 • Find a conference – create abstract of case study (make a poster)—ATEP 713 	<p>Didactic Experiences</p> <ul style="list-style-type: none"> • ATEP 741 • ATEP 796 <p>Course Lab Experiences</p> <ul style="list-style-type: none"> • None <p>Clinical Experiences—ATEP 714</p> <p><i>CLINICAL SITES</i></p> <ul style="list-style-type: none"> • (1) 16-week rotation <ul style="list-style-type: none"> ○ Diverse Experiences/Same ○ University Health Rotation ○ Surgical Observation ○ EMS ride along <p><i>CLINICAL CONTENT</i></p> <ul style="list-style-type: none"> • New content (90 minutes) • Review content (90 minutes) <ul style="list-style-type: none"> ○ Focus on content from 750, 750L, 732 & 700, 702L, 748, 748L, 730, 749, 749L, 797, 797L-through scenarios/simulation ○ PX/Expand/Explore 741, 796 <p>OP/SP/Sim/CIP Assessments</p> <ul style="list-style-type: none"> • SP—ATEP 796 • SP/OP—ATEP 741 • Ortho telemedicine---ATEP 741 • CIP—ATEP 714—align with clinical • SP—ATEP 714 • Evidence to practice review—ATEP 741 	<p>Didactic Experiences</p> <ul style="list-style-type: none"> • PUBH 700 <p>Course Lab Experiences</p> <ul style="list-style-type: none"> • None <p>Clinical Experiences—ATEP 715</p> <p><i>CLINICAL SITES</i></p> <ul style="list-style-type: none"> • (1) 16-week rotation <ul style="list-style-type: none"> ○ Immersive ○ Culmination of everything <p><i>CLINICAL CONTENT</i></p> <ul style="list-style-type: none"> • Monday class (90 minutes) <ul style="list-style-type: none"> ○ Focus on content/skills from the entire curriculum ○ Integrate content and skills into their clinical immersion site <p>OP/SP/Sim/CIP Assessments</p> <ul style="list-style-type: none"> • “Spurs out” week • Clinical outcomes and ROI project • CIP—ATEP 715—align with clinical/overview • Program interviews • Comprehensive Assessment <ul style="list-style-type: none"> ○ Dissemination of CAT, disablement model, or evidence to practice (submitted for publication or presentation)—ATEP 715