

The University of West Alabama



Policy & Procedure Manual For Athletic Trainers

15th Edition, Revised July 8, 2020

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Introduction

Welcome to The University of West Alabama and its athletic training program, as an athletic training student or prospective athletic training student. In accepting one of these positions, you have taken on a great deal of responsibility and have put yourself in a very rewarding position that will hopefully help you meet your professional goals and objectives. We, as a staff, commend your desire to become a certified athletic trainer and are pleased to have you within our ranks. The University of West Alabama's Athletic Training Program is nationally accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Our program, a combination of hands on experience and structured classroom instruction, prepares our students to sit for the National Athletic Trainer's Association Board of Certification Exam.

As a student member of our staff, we have great expectations of you. We expect you to be reliable, dependable, loyal, diligent, dedicated, and honest in your efforts. We also expect you to conduct yourself with the highest degree of decorum, to be academically sound, and to represent yourself, our staff, our program, the profession, and the University with professionalism beyond reproach.

Being an athletic training student at UWA is a significant responsibility. You are not only responsible for the health and welfare of the athletes in your charge but you represent the University and our program. Any misconduct that compromises the image or integrity of this department, UWA, or puts the health of your athletes at risk is grounds for dismissal from the athletic training program. Violations of procedures or policies of this department will be grounds for a warning from the staff. Repeated violations are grounds for dismissal. Failure to maintain progression requirements results in academic probation and/or suspension from the athletic training program. In addition to academic probation or suspension, the student's enrollment in the athletic training program may be terminated at any time if, in the judgment of the athletic training faculty, the student demonstrates academic, social, or emotional behaviors or physical problems inappropriate to the practice of athletic training. Students whose health status and/or clinical performance jeopardize the patients assigned to his/her care may also be dismissed from the athletic training program. Students suspended from the athletic training program may apply for re-admission to the program through the Athletic Training Curriculum Selection Committee when the deficiencies are removed. Students suspended twice from the program are ineligible to re-apply.

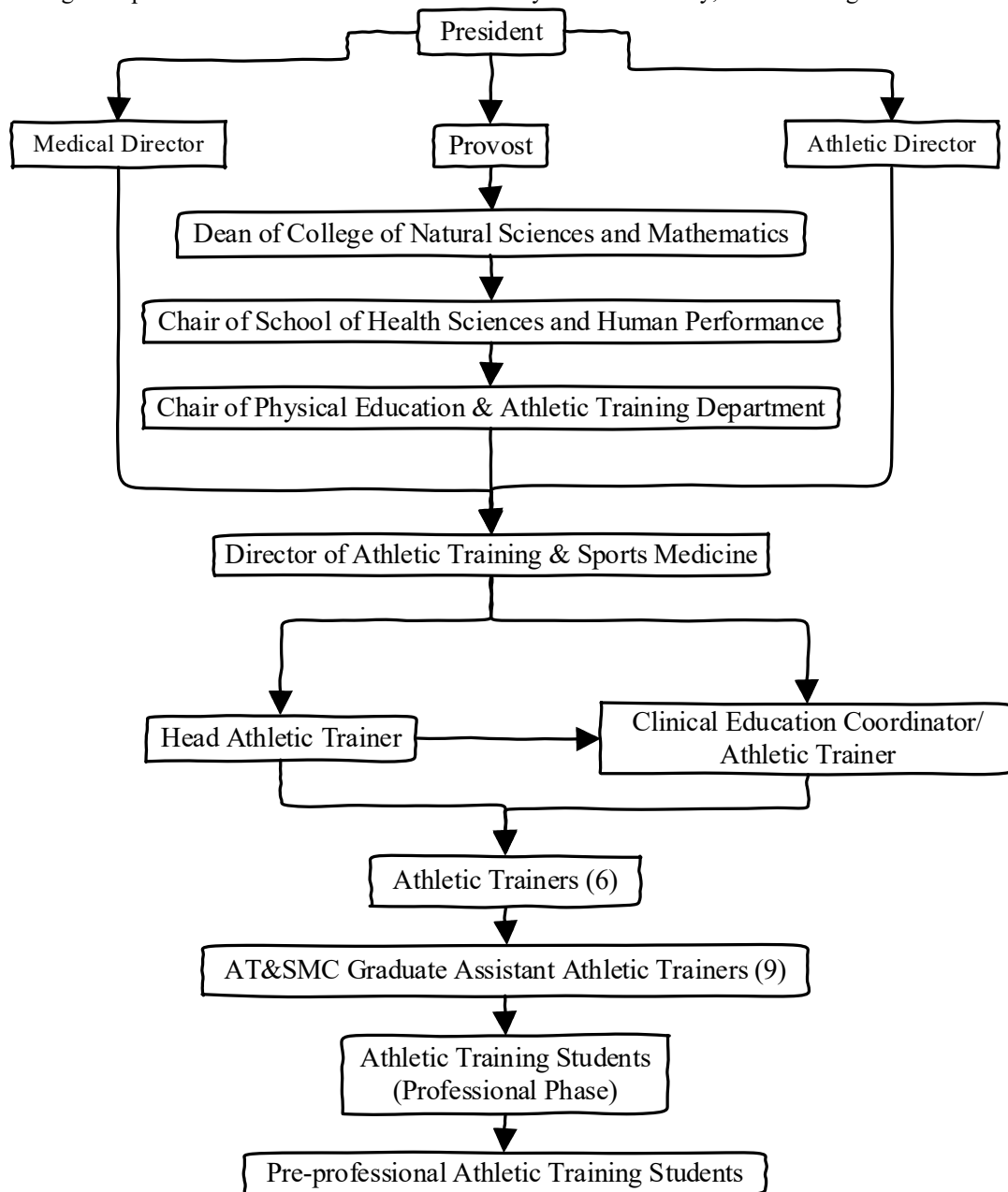
It is the athletic training and sports medicine staff's intention that your experiences here be enjoyable and educational. We will attempt to provide you with the opportunity to gain the knowledge and skills necessary to be an outstanding athletic trainer. In return, we ask for and expect your cooperation, dedication, loyalty, and enthusiasm.

Again, welcome to our staff. We are glad to have you and we look forward to a profitable, educational, and longstanding relationship.

Standards of Operation

Chain of Command

For the athletic training and sports medicine staff to function smoothly and consistently, the following chain of command is in effect:



Decisions on questionable matters should always be referred to the next higher-ranking individual that is immediately available. The athletic training students will be responsible for seeing that all pre-, during, and post- practice assignments are carried out and that the athletic training facility is properly maintained. This includes the inventory of supplies, the supervision of restocking and cleaning the area, and the education of athletic training students in the proper procedures relating to the athletic training facility.

Athletic Training Program Admission Requirements/Masters in Athletic Training?

Admission to the University and to the College of Natural Science and Mathematics does not constitute acceptance into the Athletic Training Program. Every student who wishes to prepare for athletic training certification is required to submit a written application for admission into the Athletic Training Program. This application should be filed with the Athletic Training Program Director no later than April 1/December 1/July 1 of the semester prior to desired program admittance. The Bachelor of Science degree in athletic training consists of two components: (1) The pre-professional program (usually freshman year (minimally fall semester and possibly spring semester) or first year (minimally fall semester and possibly spring semester) for transfers not immediately accepted into the professional component) and (2) the professional program (sophomore through senior years). All students must complete all components of the course of study as described in the University *General Catalogue*. All students must make formal application to the professional program (usually in the fall and/or spring semester of the freshman year or first semester for transfers) and meet all admission requirements. Completion of the pre-professional program does not guarantee acceptance into the professional component of the Athletic Training Program.

Upon successful completion of the prescribed course of study, the student is qualified to receive the degree of Bachelor of Science and is eligible to apply for the Board of Certification Examination for Athletic Trainers.

COSTS

The following is a list of additional estimated expenditures beyond those of tuition, room, board, fees, etc. for which students enrolled in the athletic training program are responsible.

1. Purchase of authorized athletic training uniforms. \$70 annually
2. Assumption of all costs and arrangements for travel to and from clinical facilities for clinical experiences. (variable depending location and frequency, but all clinical sites are within 120 miles)
3. Verification of a negative drug screen according to guidelines established by the clinical agencies utilized by the Athletic Training Program. \$30
4. Negative criminal background check conducted according to guidelines established by the clinical agencies utilized by the Athletic Training Program. \$52
5. Certification and/or recertification of American Red Cross Professional Rescuer/AED First Aid and CPR or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalency. \$27 biennially
6. Initiate the Hepatitis B vaccination series while enrolled in AH 101 or provide documentation of completed series or complete the necessary waiver. \$80 per injection for maximum of three.
7. Annual fees for online clinical proficiency tracking software. \$80
8. Annual fees for professional liability insurance policy. \$30

POLICIES

Admission to the Professional Program:

To be eligible for admission to this program, in addition to meeting all requirements for admission to the University, applicants must:

1. Have a minimum quality-point ratio of 2.5 in all hours attempted in general studies curriculum requirements completed prior to application deadline.
2. Have a minimum quality-point ratio of 3.0 in all hours attempted in the athletic training major requirements completed prior to application deadline.
3. Submit complete application materials including recommendation forms from three faculty members to the Athletic Training Program Director by April 1/December 1/July 1. (Usually these should be submitted during the freshman (fall or spring semester) or first year in the pre-professional program. All course requirements do not have to be completed prior to filing application).
4. Hold current American Red Cross Professional Rescuer First Aid and CPR or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalency.
5. Successfully complete the Athletic Training Practicum courses AH 101 and AH 102. (Exception: Students applying for early admittance after completing AH101 or Students meeting the transfer criteria listed

below may be admitted without previously completing these courses but will have to successfully complete these courses or approved substitute courses as part of their curriculum.)

6. Interview with the Athletic Training Curriculum Selection Committee.
7. Proof of the following documents:
 - a. Immunization records containing at minimum of MMR and DTP vaccines
 - b. Negative criminal background check - Students must submit proof of initiating the criminal background check process prior to the first day of clinical rotations. Student who have provided proof of initiating the process, but who have not yet received the results may be admitted conditionally until the results are received. If the results of the background check are found to be other than negative, a review by the Program Director and Clinical Education Coordinator will occur to determine the student's status at that time. Following the review, a student may be immediately suspended from the Athletic Training Program as a result of this finding.
 - c. Negative tuberculosis skin test within the last 2 calendar years
 - d. Negative drug screening

Students enrolled in clinical athletic training courses must meet the following requirements established by the Commission on Accreditation of Athletic Training Education and clinical agencies utilized by the athletic training program for clinical and field experiences.

1. Completion of the Pre-enrollment Physical Examination.
2. Student must present proof of immunization for MMR and DTP vaccines; failure to comply with this requirement will result in an incomplete grade for the designated course until the requirement is met. An incomplete grade will result in the inability to advance in the program.
3. Student must complete OSHA training and submit verification of OSHA training to be kept in the athletic training student portfolio.
4. Completion and submission of an acknowledgement of the Technical Standards for Admission Form.
5. Completion and submission of a Confidentiality Statement for Athletic Training Students.

Transfer Students: (Both to UWA and from within the University)

Students with previous documented clinical experience in athletic training who transfer to UWA with approximately 30 credit hours or more and meet the following requirements in addition to the above admission requirements may be eligible for admission to the athletic training professional program upon enrollment in the first semester at UWA. This policy also applies to UWA students who desire to transfer from another major to the athletic training major.

1. Documentation of previous clinical experience supervised by a BOC certified athletic trainer or a state credentialed athletic trainer, if any. A minimum of at least 120 hours is recommended and preferred, but not required.
2. If previous documented clinical experience in athletic training is submitted, one of the three recommendation forms must be from the student's primary supervising athletic trainer from the previous institution. The remaining two recommendation forms must be from the faculty of the student's previous institution.

Progression Requirements:

In order to progress in the athletic training professional program, students must:

1. Achieve a minimum grade of "C" in each athletic training major course attempted. For any athletic training major course in which the student earns less than a "C" the entire course must be repeated. Students may repeat an athletic training (AH) course only once.
2. Maintain a cumulative quality-point ratio of 3.0 in all hours attempted in the athletic training major requirements.
3. Maintain a cumulative quality-point ratio of 2.5 in all hours attempted in general studies course requirements.
4. Maintain good standing with the University according to UWA student policies and procedures.

5. Maintain current American Red Cross Professional Rescuer First Aid and CPR or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalency.

NOTE: Failure to maintain any of the above progression requirements results in academic probation and/or suspension from the athletic training professional program. In addition to academic probation or suspension, the student's enrollment in the athletic training professional program may be terminated at any time if, in the judgment of the athletic training faculty, the student demonstrates academic, social, or emotional behaviors or physical problems inappropriate to the practice of athletic training. Students whose health status and/or clinical performance jeopardize the patients assigned to his/her care may also be dismissed from the athletic training professional program. Students suspended from the athletic training professional program may apply for re-admission to the program through the Athletic Training Curriculum Selection Committee when the deficiencies are removed. Students suspended twice from the program are ineligible to re-apply.

Definitions:

Unconditional Acceptance: A student may be accepted to the athletic training professional program after completing all admission requirements without deficiencies as stated in the UWA Athletic Training Curriculum Admission Requirements.

Conditional Acceptance: Students applying to the athletic training curriculum with a GPA in the range of 2.25-2.49 for all general course work and/or 2.75-2.99 for all athletic training course work may be accepted into the program conditionally if all other application requirements have been met. Students accepted conditionally will be placed on a probationary status for one academic year. Failure to correct the deficiency(s) after one academic year will lead to suspension from the Athletic Training Program.

Probation: Deficiencies in admission or progression requirements may result in the student being placed on probationary status. Probationary status is generally one academic year in length except when a student has clearly corrected any and all deficiencies. A student on probation may be limited in the total number of clinical hours allowed per week. Generally, students will not be given primary responsibility for a varsity sport during their probationary period. Students failing to correct all deficiencies at the end of one academic year from the date of probation will be suspended from the athletic training professional program.

Suspension: Students suspended from the athletic training professional program will not be assigned clinical experiences or responsibilities within athletic training. Students will not be allowed to take any professional level athletic training course other than to repeat courses in which they have earned less than a "C."

Quantification of Admissions to the Athletic Training Professional Program

Admission Components	Total Points Possible		
General Studies GPA:	1.75-1.99 = 1 2.00-2.49 = 2 2.50-2.99 = 3	3.00-3.49 = 4 3.50-4.00 = 5	5
Athletic Training GPA:	2.75-2.99 = 1 3.00-3.24 = 2 3.25-3.49 = 3	3.50-3.74 = 4 3.75-4.00 = 5	5
Cardiopulmonary Resuscitation:	YES = 1 NO = 0		1
Faculty Recommendation: (3)	<68% = 0 69-76 = 1 77-84 = 2	85-92 = 3 93-100 = 4	4
Faculty Overall Recommendation:	Admit unconditionally= 2 Admit conditionally= 1	No recommendation= 0 Do not admit = 0	2
Professional Athletic Training Application:	Previous experience = 1 Content = 3 Grammar = 1	Punctuation = 1 Spelling = 1	7
Interview:	Excellent = 4 Above Average = 3 Satisfactory = 2	Below Average = 1 Unacceptable = 0	12
Clinical Hours:	0-119= 0 120-239= 1 240-359= 2	360-479= 3 480>= 4	4
Total:			40

Technical Standards for Admission:

The Athletic Training Program at the University of West Alabama is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

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

Candidates for selection to the Athletic Training Program must demonstrate:

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

Candidates for selection to the athletic training program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The UWA Student Success Center, Foust Hall 7, (205) 652-3651 or the Office of Student Affairs, Webb Hall 323, (205) 652-3851 will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review as to whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

UWA Athletic Training Comprehensive Major
Suggested 4 Year Course Plan for 1st Semester Entering Freshman

(Revised 07/10/17)

	FALL SEMESTER	SPRING SEMESTER	Year
FRESHMAN YEAR	AH 101 Practicum in Athletic Training I	AH 210 Protective Techniques for Injuries	2
	AH 200 Introduction to Athletic Training	AH 102 Practicum in Athletic Training II (<i>AH 101 prerequisite</i>)	1
		AH 230 Athletic Training Emergency Care (<i>AH 200, American National Red Cross Professional Rescuer/AED First Aid and CPR or American Heart Association BLS for Health Care Providers certification or Emergency Medical Technician equivalency prerequisite</i>)	2
	BY 101 Introductory Biology & BY 101L Introductory Biology I Lab OR BY 103 Honors Biology & BY 103L Honors Biology Lab	BY 231 Anatomy & Physiology I & BY 231L Anatomy & Physiology I Lab (<i>BY 101 or BY 103 prerequisite</i>)	4
	EH 101 Written English I (<i>EH 099 if English ACT <18</i>) or EH 103 Honors English I)	EH 102 Written English II (<i>EH 101 prerequisite</i>) or EH 104 Honors English II	3
	PE 251 Concepts in Health, Wellness, and Fitness	MH 113 Pre-Calculus Algebra (" <i>C</i> " or higher in MH 101, an ACT math subscore of 20 or higher, or other appropriate standardized test scores.) (<i>MH 101 if Math ACT <20, MH 081 if <16, MH 080 if <14</i>)	3
	UWA 101 Freshman Seminar		2
	TOTAL		15 31

*EH 103 Honors English I (*ACT composite score of 22 or higher and an ACT English score of 24 or higher*) and EH 104 Honors English II (*EH 103 with a "C" or higher or ACT composite score of 28 or higher and an ACT English score of 28 or CLEP or AP score at requisite level*) will substitute for EH 101 and EH 102.

*BY 103 Honors Biology (*ACT composite score of 22 or higher and an ACT Science Reasoning score of 24 or higher*) will substitute for BY 101.

	FALL SEMESTER	SPRING SEMESTER	Year
SOPHOMORE YEAR	AH 281 Athletic Training Clinical Education I (<i>Admission to athletic training education program</i>)	AH 282 Athletic Training Clinical Education II (<i>AH 281 prerequisite</i>)	1
	AH 220 Injury/Illness Assessment (<i>AH 200, BY 231 prerequisite or corequisite</i>)	AH 322 Evaluation of Injuries I (<i>AH 220 prerequisite</i>)	3
		AH 323 Evaluation of Injuries I Lab (<i>AH 322 prerequisite</i>)	1
	AT 100 Art, MH 100 Music or TH 100 Theatre	PY 100 General Psychology	3
	BY 232 Human Anatomy and Physiology II & & BY 232L Anatomy & Physiology II Lab (<i>BY 231 prerequisite</i>)	EH 222 British Literature II (" <i>C</i> " or above in EH 102 or EH 104 prerequisite); EH 232 American Literature II (" <i>C</i> " or above in EH 102 or EH 104 prerequisite)	3
	EH 221 British Literature I (" <i>C</i> " or above in EH 102 or EH 104 prerequisite); EH 231 American Literature I (" <i>C</i> " or above in EH 102 or EH 104 prerequisite)	EX/PE 444 Physiology of Exercise (<i>BY 231 and AH 200 or PE 200 or PE 240 and 6 hours of Athletic Training or Physical Education prerequisite</i>)	3
	EX/PE 443 Kinesiology (<i>BY 231 and AH 200 or PE 200 or PE 240 and 6 hours of Athletic Training or Physical Education prerequisite</i>)	EX 445 Physiology of Exercise Laboratory (<i>AH 200 or PE 200 or PE 240 and 6 hours of Athletic Training or Physical Education prerequisite</i>)	1
	TOTAL		15 31

*EH 213 Honors Literature I (*2.5 average in EH 103 and EH 104 or 3.5 GPA in EH 101 and EH 102*) will substitute for EH 221 or 231 and EH 214 Honors Literature II ("*C*" or above in EH 213 or 3.5 GPA in EH 101 and EH 102) will substitute for EH 222 or 232.

	FALL SEMESTER	SPRING SEMESTER	Year
JUNIOR YEAR	AH 330 Therapeutic Modalities in Athletic Training (<i>AH 324 prerequisite or corequisite or permission of the instructor</i>)	AH 340 Rehabilitation of Injuries (<i>AH 330, PE 443 prerequisite or corequisite PE 444</i>)	3
	AH 331 Therapeutic Modalities in Athletic Training Lab (<i>AH 330 corequisite</i>)	AH 341 Rehabilitation of Injuries Laboratory (<i>AH 340 corequisite</i>)	1
	AH 381 Athletic Training Clinical Education III (<i>AH 282 prerequisite</i>)	AH 382 Athletic Training Clinical Education IV (<i>AH 381 prerequisite</i>)	1
	AH 324 Evaluation of Injuries II (<i>AH 322 prerequisite</i>)	EX 470 Development of Strength and Conditioning Programs (<i>AH 200 or PE 200 or PE 240 and 6 hours of athletic training or physical education</i>)	3
	AH 325 Evaluation of Injuries II Lab (<i>AH 324 prerequisite</i>)	HY 101 Western Civilization I or HY 211 American History I	3
	AH 301 Research in Athletic Training (<i>EH 102, PH 201 prerequisite or corequisite, or higher than junior standing</i>)	SH 100 Principles of Public Speaking or SH 150 Professional Speaking	3
	AH 300 General Medical Aspects of Athletic Training (<i>AH 200, BY 231, PE 251 prerequisites</i>)		3
	PH 201 College Physics I & PH 211L Technical Physics I Lab (<i>MH 113 or higher prerequisite</i>)		4
	TOTAL		14 31

*HY 103 Honors History I (*ACT composite score of 22 or higher and an ACT Reading score of 24 or higher*) and HY 104 Honors History II (*HY 103 with a "C" or higher or ACT composite score of 28 or higher and an ACT Reading score of 28 or CLEP or AP score at the requisite level*) will substitute for HY 211 and HY 212 or HY 101 and HY 102.

Athletic Training majors are strongly advised to take AH 409, Preprofessional Clinical Experience for up to 4 hours to meet part or all their Athletic Training Elective Requirements. Generally, this preprofessional clinical experience which requires 60 clock hours for every credit hour is best scheduled in the summer prior to the senior year.

	FALL SEMESTER	SPRING SEMESTER	Year
SENIOR YEAR	AH 350 Organization & Administration of Athletic Training (<i>AH 200 prerequisite</i>)	AH 482 Athletic Training Clinical Education VI (<i>AH 481 prerequisite</i>)	1
	AH 430 Psychological Aspects of Athletic Training (<i>PY 100 prerequisite or senior standing</i>)	AH 400 Clinical Decisions in Athletic Training (<i>AH 340 prerequisite</i>)	1
		AN 100 Introduction to Anthropology; EC 201 Microeconomics; GY 100 Introduction to Geography; PS 110 American Government; SY 100 Sociology; SY 110 Social Problems	3
	AH 408 Seminar in Athletic Training (<i>Senior standing or permission of the athletic training education program director</i>)	HY 102 Western Civilization I (<i>HY 101 prerequisite</i>) or HY 212 American History II	3
	AH 481 Athletic Training Clinical Education V (<i>AH 382 prerequisite</i>)	EX 446 Biomechanics of Human Movement (<i>PE 443 prerequisite</i>)	3
	EX 442 Sport & Exercise Nutrition (<i>BY 231 and AH 200 or PE 200 or PE 240 and 6 hours of Athletic Training or Physical Education</i>)	General Elective	3
	Athletic Training Electives		4
	TOTAL		14 27

120

Total hours = minimum of 120 in order to graduate. A minor is not required with this major. 5 hours of this program are general electives which includes the 2 semester hour course, UWA 101 Freshman Seminar. Students are advised to gear these electives towards athletic training, biology, health, physical education, physical sciences, or psychology.

Lightly shaded courses are taught once a year in the semesters where listed but may also be taught in the Summer semester.

Darkly shaded courses are taught once a year only in the semesters where listed.

UWA Athletic Training Comprehensive Major

Suggested 3 Year Course Plan for Transfers above the Freshman Level Accepted Directly into the Program in the Fall Semester

(Revised 07/10/17-Transfer students)

Transfer Sophomore or above 1st Year

FALL SEMESTER		SPRING SEMESTER		Year
AH 200 Introduction to Athletic Training	3	AH 282 Athletic Training Clinical Education II	1	
AH 281 Athletic Training Clinical Education I	1	AH 322 Evaluation of Injuries I	3	
AH 220 Injury/Illness Assessment	2	AH 323 Evaluation of Injuries I Laboratory	1	
**PE 251 Concepts in Health, Wellness, and Fitness	3	AH 210 Protective Techniques for Athletic Injuries	2	
**BY 231 Human Anatomy and Physiology I & BY 231L Human Anatomy and Physiology I Lab	4	**BY 232 Human Anatomy and Physiology II & BY 232L Human Anatomy and Physiology II Lab	4	
PE 443 Kinesiology	3	EX/PE 444 Physiology of Exercise	3	
		EX 445 Physiology of Exercise Laboratory	1	
		AH 230 Athletic Training Emergency Care	2	
TOTAL	16		17	30

** To be taken in this semester if not transferring these courses in. **Courses from the spring semester may be moved up to the fall if the courses in the fall have been transferred in.

Transfer 2nd Year

FALL SEMESTER		SPRING SEMESTER		Year
AH 330 Therapeutic Modalities in Athletic Training	3	AH 340 Rehabilitation of Injuries	3	
AH 331 Therapeutic Modalities in Athletic Training Laboratory	1	AH 341 Rehabilitation of Injuries Laboratory	1	
AH 381 Athletic Training Clinical Education III	1	AH 382 Athletic Training Clinical Education IV	1	
**PH 201 College Physics I & & PH 211L Technical Physics I Lab	4	**EC 231, EC 232, GY 100, PS 110, SY 100, or SY 110	3	
AH 324 Evaluation of Injuries II	3	EX 470 Development of Strength and Conditioning Programs	3	
AH 325 Evaluation of Injuries II	1			
AH 301 Research in Athletic Training	1			
AH 300 General Medical Aspects of Athletic Training	3			
TOTAL	17		13	30

Athletic Training majors are strongly advised to take AH 409, Preprofessional Clinical Experience for up to 4 hours to meet part or all their Athletic Training Elective Requirements. Generally, this preprofessional clinical experience which requires 60 clock hours for every credit hour is best scheduled in the summer prior to the senior year.

Transfer 3rd Year

FALL SEMESTER		SPRING SEMESTER		Year
AH 350 Organization & Administration of Athletic Training	2	AH 482 Athletic Training Clinical Education VI	1	
AH 481 Athletic Training Clinical Education V	1	AH 400 Clinical Decisions in Athletic Training	1	
AH 430 Psychological Aspects of Athletic Training	2	**HY 101 or HY 211 or HY 102 or HY 212	3	
AH 408 Seminar in Athletic Training	1	Athletic Training. Elective	5	
EX 442 Sport & Exercise Nutrition	3	EX 446 Biomechanics of Human Movement	3	
** EH 221 or EH 231	3			
TOTAL	12		13	25
				85

Total hours = minimum of 120 in order to graduate. A minor is not required with this major. 5 hours of this program are general electives which includes the 2 semester hour course, UWA 101 Freshman Seminar. Students are advised to gear these electives towards athletic training, biology, health, physical education, physical sciences, or psychology.

Lightly shaded courses are taught once a year in the semesters where listed but may also be taught in the Summer semester.

Darkly shaded courses are taught once a year only in the semesters where listed.

UWA Athletic Training Major in 2017-2018 Catalogue

Basic Curriculum

I. Written Composition: 6 hours

A. Six semester hours from the following sequences:

- EH 101 - Written English I (3)
- EH 102 - Written English II (3)
- OR
- EH 103 - Honors English I (3)
- EH 104 - Honors English II (3)

II. Humanities and Fine Arts: 12 hours

A. Six semester hours from the following sequences:

- EH 221 - British Literature I (3)
- EH 222 - British Literature II (3)
- OR
- EH 231 - American Literature I (3)
- EH 232 - American Literature II (3)
- OR
- EH 213 - Honors Literature I (3)
- EH 214 - Honors Literature II (3)

B. Three semester hours from the following:

- SH 100 - Principles of Public Speaking (3)
- SH 150 - Professional Speaking (3)

C. Three semester hours from the following:

- AT 100 - Introduction to Art (3)
- MU 100 - Introduction to Music (3)
- TH 100 - Introduction to Theatre (3)
- OR
- HR 100 - Honors Forum (1)
- HR 200 - Honors Special Topics: Interdisciplinary (2)

III. Natural Sciences and Mathematics: 11-15 hours

A. Eight semester hours from the following:

- BY 101 - Principles of Biology (4)
- OR
- BY 103 - Honors Biology (4)
- AND
- PH 201 - College Physics I (4)

B. Three semester hours from the following:

- MH 113 - Precalculus Algebra (3) or higher

IV. History, Social, and Behavioral Sciences: 12 hours

A. Six semester hours from the following sequences:

- HY 101 - History of Western Civilization I (3)
- HY 102 - History of Western Civilization II (3)
- OR
- HY 103 - Honors Western Civilization (3)
- HY 104 - Honors Western Civilization II (3)
- OR
- HY 211 - American History I (3)
- HY 212 - American History II (3)

B. Six semester hours from Social and/or Behavioral Sciences:

- PY 100 - General Psychology (3)

Three semester hours from the following:

- AN 100 - Introduction to Anthropology (3)
- EC 201 - Macroeconomics (3)
- GY 100 - Introduction to Geography (3)
- PS 110 - American Government (3)

- SY 100 - Principles of Sociology (3)
- SY 110 - Social Problems (3)

V. Other Core Requirements: 15 - 19 hours

A. Fourteen hours in pre-professional and major electives from the following: 14 hours

- BY 231 - Human Anatomy and Physiology I (4)
- BY 232 - Human Anatomy and Physiology II (4)
- BY 233 - Applied Nutrition (3)
- OR
- EX 442 - Sport and Exercise Nutrition (3)
- PE 251 - Concepts of Health, Wellness, and Fitness (3)

Choose B., C., D., or E:

B. For Exercise Science Elective Option:

- BY 234 - Medical Terminology (3)

One of the following:

- EX 241 - Strength, Speed, and Power Training (2)
- EX 242 - Flexibility (2)
- EX 246 - Endurance Training (2)

C. For Pre-Professional Health Science Elective Option:

- Advisor approved elective (1)

D. For Emergency Medical Technician Elective Option:

- BY 234 - Medical Terminology (3)
- Advisor approved electives (2)

E. Advisor Approved Electives: 5 hours

- Athletic Training electives may be used to fulfill this requirement.

Athletic Training Requirements: 57 hours

- AH 101 - Practicum in Athletic Training I (1)
- AH 102 - Practicum in Athletic Training II (1)
- AH 200 - Introduction to Athletic Training (3)
- AH 210 - Protective Techniques for Injuries (2)
- AH 220 - Injury Illness Assessment (2)
- AH 230 - Athletic Training Emergency Care (2)
- AH 281 - Athletic Training Clinical Education I (1)
- AH 282 - Athletic Training Clinical Education II (1)
- AH 300 - General Medical Aspects of Athletic Training (3)
- AH 301 - Research in Athletic Training (1)
- AH 322 - Evaluation of Injuries I (3)
- AH 323 - Evaluation of Injuries I Laboratory (1)
- AH 324 - Evaluation of Injuries II (3)
- AH 325 - Evaluation of Injuries II Laboratory (1)
- AH 330 - Therapeutic Modalities in Athletic Training (3)
- AH 331 - Therapeutic Modalities in Athletic Training Laboratory (1)
- AH 340 - Rehabilitation of Injuries (3)
- AH 341 - Rehabilitation of Injuries Laboratory (1)
- AH 350 - Organization and Administration of Athletic Training (2)
- AH 381 - Athletic Training Clinical Education III (1)
- AH 382 - Athletic Training Clinical Education IV (1)
- AH 400 - Clinical Decisions in Athletic Training (1)
- AH 408 - Seminar in Athletic Training (1)
- AH 430 - Psychological Aspects of Athletic Training (2)
- AH 481 - Athletic Training Clinical Education V (1)
- AH 482 - Athletic Training Clinical Education VI (1)
- EX/PE 443 - Kinesiology (3)
- EX/PE 444 - Exercise Physiology (3)

- EX 445 - Exercise Physiology Lab (1)
- EX 446 - Biomechanics of Human Movement (3)
- EX 470 - Development of Strength and Conditioning Programs (3)

Electives:

Choose one of the five elective options below:

A. Athletic Training Electives Option: 4 hours

- AH 397 - Independent Study in Athletic Training (1-3)
- AH 409 - Pre-professional Clinical Experience (1-4)
- AH 498 - Selected Topics in Athletic Training (1-3)
- BY 234 - Medical Terminology (3)
- EX 241 - Strength, Speed, and Power Training (2)
- EX 242 - Flexibility (2)
- EX 246 - Endurance Training (2)
- EX 421 - Testing in Human Performance (3)
- EX 434 - Sport and Exercise Law (3)
- EX 451 - Exercise Prescription (3)
- PE 475 - Emergency Management of Athletic Injuries (1-3)
- PE 476 - Sports Medicine Seminar and Workshop (1-3)
- PY 428 - Health Psychology (3)
- SH 330 - Interpersonal Communication (3)
- SP 229 - Spanish for Medical Personnel (2)

B. Internship Option: 6-12 semester hours

- AH 489 - Athletic Training Internship (6-12)

C. Exercise Science Option: 12-14 hours

- AH 409 - Pre-professional Clinical Experience (1-4)
- BY 330 - Hematology (4)
- BY 331 - Immunology (4)
- EX/PE 345 - Motor Learning and Motor Development (3)
- EX 421 - Testing in Human Performance (3)
- EX 451 - Exercise Prescription (3)
- PE 476 - Sports Medicine Seminar & Workshop (1-3)

D. Pre-Professional Health Science Option: 18-38 hours

Four to twelve hours from the following:

In addition to courses taken under III. Natural Sciences and Mathematics C. Pre-Professional Health Science Option.

- BY 222 - General Zoology (4)
- BY 240 - Applied Microbiology (4)
- BY 330 - Hematology (4)
- BY 331 - Immunology (4)
- BY 380 - Genetics (4)
- BY 472 - Cell Biology (4)
- BY 474 - Human Physiology (4)

Eight to sixteen hours from the following:

- CH 111 - General Chemistry I (4)
- CH 112 - General Chemistry II (4)
- CH 241 - Organic Chemistry I (4)
- PH 201 - College Physics I (4)
- PH 202 - College Physics II (4)

One of the following:

- MH 246 - Introduction to Biostatistics (4)
- PY 370 - Statistics for the Social Sciences (3)
- SY 370 - Statistics for the Social Sciences (3)

Three to six hours from the following:

- PY 310 - Developmental Psychology (3)
- PY 320 - Abnormal Psychology (3)
- PY 330 - Social Psychology (3)
- PY 428 - Health Psychology (3)

E. Emergency Medical Technician Option: 13-14 hours

- EMS 200 - Basic Emergency Care (6)
- EMS 205 - Basic Emergency Clinical Internship (1)
- EMS 206 - Basic Skills Laboratory (1)

Five to six hours from the following:

- PL 204 - Medical Ethics (3)
- PY 428 - Health Psychology (3)
- SH 330 - Interpersonal Communication (3)
- SP 229 - Spanish for Medical Personnel (2)

Mission Statements:

The mission of the Department of Physical Education and Athletic Training at the University of West Alabama is to provide our majors an exceptional education which prepares them to be versatile, effective and competent professionals ready to begin careers in P-12 physical education, exercise science, sport management and athletic training.

The Mission of the undergraduate Athletic Training Program (ATP) at the University of West Alabama is to provide quality didactic and clinical experiences to professional program athletic training students through the utilization of interactive instructional methods and exposure to a variety of clinical education experiences and allied health professionals.

Educational Objectives of the Athletic Training Program

1. Demonstrate a sound knowledge of risk factors that may be encountered by the physically active population and be able to implement a risk management program, a prevention program, and manage a health care facility.
2. Demonstrate the knowledge to recognize, assess and treat the acute injuries and illnesses of athletic and physically active individuals and to provide appropriate medical referral.
3. Demonstrate the knowledge to plan, implement, document and evaluate the use of therapeutic modalities and therapeutic exercise in the treatment of injuries and illnesses in the athletic and physically active population.
4. Demonstrate the knowledge to recognize, treat, and refer when appropriate the general medical conditions and disabilities of athletes and others involved in physical activity.
5. Demonstrate the knowledge to understand professional responsibilities, avenues of professional development and to promote athletic training as a profession.
6. Demonstrate the ability to gather and present research as it relates to the profession of athletic training.
7. Demonstrate professional responsibilities and comprehension of effective supervision through a progression of clinical rotations.
8. Student must complete requirements for eligibility for the Board of Certification Examination as set forth and endorsed by the NATA, BOC and the CAATE

II. How the Mission is Achieved Through Structure and Content:

A. Structure

The number of credit hours in the undergraduate program in athletic training is 120. 60 hours of athletic training requirements and 60 hours of general studies requirements, which consist of six (6) hours of written composition, twelve (12) hours of humanities and fine arts, eleven (11) hours of natural science and mathematics, twelve (12) hours of history, social, and behavioral sciences, and nineteen (19) hours of other core requirements.

B. Content

The *Role Delineation Study/Practice Analysis*, Seventh Edition of the National Athletic Trainers' Association Board of Certification concludes that the profession is divided into five major performance domains. These domains are:

1. Injury and Illness Prevention and Wellness Promotion
2. Examination, Assessment and Diagnosis
3. Immediate and Emergency Care
4. Therapeutic Intervention
5. Healthcare Administration and Professional Responsibility

The athletic training requirements are designed to address the tasks, knowledge and skill statements within each domain through the didactic and clinical experiences contained in the courses, laboratory and clinical assignments.

Job Descriptions & Staff Responsibilities

Director of Athletic Training & Sports Medicine/Professor/Program Director: Dr. R.T. Floyd

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Administration & coordination of athletic training service contracts with secondary schools, community colleges, etc.
4. Administration & coordination of athletic training clinical contracts with off campus affiliated clinical sites
5. Preceptor for and clinical supervision of athletic training students at the Homer Athletic Training & Sports Medicine Center clinical site
6. Teaching assignments for athletic training faculty
7. Teaching load of 18-24 hours in PEAT
8. Approval of varsity athlete prescriptions
9. Clinical instruction of athletic training students
10. Selection & purchasing of athletic insurance policies
11. Academic advisor for athletic training and physical education (graduate)
12. Chair, athletic training curriculum committee
13. Athletic training consultant to UWA community and service area
14. Selection & coordination of all sports medicine physicians & allied health personnel
15. Provision of athletic training services for secondary school/community college, etc. events as assigned
16. Procurement and execution of all grant activity for UWA related to athletic training & sports medicine
17. Coordination of physician visits to UWA
18. Chief administrator of athletic training budgets
19. Inventory and distribution of keys for all athletic personnel
20. Coordination of graduate assistant athletic trainers
21. Recruitment and hiring of athletic training faculty and staff
22. Coordination of professional continuing education for athletic training staff
23. Design, administration, organization, and updating of UWA Athletic Training website

Head Athletic Trainer/Assistant Professor: Brad Montgomery, MAT, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Supervision of all athletic training services to UWA varsity athletes
4. Preceptor for and clinical supervision of athletic training students at football practice and competitions
5. Preceptor for and clinical supervision of athletic training students at other sports practices and competitions as needed
6. Teaching load of 8-10 hours in PEAT
7. Approval of UWA athlete prescriptions
8. Clinical instruction of athletic training students
9. Establish bid list for athletic training supplies
10. Academic advisor for PE/athletic training
11. Athletic training curriculum committee member
12. Member of Athletic Department Senior Staff
13. Athletic training consultant to UWA community and service area
14. Coordinate and administer UWA athletic physical examinations
15. Provision of athletic training services for secondary school/community college, etc. events as assigned
16. Coordinate staff and student professional rescuer education & certification
17. Consult football coaches on inventory and equipment purchases
18. Supervise the fitting of football equipment
19. Principal administration of UWA varsity athlete medical files, insurance information, & personal health information
20. Chief administrator to insurance claims with athletic insurance coordinator
21. Supervise the use of state vehicles for varsity athlete medical purposes
22. Coordinate final decisions on return of injured athletes to participation with Medical Director
23. NCAA & UWA drug testing site coordinator
24. Coordinator of sport summer camp athletic training services
25. Maintenance of Vivature and computerized record keeping

Athletic Trainer/Instructor/Clinical Education Coordinator: Joni Maddox, DAT, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision and instruction of athletic training students in the Homer Athletic Training Center and at other sports practice and competition as needed
4. Teaching load of 10-12 hours in PEAT
5. Preceptor for and clinical supervision of athletic training students at men's basketball practice and competition
6. Coordinate the graduate assistants clinical schedule and responsibilities
7. Coordinate athletic training student clinical rotations/mentorship programs

8. Coordinate contracts with off-campus clinical sites, including evaluations and site visits including Clinical site evaluation
9. Coordination and updating of Student Academic/Professional Program Records including student evaluation and student clinical progression
10. Academic advisor for athletic training
11. Sports Medicine Club faculty/staff advisor
12. Athletic training curriculum committee member
13. Provision of athletic training services for secondary school/community college, etc. events as assigned
14. Athletic training consultant to UWA community and service area
15. Updating athletic training students' curriculum binders/GPA
16. Maintenance of athletic training student clinical and academic files
17. Maintenance of athletic training faculty/staff certifications and licensures
18. Provide new faculty/staff orientation and preceptor training and preceptor evaluation
19. Maintenance of Alumni and their contact information
20. Coordinate employer/alumni surveys
21. Maintenance of Physicians clinic records
22. Maintenance of Vivature and computerized record keeping

Athletic Trainer/Instructor (1): Cassidy Evans, MS, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Teaching load of 10-14 hours in PEAT
4. Athletic training curriculum committee member
5. Athletic training consultant to UWA community and service area
6. Preceptor for and clinical supervision of athletic training students at the Homer Athletic Training & Sports Medicine Center clinical site
7. Preceptor for and clinical supervision of athletic training students at various sport practices and competitions as needed
8. Clinical instruction of athletic training students
9. Coordination of Graduate Assistant Athletic Trainer searches
10. Provision of athletic training services for secondary school/community college, etc. events as assigned
11. Coordinate and issue clothing inventory for staff and students
12. Maintenance of Vivature and computerized record keeping

Athletic Trainer/Instructor (2): Hudson Byrnes, MS, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Teaching load of 10-14 hours in PEAT
4. Athletic training curriculum committee member
5. Athletic training consultant to UWA community and service area
6. Preceptor for and clinical supervision of athletic training students at baseball practice and competition
7. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed
8. Clinical instruction of athletic training students
9. Provision of athletic training services for secondary school/community college, etc. events as assigned
10. Coordinate Vivature & computerized injury record keeping
11. Coordinate UWA Athletics drug testing program
12. Maintain current professional rescuer training for ATP faculty/staff and students.
13. Coordinate of Finals Week Survival Kits Fund raiser
14. Maintenance of Vivature and computerized record keeping

Athletic Trainer/Instructor (3): Codie Washburn, MAT, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Teaching load of 10-14 hours in PEAT
4. Athletic training curriculum committee member
5. Athletic training consultant to UWA community and service area
6. Iota Tau Alpha faculty/staff advisor
7. Preceptor for and clinical supervision of athletic training students at volleyball practice and competition
8. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed
9. Clinical instruction of athletic training students
10. Provision of athletic training services for secondary school/community college, etc. events as assigned
11. Annual revision and updating of the UWA Policy & Procedure Manual for Athletic Trainers
12. Maintenance of Vivature and computerized record keeping

Athletic Trainer/High School Outreach Coordinator/Instructor (4) Amanda Shaw, MS, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Teaching load of 6-9 hours in PEAT
4. Athletic training curriculum committee member
5. Athletic training consultant to UWA community and service area
6. Preceptor for and clinical supervision of athletic training students at area high schools' practice and competition
7. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed
8. Clinical instruction of athletic training students
9. Provision of athletic training services for secondary school/community college, etc. events as assigned
10. Supervision of 1-2 Graduate Assistants in the service and athletic training services at area high schools
11. Coordinate athletic training student high school clinical rotations
12. Coordinate high school game athletic training services for all staff and graduate assistants on a weekly basis
13. Coordinate and administer area high school physicals
14. Coordinate procurement of UWA athletic training supplies and equipment issued to high school athletes and/or community patients
15. Maintain current mileage of issued state vehicles
16. Maintain up-to-date high school and physician contact information in the outreach database
17. Maintenance of Vivature and computerized record keeping

Athletic Trainer/Instructor (5): Andrea Wilson, MS, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Teaching load of 14-16 hours in PEAT
4. Preceptor for and clinical supervision of athletic training students at the Homer Athletic Training & Sports Medicine Center clinical site
5. Preceptor for and clinical supervision of athletic training students at sports practice and competition as needed
6. Clinical instruction of athletic training students
7. Athletic training consultant to UWA community and service area
8. Provision of athletic training services for secondary school/community college, etc. events as assigned
9. Instruction and review of BOC prep material
10. Maintenance of referral records to Andrews Sports Medicine & Orthopaedic Center and St. Vincent's Birmingham
11. Maintenance of Vivature and computerized record keeping

Graduate Assistant Athletic Trainer #1: AC Sasser, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision of athletic training students at rodeo and tennis practice and competition
4. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed
5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Provision of athletic training services for secondary school/community college, etc. events as assigned by high school outreach coordinator
8. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
9. Maintenance, revisions and inventory of rehabilitation protocols
10. Maintenance of Vivature and computerized record keeping

Graduate Assistant Athletic Trainer #2: Brogan Hubbard, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision of athletic training students at football practice and competition
4. Preceptor for and clinical supervision of athletic training students at sports practice and competition as needed
5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Provision of athletic training services for secondary school/community college, etc. events as assigned by high school outreach coordinator
8. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
9. Maintenance of Vivature and computerized record keeping

Graduate Assistant Athletic Trainer #3: Serah Winkler, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision of athletic training students at men's soccer practice and competition
4. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed

5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Provision of athletic training services for secondary school/community college, etc. events as assigned by High school outreach coordinator
8. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
9. ATSMC Faculty/Staff Brochure
10. Maintenance of Vivature and computerized record keeping

Graduate Assistant Athletic Trainer #4: Mary Spengler, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision of athletic training students at cross country/track/triathlon practice and competition
4. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed
5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Provision of athletic training services for secondary school/community college, etc. events as assigned by the high school outreach coordinator
8. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
9. Inventory, issue, and organization of course text books
10. Maintenance of Vivature and computerized record keeping

Graduate Assistant Athletic Trainer #5: Lane Alexander, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision of women's basketball/cheerleading practice and competition
4. Preceptor for and clinical supervision of athletic training students at other sport practices and competitions as needed
5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Provision of athletic training services for secondary school events as assigned by the high school outreach coordinator
8. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
9. Maintenance of Vivature and computerized record keeping

Graduate Assistant Athletic Trainer #6: Emily Galloway, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision of athletic training students at area high schools' practice and competition
4. Preceptor for and clinical supervision of athletic training students at sports practice and competition as needed
5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Provision of athletic training services for secondary school/community college, etc. events as assigned by high school outreach coordinator
8. Coordination of communication and follow-up with area high schools & allied health personnel as assigned
9. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
10. Maintain up-to-date high school and physician contact information in the outreach database

Graduate Assistant Athletic Trainer #7: Erin Miller, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision of athletic training students at volleyball practice and competition
4. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed
5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Provision of athletic training services for secondary school/community college, etc. events as assigned by high school outreach coordinator
8. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
9. Continued review and refinement of graduate assistant athletic trainer evaluation process and documents
10. Maintenance of Vivature and computerized record keeping

Graduate Assistant Athletic Trainer #8: Ian Morales, ATC

1. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
2. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
3. Preceptor for and clinical supervision of athletic training students at women's soccer practice and competition
4. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed

5. Clinical instruction of athletic training students
6. Athletic training consultant to UWA community and service area
7. Provision of athletic training services for secondary school/community college, etc. events as assigned by high school outreach coordinator
8. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
9. Maintenance of Vivature and computerized record keeping

Graduate Assistant Athletic Trainer #9: Trevor Polivka, ATC

10. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA varsity athletes
11. Prevention, evaluation, treatment, referral & rehabilitation of injuries/illnesses to UWA AT&SMC patients
12. Preceptor for and clinical supervision of athletic training students at women's soccer practice and competition
13. Preceptor for and clinical supervision of athletic training students at other sports practice and competition as needed
14. Clinical instruction of athletic training students
15. Athletic training consultant to UWA community and service area
16. Provision of athletic training services for secondary school/community college, etc. events as assigned by high school outreach coordinator
17. Assist with didactic and laboratory instruction of courses in Athletic Training Program as assigned
18. Maintenance of Vivature and computerized record keeping

Secretary to Athletic Training: Carol Spicer

1. Assist Program Director with all filing, mailing, and clerical work
2. Assist ATP faculty with all clerical work
3. Assist ATP faculty with placement of information and examinations on Blackboard
4. Purchasing process for supplies and equipment
5. Maintaining academic advisement files on departmental students
6. Coordination of communication and follow-up with area high schools & allied health personnel as assigned
7. Development & updating of prospective athletic training student list & addresses, numbers, etc.
8. Scanning and filing of private patient records into electronic medical record
9. Filing and storage of patient imaging discs

Professional Demeanor Policy

1. The use of illegal drugs will not be tolerated: anyone caught on or away from campus using or selling drugs or drug paraphernalia will be subject to removal from the Athletic Training Program as ruled on by The University Disciplinary Committee. All athletic training students are subject to drug testing in the same manner as UWA varsity athletes. All athletic training students are expected to adhere to the UWA Athletic Department Drug Policy and are subject to disciplinary actions as detailed.
2. Any actions committed on or away from campus that are illegal and punishable by any law where the student is acting in a capacity, or representing the University in any capacity that puts the Athletic Training Program or The University in a poor public position may lead to probation, suspension, or termination of enrollment in the Athletic Training Program as ruled on by The University Disciplinary Committee.
3. Failure to meet or maintain the academic requirements of the Athletic Training Program will result in probation, suspension, or termination of enrollment in the program. For possible reinstatement, the student must go through the application process again as stated in the University Catalogue.
4. Any action deemed as, construed as, or pertaining to sexual harassment as defined in The University Student Handbook by any student in the Athletic Training Program will result in referral to Title IX Coordinator for appropriate action and possible removal from the Athletic Training Program.
5. Parking at Homer Field House is illegal for any student except in the areas denoted as student parking. Illegal parking will be subject to citations by The University Campus Police.
6. All students wishing to file a grievance must do so in accordance with University policy of grievances. A meeting will be arranged with all parties involved to attempt to resolve the grievance. If it cannot be resolved, it will be referred to other administrative personnel within The University.
7. Failure to comply with any of the Policies and Procedures of the Athletic Training Program can result in punishment, suspension, or termination of enrollment in the Program. The student will be informed in writing of disciplinary action and will be given due process. If the offending action is severe enough to warrant suspension or termination, the student will be referred to The University Disciplinary Committee.

Clinical Assignment Policy

1. Athletic training students will be assigned to clinical rotations based upon a variety of factors which include but are not limited to the following: previous experience and clinical rotations, 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.
2. All students must report to any and all assigned clinical assignments on time. Students must contact supervising AT in advance if they will miss or be late to an assigned duty. If unable to attend a practice, game, etc. or assigned sport, advance notice must be given to the staff and it is the student's responsibility to find another athletic training student (in the professional component of the Athletic Training Program) to attend in their place. Failure to report to duties and unexcused absences will lead to probation, suspension, or termination from the Athletic Training Program.
3. Acceptance of clinical assignments involving UWA varsity sport teams means that we can depend on the student to be present for all assigned practices, events, games, and treatment/rehabilitation, unless an emergency arises.
4. Only students accepted into the professional component of the Athletic Training Program may be assigned clinical responsibilities at away games, gain clinical experience on our sidelines, and be involved in the provision of athletic training services.
5. During preseason and/or postseason varsity camps, athletic training students are expected to abide completely by all rules imposed on the respective team. These include appearance, housing, visitation, meals, alcohol usage, and curfew.
6. Athletic training students are to abide by the respective rules of their assigned varsity sport when traveling on a road trip with their assigned preceptor/varsity sport.
7. When in the athletic training facility, regardless of whether on duty or not, be prepared to be asked to provide treatments or perform tasks as deemed necessary by the supervising preceptors.
8. While in the athletic training facility, or at UWA varsity practices and games, the use of profanity, horse play, or actions unacceptable to the health care professional, will not be tolerated.
9. All rules of the NCAA, NIRA, and GSC governing varsity practices, events, or competitions are to be followed by the athletic training students.
10. All students, graduate assistants, and staff are required to adhere to the Health and Safety Policy of The University of West Alabama Athletic Training Program.
11. All students, graduate assistants, and staff are required to read and sign a HBV vaccination waiver prior to being allowed to gain clinical experience within the Athletic Training Program.
12. No student is allowed to use a modality without specific instructions from a preceptor and the student having demonstrated proficiency with the modality.
13. Students are required to be Professional Rescuer First Aid & CPR certified before admission into the program and must gain re-certification annually.
14. OSHA guidelines are to be followed very closely. All students stating they have read the guidelines and universal precautions and understand them and will adhere to them must sign a consent form. Also, a training session on the OSHA guidelines and universal precautions is required annually for all students.
15. Appropriate emergency procedures are discussed and demonstrated with each new student. Each student must take part in a yearly in-service on the appropriate techniques of emergency procedures.

16. All emergency and potentially important phone numbers are posted at specific locations in clearly marked UWA Emergency Action Plans (EAPs) should an emergency situation arise. These EAPs are also maintained in each athletic training kit. All members of the Athletic Training Program will be informed about these numbers and EAPs and where they are located.

Fair Practice Work Policy

Athletic Training Students (ATS) are not to serve in the capacity of a Certified Athletic Trainer. Athletic training students are not to act in the capacity of managers, secretarial support staff, or coaches, but are expected to work closely with their supervising preceptor in their respective roles. Requests to perform tasks other than athletic training related duties are not to compromise the student's educational experience.

Once a student has successfully completed and been evaluated on an athletic training competency and/or clinical proficiency skill, he/she may begin to utilize these skills on a daily basis, under the supervision of the preceptor, during the field experience.

We expect an athletic training student to be present and active in all academic and clinical roles as part of his/her overall education; failure to do so results in a student compromising his/her own educational experience. Students will be allowed to hold part time jobs outside of the ATP only if the job does not interfere in any way with the assigned responsibilities as determined by the ATP staff. Clinical education and field experiences take place primarily from 5:00 a.m. to 8:00 a.m., approximately 1:00 p.m. to 6:00 p.m., or 6:00 p.m. to 9:30 p.m., depending upon the clinical assignment. On occasion these may meet earlier in the morning, depending on the practice schedules of the athletic teams that are included as part of the field experience. Students are also required ONE hour of clinic work a week. This hour is a part of their clinical class. Students desiring to secure a part time employment situation must take this into account when scheduling their time. Although the program and staff understand students look for part time employment to assist with financing their education, the student *will not* be released from clinical education experiences and must meet all requirements of the ATP as a primary commitment.

All students desiring to obtain part-time employment during the fall and spring semesters must submit a completed *Outside Employment Notification Form* to the Program Director for approval in advance of beginning the employment.

Any enrolled program student who violates this policy (at any time during his/her enrollment) without expressed written consent from the ATP Program Director will be reprimanded according to the following guidelines:

- The *Class Attendance Policy* and *Clinical Experience Attendance Policy* will be in full effect to address most instances occurring as a result of work policy violations.
- First offense: the student will receive written and verbal warning of failure to follow Policy and Procedures. This warning will become part of the ATS's permanent portfolio.
- Second Offense: Verbal and written notification will be documented in student portfolio AND the student will be suspended from clinical experiences for 1 full week. At no time (beyond satisfying academic requirements) will the student be allowed to participate in any athletic training events or clinical experiences. If the student (through assignment with a preceptor) is primarily working / traveling with a specific sports team, the preceptor may select another ATS to stand in for the term of the suspension. (NOTE: in satisfying academic requirements during the term of suspension, a student will be removed from primary sport(s) and fulfill all hours within the Athletic Training Facility at hours approved by the ATP staff)
- Third Offense: Verbal and Written notification AND the student will be suspended from athletic training events and clinical experiences (not to compromise academic requirements – see above) for a term of 1 full month and at the discretion of the program director. Other measures may be imposed at the discretion of the Athletic Training Selection committee.
- Fourth Offense: Verbal and written notification and recommendation for removal from the ATP.

Students are not paid for their participation in clinical and field experiences and are encouraged to review UWA student employment guidelines. Some student workers may receive athletic scholarships, college work-study, or other forms of compensation from the athletic department.

Supervision Policy and Definitions

- Athletic training students must be supervised at all times; the preceptor must be able to intervene on behalf of the student and/or patient at all times.
- Athletic training students may perform athletic training skills only with direct supervision.
- Athletic training students cannot be required to perform any skills unsupervised.
- If unsupervised experiences are available for students, students are not permitted to perform athletic training skills during those unsupervised experiences.

Definitions:

Preceptor

A preceptor is a certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base, and who has completed preceptor training. A preceptor provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students. Note that other content experts (e.g., exercise physiologists, nutritionists, mental health counselors, physicians) can be used to teach and evaluate those Clinical Proficiencies that fall within the domain of their professional expertise. However, a preceptor must evaluate the students' ability to integrate these skills into professional practice.

Athletic Training Student

A student currently enrolled in courses while matriculating through a CAATE accredited professional education program. Clinical education represents the athletic training students' formal acquisition, practice, and evaluation of the Athletic

Training Clinical Proficiencies by a preceptor through classroom, laboratory, and clinical education experiences under the direct supervision of a preceptor.

- **Clinical Education**

Clinical education represents the athletic training students' formal acquisition, practice, and preceptor evaluation of the Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of a preceptor. Formal evaluation of the application and integration of clinical proficiencies are completed by a preceptor. Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a preceptor.

- **Direct Supervision**

This applies to the instruction and evaluation of the clinical proficiencies by a preceptor. Constant visual and auditory interaction between the student and the preceptor must be maintained. The preceptor shall be physically present for proficiency instruction and evaluation.

- **Supervision**

This applies to the field experiences under the direction of a preceptor. Daily personal/verbal contact at the site of supervision between the athletic training student and the preceptor who plans, directs, advises, and evaluates the students' athletic training field experience. The preceptor shall be physically present to intervene on behalf of the athlete/patient.

- **Clinical Education Experience**

Clinical education experience provides an opportunity for integration of psychomotor, cognitive and affective skills, and clinical proficiencies within the context of direct patient care. A preceptor must directly supervise formal clinical education experience.

Travel Policy

As part of the ATP experience, ATS will be provided the opportunity to travel with various athletic teams throughout the course of their educational experience. Travel can only be counted toward your clinical experience and hours in the ATP if accompanied by a preceptor. If you are traveling you will always accompany a preceptor who will provide direct supervision. Some areas to review prior to traveling with the team are listed below:

- Emergency Care Policy
- Expected Conduct
- Record Keeping Policies
- Kit (supplies)
- Emergency telephone numbers of host team and facility and contact information of UWA ATs
- The preceptor and athletic training student(s) should always carry the emergency contact and insurance information on all of the athletes involved with the sport.
- Athletic Training Students are not authorized to drive state vehicles.

Remember you are representing not only yourself, but also your team, school, and ATEP, so conduct yourself accordingly. You need to understand your limitations as an athletic training student. DO NOT put yourself in a position that may jeopardize you legally and/or ethically. Athletic training students must follow the respective team rules and guidelines when traveling with athletic teams. Failure to comply will result in reassignment to a different clinical experience and possibly probation/suspension status within the Athletic Training Program.

UWA ATs are allowed to perform the following duties when accompanying a preceptor:

- Preventative taping, wrapping, and padding
- Preventative stretching techniques
- Primary evaluation of acute injuries to determine need for referral or activation of Emergency Medical Services
- Immediate care of acute injuries following the Rest, Ice, Compression, and Elevation principles.
- Application of ice packs to individuals free of contraindications
- Wound care utilizing OSHA procedures as outlined in annual workshops and the Policy and Procedure Manual for UWA Athletic Trainers
- Emergency splinting of injured extremity
- Documentation of the above tasks performed

Protocol for Out of Town Events for preceptor and/or accompanying athletic training students

- Be ready to go if requested by a staff athletic trainer to accompany him/her on a trip.
- At least one of the athletic training students assigned to varsity sports teams are usually expected to travel with the team unless there are significant extenuating circumstances.
- If one of the athletic training students cannot travel as assigned, a five-day notice must be given so that a substitute can be found or other arrangements can be made.
- Athletic training students are required to adhere to all travel regulations, which apply to the team.
- In any travel situation be early for the departure time. Anyone not ready will be left behind.
- When traveling expense is incurred for meals, make sure receipts are obtained. Athletic trainers failing to obtain proper receipts will not be reimbursed.

- Upon arrival at an event, locate the host institution's medical personnel to discuss availability of medical care. The athletic training student should introduce themselves to the host athletic trainer, be sure of arrangements, make any special requests in advance of the event, and firm up emergency procedures.
- Consult the host certified athletic trainer in the event of an injury.
- If the injured student athlete is referred to a hospital or a clinic, accompany the student athlete and ensure that all necessary information is available.
- When traveling, pack all pertinent insurance documents and emergency phone numbers for parent notification.
- As directed by the preceptor, provide the head coach with any and all information pertinent to his/her decision-making regarding the health status of the athletes under his/her authority.

General/Confidentiality

In dealing with people, common sense must be your guideline. 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. The confidentiality of the medical atmosphere is paramount. **You may not release information to anyone regarding an athlete without prior, written permission from the athlete. HIPAA and FERPA guidelines are in effect and must be adhered to strictly.**

Class Attendance Policy

The Athletic Training Program faculty are responsible for the design and instruction of the academic courses contained within the curriculum. The faculty feel that these courses, combined with clinical education and experience, are vital to the overall success of students in the Athletic Training Program. As such, the faculty feel that students enrolled in the ATP should attend 100% of all class meetings. Therefore, all athletic training students will be required to attend and be actively involved in all ATP courses. Additionally, being "tardy" for any course will be considered an absence under the terms of this policy. Students are expected to be seated and prepared to initiate class activities at the time designated for the class to begin. Those students not ready to initiate class as described will be considered tardy. This policy applies to laboratory class meetings and includes appropriate dress. Roll will be taken at the beginning of classes and faculty are not obligated to amend the roll for students arriving after that time. Furthermore, faculty may, at their discretion, choose to refuse admittance to anyone who arrives after class has begun (i.e. lock classroom doors or dismiss student.)

Athletic training students may occasionally be absent from courses while engaging in another aspect of athletic training education (traveling with a team, taking an athlete to the physician, etc.) In these instances, students are encouraged to provide advance notice to all their professors. Understandably, there will be times when absences will be excused (illness, family emergency, etc). Habitual tardiness or absence from academic courses will be addressed by the following guidelines:

- Exceeding more than three absences: The final letter grade earned through course assignments and examinations will automatically be lowered by one letter grade and recorded with the Registrar.
- Exceeding more than six absences: The final letter grade earned through course assignments and examinations will automatically be lowered by two letter grades and recorded with the Registrar.
- Exceeding more than nine absences: The final letter grade earned through course assignments and examinations will automatically be lowered by three letter grades and recorded with the Registrar.
- In all cases a record of this negligence will be placed in the student's permanent folder which will factor in to consideration for continuance in the program.

(NOTE: as the ATP staff are not the primary instructors in other courses (i.e. English, Math, etc), we cannot hold attendance to these classes under these guidelines. Although we insist on student being responsible for their own education, absences from these courses will not be applied to this policy. As always, UWA Academic Attendance policies will apply and shall be followed.)

Athletic Training Student Clinical Hours Policy

Each student enrolled in the UWA Athletic Training Program will be required to obtain clinical experience on a weekly basis. These experiences will be measured in hours and documented on E-Value. The preceptor, that the student is assigned to, will verify/approve the documented hours on a weekly or bi-weekly schedule on E-Value. Each student must obtain a minimum of eight (8) clinical hours per week. The maximum number of clinical hours a student can document cannot exceed forty (40) hours per week. If a student has extenuating circumstances that prevents them from obtaining the minimum clinical hour number for a given week(s), they must contact the Clinical Education Coordinator to document the reason or rationale for their failure to meet the standard. If a motivated student desires to exceed the maximum number of assigned clinical hours per week, they will be performing these hours on a volunteer basis, but in no cases will be allowed to exceed more than forty (40) clinical hours within a given week, whether assigned or volunteer.

Additionally, each student can only obtain clinical hours on six of the seven days within each calendar week. To elaborate, this does not necessarily mean a day off every seven days. As one example a student may possibly be off the first day of one calendar week and the last day of the next calendar week. The preceptor will follow the NCAA requirement for athletic teams which mandates that each student-athlete must be allowed one day away from their sport in a calendar week. Therefore, if an athletic training student is assigned to a specific sport rotation; they will not be allowed to obtain clinical experience on those days the sport athletes are given their mandated day off. The clinical coordinator will schedule a minimum day off if the student is doing rotations with Dr. Todd Vaughn or at one of our affiliated sites to ensure that the standard is met by these students.

Clinical Experience Attendance Policy

The clinical experience portion of the athletic training program is where students are introduced to, implement, practice, and master skills vital to their success as athletic training professionals. These experiences are provided in the form of clinical rotations (both on and off campus) and assignment to a preceptor and are a required portion of the student's educational experience. A student enrolled in the ATEP is required to attend and actively participate in *all* scheduled/assigned clinical experiences. Additionally, being "tardy" for any clinical assignment will be considered an absence under the terms of this policy. Students are expected to be ready to initiate the clinical assignment at the designated time. Those students not ready, including appropriate dress and equipment, to initiate the clinical assignment as described will be considered tardy. Roll will be taken at the clinical assignment and preceptors are not obligated to amend the roll for students arriving after that time. Furthermore, faculty may choose to refuse admittance to anyone who arrives late to the clinical assignment (dismiss student).

Please note that athletic teams may alter scheduled practices and games without warning or notice; it is our requirement that these events receive the same consideration and attendance as all other events. At no time is anyone other than the supervising preceptor allowed to excuse a student from a clinical experience. Those requests for excused absences (including dates and reason) must be submitted in writing to the Clinical Education Coordinator one week prior to the absence. These documents will be kept on file in the ATS's portfolio. Failure to comply with this procedure will result in the absence being treated as unexcused/unapproved.

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, preceptors and staff when these instances do arise. Again, the student should make every effort in advance of the absence to follow this notification procedure. Only extreme circumstances will be considered by the Program Director.

Athletic training students may occasionally be absent from clinical assignments while engaging in another aspect of athletic training education (traveling with a team, taking an athlete to the physician, etc.) In these instances, students are encouraged to provide advance notice to his/her supervising preceptor. Habitual tardiness or absence from clinical assignments will be addressed by the following guidelines:

Records of absences and tardies will become a part of the student's permanent record. Any student who is tardy or absent from assigned clinical experiences will be reprimanded by the following guidelines:

- Second Absence: the student will be assigned an additional one-week rotation in morning treatment/rehabilitation.
- Third Absence: the student will be suspended from on – campus clinical experiences for 1 calendar week. At no time will the student be allowed to participate in any athletic training events or clinical experiences on campus during this week.
- Fourth Absence: the student will be removed from primary sport(s) assignments and fulfill all clinical experience hours within the Athletic Training & Sports Medicine Center at hours approved by the ATP staff.
- Fifth Absence: the student will be removed from all on-campus athletic training events and clinical experiences for the remainder of the semester. Other measures including suspension from the ATP may be imposed at the discretion of the Program Director in consultation with the Athletic Training faculty.
- In all cases a record of this negligence will be placed in the student's permanent folder which will factor in to consideration for continuance in the program.

ATHLETIC TRAINING STUDENT OBLIGATIONS

Athletic training students are obliged to follow guidelines set by this department relating to the performance of their tasks. Athletic training students are expected to follow these parameters as closely as possible. The obligations are as follows:

1. Answer only to the Preceptor and/or Supervising Athletic Trainer
2. Work conducted outside of clinical responsibilities must be voluntary or fiscally compensated (e.g. laundry, equipment, and/or clock management)
3. Volunteer or fiscally compensated work must not interfere with clinical responsibilities
4. CAATE regulations state athletic training students will not be viewed or treated as a "work force."

Availability

- 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.
- Be in the athletic training facility to assist with morning and night treatments during your scheduled hours.
- Schedule all personal appointments away from athletic training facility and clinical hours.
- Personal business should not be conducted in the athletic training facility. This can and will hamper the function of the staff or patient/athlete care.
- When unable to make an assigned duty, contact one of the staff athletic trainers or your group leader in advance where arrangements can be made to address your absence.

Punctuality

- Students should be where assigned on time or early. If anything, be five minutes early.
- Be ready to work when entering the facility. Look for something to do before sitting and talking.
- Have your team ready to go on time. If unable to talk and tape simultaneously, don't talk.
- When anticipating arriving late, call immediately.
- The UWA AT&SMC rule to punctuality: to be early is to be on time, to be on time is to be late, and to be late is unforgivable.

Academics

- Athletic training students are responsible for providing the staff athletic trainers with a schedule of classes each semester as soon as registration is completed (also report any changes in schedule as soon as possible).
- Plan to graduate on time.
- Athletic training students are to remain in good academic standing (2.0 in all basics and 3.0 in all athletic training courses).
- Athletic training students who fall behind in their academics are subject to probation, suspension and/or dismissal from the athletic training program.

Clinical Hours Verification

- Athletic training students are required to keep track of their clinical hours for course requirements as well as for licensure in some states.
- Hours are to be recorded daily on E-Value.
- 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 ¼ hour. When rounding to the nearest ¼ hour, you must work 8 minutes or more of the ¼ hour to round up. If you work less than 8 minutes of the ¼ hour, you should round back.
- Students can record hours when they are on a road trip. In this situation, 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 accrued through any outside athletic training activity should be agreed upon by discussion with staff athletic trainers and verified by the supervising preceptor.
- The supervising preceptor is responsible for checking the recorded hours on each student.

Professional Appearance Policy

As a member of the health care professional staff at The University of West Alabama, students are required to maintain a professional and appropriate appearance. This is a necessary measure to present a professional image to our UWA faculty, staff, and students and well as maintaining a positive public image for the Athletic Training program and profession.

It is the student's responsibility to be in appropriate dress at all times when working as a member of the UWA athletic training staff. *At no time will a student's absence or tardy report for athletic training duties be excused for a student being dismissed for inappropriate dress.*

1. Shirts will be tucked in neatly at all times when performing duties as an ATS or when in the athletic training facility for any reason **(no exceptions)**.
2. Pants will be worn in an appropriate, and neat manner (waist of pants will be on the person's waist, no cut off bottoms, or excess amounts of holes, etc).
3. Shorts/pants: Shorts must all be of appropriate length (standing straight up, tips of fingers must not pass hem of the shorts) and clean (no cutoffs, without rips, or holes). Pants must be neat, of appropriate length, and style (jeans, wind-pants, khakis)
4. All shirts must be of length to be able to be tucked into the shorts or pants; they must also have sleeves that cover over both shoulders.
5. Game dress will be uniform (UWA athletic training polo shirt, khaki shorts/ khaki pants/ wind pants). The only variations to this game dress uniform will be in instances where the sport's staff requests the ATS to "dress up" or other considerations are made by the ATSMC staff (all variations must be approved prior to competition).
6. Athletic training students who are also UWA student athletes are required to follow all aspects of the athletic training dress code when reporting to their own treatment or rehabilitation sessions to create a professional consistency among all athletic training students.

Dress Code

- Shirts/Polo's/Dress Shirts/Sweatshirts/Jackets
 - Athletic Training, UWA or Adidas gear only
 - Plain white, red or gray shirt or polo's, if Athletic Training or UWA gear is dirty/unavailable
 - No rips, tears, holes, snags, frays or stains
 - Game shirts must be worn during Physician's Clinic and Game Days
- Shorts/Pants
 - Athletic Training, UWA, Adidas or non-competitive brand only
 - Khaki or slight variation of khaki color
 - No army green, gray, black or printed khakis, no denim except for rodeo
 - No sweatpants, tights underneath shorts, pajama pants or scrubs, leggings. or cargo pants/shorts
 - No rips, tears, holes, snags, frays or stains
- Belt
 - Brown or black only
 - No studs, multicolored or printed design
- Shoes
 - Adidas or non-competitive brand only
 - Dress shoes (functional for running) are permitted with appropriate attire
 - ALL shoes must be closed toe and closed heel

- No flip-flops, sandals, slippers, etc.
- Socks/Sunglasses/Hats/Piercings
 - Athletic Training, UWA, Adidas or non-competitive brand only
 - No hats, sweatshirt hoods or sunglasses are to be worn in Athletic Training Facility (JH 216 & PH 32)
 - No multicolored, printed socks that are visible
 - ALL facial piercing must be removed before entering the Athletic Training Facility

In order to maintain the professional appearance of the students of the athletic training program, the following areas will also be considered part of the code.

1. Earrings on male students are unacceptable. Females may wear earrings if appropriate (may not be long or dangling). Visible body piercings will not be allowed.
2. Hairstyles should be neat and maintained. For males, hair may not extend below the shirt collar and facial hair should be kept to a minimum or neatly trimmed if having a moustache or beard. Make it a point to be cleanly shaven (no stubble), especially at athletic events, physicals, or on doctor's visits. For females with long hair, it must be pulled back/put up in a neat and functional fashion.
3. Jewelry (necklaces, bracelets, watches, rings, etc) must not interfere with the proper delivery of patient care.

Students admitted to the program will be provided a minimum of two (2) UWA athletic training T-shirts and one (1) UWA athletic training polo. Additional clothing is available for purchase by the student at a reduced cost. Students applying to the program or those in the practicum classes must also wear appropriate UWA athletic training apparel, which is available for purchase from UWA Athletic Training or at the UWA Bookstore.

UWA Athletics has an exclusive contract with Adidas. As a result, our athletic training staff and students are encouraged to wear Adidas gear during all athletic events and practices. Athletic gear displaying other brand names will not be allowed, however gear that does not display a competing brand name will be allowed. Our colors are red and white and must be the primary colors on any athletic gear. An absolute minimal amount of black may be allowed as an accent color only. Beyond this khaki pants are allowed. We do not, at any time, wear gear displaying other college or university names or logos.

Remember you represent the athletic training program and you should never do anything to embarrass yourself, your fellow students, the program or the university. It is considered inappropriate to wear athletic training clothing to social events (parties, clubs, etc) and events not related to the program's mission and goals.

The ultimate decision on the attire or appearance being appropriate for the ATS to carry out clinical assignments is at the discretion of the preceptor supervising the student at the respective venue. In the event of a disagreement between the preceptor and the ATS, the ultimate decision will be deferred to the Head Athletic Trainer, Athletic Trainer, and/or the Program Director.

Professional Behavior

- No sitting or lying down on the treatment tables unless otherwise instructed
- No computers shall be used for purposes other than athletic training related (i.e. Facebook, Youtube, personal email)
- Inappropriate, non-athletic training related conversations shall not be permitted in the Athletic Training Facility
- No tobacco use in the Athletic Training Facility
- Cell phones, snap chat, music players, or texting are not allowed when working within the Athletic Training Facility

Athletic Participation

- Athletic training students are allowed to participate in most varsity sports with the understanding that they must attain clinical experience requirements around their athletic requirements.
- Athletic training students must get the approval of the Director of Athletic Training & Sports Medicine before making plans to participate in varsity sports.
- Athletic training students will not be excused from athletic training facility duties, practices, or treatments to participate in intramural practices or games.

Competency & Proficiency

- All students are required to exhibit competency and proficiency as outlined by NATA, BOC, and CAATE.
- Successful completion of the Practicum Competency Check-offs is required before admittance into the program.
- The staff will perform evaluations on the athletic training students at least twice each semester.
- Competency and proficiency evaluations will be written and oral.
- All students are required to pass a comprehensive exam before graduation and sitting for the BOC
- Each student is required to pass their PCE yearly to advance in the program

Record Keeping Policy

- All varsity athletes and all other patients entering the athletic training facility must sign in on the appropriate clipboard or electronic medical record platform *each and every* time they enter the athletic training facility for evaluation, treatment, rehabilitation or other injury/illness care.
- All varsity athletes with injury or illness must complete a Varsity Injury Form. The form must be completed and signed by the attending athletic training student and the attending staff athletic trainer.

- All high school athletes and private patients must fill out a demographic sheet once arriving to the Athletic Training Facility. Upon completion, an ATS or Athletic Trainer will place their information in to advanced MD. This is the online database for our patients that are seen in the ATF. When involving a high school patient it is **essential** that this information be shared with an athletic training staff member working with the student's school. In these cases, the information is initially placed in that athletic trainers' mailbox or emailed the report once completed in Advanced MD.
- All athletes and patients reporting for treatment/rehabilitation must be logged into the treatment logbook or Vivature for all varsity athletes.
- All medicines/drugs issued to varsity athletes or anyone else must be logged into the drug logbook.
- After each designated treatment/rehabilitation period is completed, all information from the logbooks will be entered into the computer on Vivature.
- All athletes or private patients evaluated on campus by the team physicians from Andrews Sports Medicine & Orthopaedic Center must be logged in the white, physician visit logbook.
- All athletes reporting for long-term rehabilitation for an injury must be logged into the personal rehabilitation logbook as well as Vivature. In all cases, Vivature should serve as the permanent and complete record for all evaluation, treatment and rehabilitation, etc.

Treatments

- All treatments rendered in the athletic training facility are posted on the daily treatment log and in Vivature for all varsity athletes.
- Athletic training students should use only those modalities with which they are familiar and competent. Modalities should be used under the direct supervision of a preceptor.
- Standard treatment practices should be followed, do not vary from standard practices without discussion and approval of the preceptor.
- If there is any doubt as to how to proceed with treatment always be as conservative as possible.
- This is not a self-service organization; an athlete must be treated by an athletic trainer; athletes are not permitted to initiate their own treatments.
- All athletic trainers should supervise the treatments of their athletes/patients.
- Always briefly evaluate the patient's progress before and after each treatment. Don't get caught up in a routine. Daily re-evaluation of the patient is important to their treatment/rehabilitation.

Rehabilitation

Rehabilitation is required for all injured athletes. Never return an athlete to competition or practice that has not rehabilitated and exhibited satisfactory functional capacity. In practically every case, all injured athletes should begin a rehabilitation program on the first day of injury. The team physicians, physical therapists, and staff athletic trainers design an athlete's rehabilitation program. There are certain standards of rehabilitation designed for specific injuries, which should be followed by the athletic training students unless exceptions are discussed with the staff athletic trainer or team physician. Do not experiment without prior approval.

The rehabilitation session is recorded on the daily treatment log, the personal rehabilitation log and on Vivature. Specific comments are made on the personal rehabilitation log and in Vivature, as are any changes in the program or the athlete's status.

It is vital that rehabilitation progress be monitored exactly. Take measurements often and accurately, record your findings and consult with others on the staff. Never proceed without a firm evaluation of the previous step.

Medication

All members of the athletic training staff are directed by the team physician to **administer** only over-the-counter (OTC) medication. This includes Tylenol, Bufferin, Sin-U-Tab, Aspirin, Chloraseptic, Mylanta, Maalox, Alka-Seltzer +, Emetrol, etc. **The University purchases these medications for use only by our varsity athletes. All OTC medications that are administered to any athlete at UWA should be logged appropriately in the drug log book located in the medicine cabinet.**

Never administer medication without first determining the need of the athlete, any allergies, and if any other medication is being taken. If any question regarding the use or mixing of medication arises, consult the PDR in the athletic training facility or the team physician. Also, no more than a one dose supply should be administered at any time. All drugs administered should be documented in the drug logbook.

Any medications other than the OTC's are to be dispensed or administered by the team physicians or pharmacists. Prescription medications are to be handled only by the team physicians or pharmacists and the athlete to whom they are prescribed. Any question regarding medications should be directed to the team physicians, staff athletic trainers, pharmacists, or the PDR. **Do not guess.**

All athletes who require prescription medicine are to obtain a prescription signed by the team physician. He will write the sport of the athlete on the prescription. The Head Athletic Trainer or Director of Athletic Training & Sports Medicine must then sign their approval on the prescription. This prescription is to be filled at The Drug Store only. The prescription will be charged to the Athletic Department only if the team physician has written the sport on it and if the staff athletic trainer approves it in writing.

Staff Meetings

The athletic training staff will usually meet at a time to be designated once a week for the purpose of discussing upcoming activities, games, duties, or problems. All athletic training students are expected to attend and be prepared to take notes and answer pertinent questions when meetings of the full athletic training department are called. Whenever possible, questions, ideas, or problems

concerning the staff should be aired at meetings. Unscheduled staff meetings may be called by the staff athletic trainers and should be attended like scheduled meetings. All meetings will be posted at least 24 hours in advance.

Grievances

On any staff larger than one person there are bound to be some interpersonal problems at some point. These problems can and should be handled quietly and efficiently with little disruption of routine. They should be handled in the office and not during treatment or rehabilitation. All that is required is some maturity and patience.

All interpersonal problems should first try to be resolved by those involved. If no progress can be made, then the parties must look to the staff for arbitration. For student to student problems, they should first look to the staff athletic trainer/preceptor with direct responsibility for the athletic training student. Each party will register their complaint separately so that the moderator may hear both sides and then meet with the staff athletic trainer to discuss resolutions.

The same procedure applies for student to staff problems. The only difference is that another staff member that is uninvolved in the incident will fill the role of arbitrator. It is our feeling that fairness will be best served in this manner. The UWA Grievance Policy, as published in the Tiger Paw Student Handbook, will ultimately be followed for grievances that are not easily resolved.

Visiting Teams

All visiting teams are to be treated with proper courtesy and respect. Remember these athletes and staffs are our guests. We should try to meet their needs as much as possible. Once an athlete is injured, we are all on the same team. This staff should do everything in its power to make sure an injured opponent is treated with the best of medical care, regardless of the score. Hopefully, if our guests are treated properly here, they will reciprocate the same attitude and availability when we visit them. Prior to the season, the appropriate staff Athletic Trainer along with the athletic training students assigned to each preceptor/sport should send a letter/email containing a GSC courtesy sheet to the opposing teams. It should contain a list of materials provided and available while they are here for the game, as well as a courtesy sheet outlining the medical staff available. The supplies provided for each sport are outlined in the Handbook of the Gulf South Conference.

Travel Expense

When traveling out of town on University business, keep itemized cash receipts of all expenses, such as fuel, meals, hotel, parking, etc. Upon return, fill out a travel voucher and attach all itemized receipts. Itemized receipts should include date of purchase, quantity and description of items purchased, vendor name and address. If you lose or fail to obtain appropriately itemized receipts, then you will not be reimbursed. After completing the travel voucher, submit it along with the itemized receipts to the Head Athletic Trainer for approval. Travel expenses should be kept to a minimum and meals should be eaten at the University cafeteria whenever possible. As much as possible, you should attempt to keep the price of meals under \$8.00 per meal.

Restocking and Inventory

The field set-up group will do the restocking of travel kits and trunks during the post-practice period after each use for that week. Athletic training students assigned a specific kit for a specific sport are responsible for checking and/or restocking their kits before going to the next trip, practice, or game. The stocking of these kits and trunks will be governed by the needs of the sport and the Head Athletic Trainer. The issuing of supplies for these kits will be provided by the athletic training student assigned to be in charge of cage #2. Kits and trunks should not be stocked from the items normally maintained in the athletic training clinics.

Keys

- Keys will only be issued if there is a need determined by the staff athletic trainers.
- Only the keys necessary for performance of assigned duties will be issued.
- Any key having been issued that is no longer needed for assigned duties is to be returned immediately.
- **Keys are not to be loaned to anyone** including other members of the staff, roommates, or personal friends.
- Unauthorized personnel in any facility should never be left unattended especially the athletic training, locker, and equipment rooms.
- Athletic trainers are responsible for their own keys and the places to which they allow entrance.
- Keys are for use at work. **DO NOT** leave them at home or in a vehicle.
- Keys should be kept on your person at all times while at work, not lying around to be stolen.
- Keys that are lost or stolen should be immediately reported to the Director of Athletic Training & Sports Medicine, Campus Police, and Key Control. The fee may be up to \$25.00 for each key.

Scholarship and Book policy

- Athletic training students accepted into the professional component of the Athletic Training Program can expect to receive textbooks as detailed below.
- No athletic training student will receive books until accepted into the professional component of the Athletic Training Program.
- No student will receive books the following semester enrolled if they receive a "D" or "F" in any course during the previous semester or at any time during while on probation or suspension.
- Texts will not be issued for the following athletic training core courses: AH 101, AH 102, AH 200, AH 210, AH 220, AH 281, AH 282, AH 300, AH 301, AH 322, AH 323, AH 324, AH 325, AH 330, AH 331, AH 340, AH 341, AH 350, AH 381, AH 382, AH 397, AH 400, AH 408, AH 430, AH 481, AH 482, AH 498, BY 231, BY 232, BY 233, BY 234, PE 251, PE/EX 442, PE/EX 443, PE/EX 444, PE/EX 445, PE/EX 446, PE 465, PE/EX 470, EH 241, EX 242, EX 246 or courses approved as

athletic training electives. You are expected to develop your own professional library and should be purchasing these texts to help you develop a personal reference library.

- Athletic training students will not be issued books unless the book request form is completed correctly.
- All books issued to athletic training students must be returned as soon as the last final exam is taken or on the date specified by the Department Chair. Failure to do so will result in being placed on financial hold and you will not be issued books the next semester enrolled.
- Athletic training students accepted into the professional component of the Athletic Training Program can expect to receive limited scholarship funding as detailed below.
 - No athletic training student will receive athletic training scholarship funding until accepted into the professional component of the Athletic Training Program.
 - No student will receive athletic training scholarship funding the following semester enrolled if they receive a “D” or “F” in any course during the previous semester or at any time during while on probation or suspension.
 - Final approval of athletic training scholarship funding is determined by the UWA Financial Aid Office and is considered in conjunction with other financial aid the student may be receiving. In some cases, students may not be eligible for an athletic training scholarship due to the amount of financial aid received from other sources such as loans, work-study, academic scholarships, etc.
 - In general, and in consideration of the above factors athletic training students in the professional phase of the program may expect to receive from approximately \$0.00 initially to \$500.00 during the last year.
 - The above amounts pertain to fall and spring semesters of full-time enrollment and do not include the summer.

Athletic Training Program Letter Jacket Policy & Championship Ring/Rewards Policy

Students enrolled in the Athletic Training Program may letter and receive a letter jacket through their participation as an athletic training student at UWA. The letter jacket is earned after lettering in the program for one full academic year. To actually receive the letter jacket, students must be in good standing at the time of issue regardless of previously meeting the requirements for earning the jacket. A student who may have previously earned the letter jacket will not be provided the jackets if any of the following conditions are in effect at the time of issue:

- Suspension from the Athletic Training Program.
- Withdrawal from the Athletic Training Program.
- Currently on probation in the Athletic Training Program. (Students who were on probation at the time of issue may receive the letter jacket once the probationary status has been lifted).

Students enrolled in the Athletic Training Program assigned to a preceptor and team during a championship season may be eligible for a ring or other championship award at the discretion of the UWA Athletic Department. To actually receive the ring/award, students must be in good standing at the time of issue regardless of previously meeting the requirements for earning the ring/reward. A student who may have previously earned the ring/reward will not be provided the ring/reward if any of the following conditions are in effect at the time of issue:

- Suspension from the Athletic Training Program.
- Withdrawal from the Athletic Training Program.
- Currently on probation in the Athletic Training Program. (Students who were on probation at the time of issue may receive the ring/reward once the probationary status has been lifted).

Taking Athletes to Physician

At different times throughout the year, our athletes will require medical attention outside of Livingston. When this occurs we will transport them in a University motor pool vehicle to the location of the physician or health care facility. One of the full time athletic training staff or graduate assistants will provide the transportation. There are several requirements that you must adhere to as follows:

1. Athletic Training Students are not authorized to drive state vehicles.
2. You must possess automobile insurance that covers your use of other vehicles.
3. Use only the gas credit cards issued to you for gas or oil in the state vehicles.
4. When an athlete is in with a physician always ask to go in with the athlete for the evaluation/treatment/surgery. Make sure you take note of all physician comments about the athlete and later relay it back to the appropriate staff athletic trainer.
5. If transporting an athlete to ASMOC or St. Vincent’s Birmingham, you are expected to observe surgery with prior approval.
6. Always take enough money to pay for your meals and the athletes’. Obtain itemized receipts and fill out a travel voucher when you return for reimbursement. Each person has a \$8.00 limit per meal.
7. Always record your beginning mileage and ending mileage in the logbook kept in the state vehicles. Also, record the destination and total miles incurred, as well as the name and sport of the athlete.

ATHLETIC TRAINING FACILITY PROCEDURE

Decisions in the athletic training facility are made through a chain of command beginning with the team physician. If the team physician is not present, the process begins with the highest-ranking athletic trainer. The staff member always makes decisions on procedure, treatment, rehabilitation, or participation.

The routine of the athletic training facility is a mixture of athletic training, business and office procedures, all of which require meticulous attention. The paperwork must be kept up to date and filed accurately, the supplies must be inventoried and restocked

promptly and above all, the treatment and rehabilitation of the athletes must be up to standard. The following is an outline of daily athletic training facility activity.

Injury Prevention

- Always thoroughly clean coolers and water bottles after each use.
- Maintain a clean, efficient, and orderly athletic training facility at all times.
- Check weight charts regularly and restrict athletes from competition if necessary.
- See that all lockers are kept up and safe so as to, prevent injury on wires, nails, locks, hinges, and hasps.
- Inspect all courts and fields for wet spots, and irregular surfaces.
- Inspect all fields for glasses, bottle tops, rocks, holes, wood, or other hazardous conditions.
- Keep non-participating personnel in their area far away from sidelines, competition, and live drills.
- Always strive to improve methods, techniques, treatments, and knowledge.
- Make sure all athletes are kept in proper fitting, safe equipment.
- Warn athletes about mixing medications and alcohol.
- Keep a close eye on heat illness prone athletes.
- Encourage football players to remove headgear when not in use.
- Make sure all football players use all required protective equipment, including hip pads, knee pads, spine pads, and mouthpiece.
- Do not allow athletes to drink after each other with cups or water bottles.
- Do not allow athletes to put water bottles in mouth or open water coolers.
- Do not allow athletes to wear unwashed practice gear, use each other's towels, or wear clothing that has not been adequately dried.
- Check fences, doors, dummies, sleds, and other equipment for sharp edges.
- Make sure that all worn screw-on cleats are changed to prevent metal from showing through.

Daily Schedule

- Regular scheduled staff meetings and unscheduled staff meetings are normally held during the 9:00 to 10:00 AM or 10:00 to 11:00 AM period, depending upon the semester. Typically full staff meetings including all students will be held at 7:00 or 8:15 P.M. depending upon class schedules, events, etc.
- Regular scheduled morning treatments are 6:30 to 8:00 A.M. during the fall semester and football spring training and 7:00 to 8:00 A.M. during the remainder of the year.
 - Typically, at least four athletic training students assigned on a weekly rotating basis to morning treatment/rehabilitation/
 - All injury reports must be filed for varsity athletes, private patients, & high school athletes.
 - All personal rehabilitation forms are updated as to include progress, rehabilitation, and daily information.
 - Injury reports are compiled for delivery to coaches.
 - Athletic training facility is cleaned, ice bags emptied, supplies checked, and tables restocked after each treatment.
 - All books, journals, and publications are placed and filed in their respective places.
 - Towels are collected and placed in the washing machine.
- Rehabilitation and treatment is provided by appointment from 8:00 A.M.-12:00 P.M. and/or 1:00 to 5:30 P.M.
 - Rehabilitation and treatment of only those athletes who absolutely cannot attend A.M. treatments
 - One to two students may be assigned for each hour.
 - Filing or clerical work is done at this time.
 - Private patients are supervised for rehabilitation during this time.
 - Athletes may need to be taken to the University physician at this time.
- Afternoon treatment and practice preparation from 1:00 to 5:30 P.M.
 - All assigned athletic training students should report to the athletic training facility by 1:00 P.M.
 - Pre-practice taping will be completed 20 minutes prior to commencement of team meetings or practice.
 - Pre-taping and other miscellaneous duties will be carried out at 1:00 P.M. upon the athletic training students' arrival.
 - Pre-practice set-up will be completed during the team meeting and 20 minutes before scheduled practice begins.
 - One group of athletic training students will be assigned to pre-practice set-up during taping on a weekly rotating basis.
 - All athletic training facility equipment will be collected after each practice and stored in the appropriate place in the athletic training facility or storage area.
 - The athletic training facility will be cleaned thoroughly after each practice.
 - Towels are brought up from the laundry room, folded and stored away.
 - Athletic training students will be assigned to the Homer Athletic Training & Sports Medicine Center at various hours throughout the entire day from 8:00 A.M. through 5:30 P.M. on a rotating basis.
 - Absolutely no athletic training facility equipment is issued without being logged in the UWA Equipment Check-out Log.
 - Each athletic training student is responsible for picking up after his/her team
 - Kits and trunks are to be restocked each day after their use.
 - Athletes are not allowed in any supply cabinets, tables, or storage areas in the athletic training facility
 - The athletic training facility is cleaned by the athletic training students after each treatment session.

- All logbooks are updated as to include progress, rehabilitation, and daily information.
- All rehabilitation forms are to be updated daily.
- All equipment and supply catalogues, etc. are filed in their respective places.
- The last athletic trainers leaving the athletic training facility are to make absolutely sure that all cabinets, lockers and doors to the athletic training facility are securely locked.
- Absolutely no one except the athletic training staff is allowed to remain in the athletic training facility when it is unattended.

Areas to be cleaned

Please remember that the Athletic Training & Sports Medicine Center is a health care facility. It should be kept extremely clean at all times. The appearance of our athletic training facility makes a statement about The University of West Alabama's Athletic Training Program and its staff.

- All tables and shelves should be wiped.
- All modalities and carts should be rearranged, wiped off, and all equipment put away.
- All whirlpools should be cleaned and polished.
- Floors should be swept, vacuumed and mopped/or every daily.
- Taping areas should be straightened and restocked after every taping session.
 - storage lockers and cabinets neat and orderly
 - dirty laundry put in proper containers, washed, folded, and put away each night

Athletic Training Facility Library

The majority of the books, magazines, periodicals, pamphlets, and other publications in the athletic training facility are the personal property of the Director of Athletic Training & Sports Medicine. The athletic training library is for the use of the athletic training staff. If an athletic training staff member wishes to check out a publication, then he/she must write their name, the title, author, publisher, volume, and issue number, etc. in the black check-out log book in the Director's office. **This privilege is for the athletic training staff only.** Absolutely no one else may borrow or checkout any publications without written permission or in-person approval by the Director at any time. Once the Director grants permission, the above procedure should be followed exactly with the borrower signing the book. Any staff member failing to follow and comply with the above policy and procedure exactly will lose this privilege for an indefinite period of time. The above procedure also applies to any and all audio-visual materials.

All audio-visual aids are listed on the computer terminals located in the athletic training facility. Each videotape is listed by category, and can be found in this method. If you have any questions about how to locate a video that you may need, please contact one of the athletic training staff members.

Telephone and computers

- **The athletic training facility telephones and computers are for official University business only!!**
- Absolutely no athletes are allowed to use the telephones or computers at any time for any reason without prior approval by the athletic training staff.
- The telephones and computers in the athletic training facility are for the athletic training & sports medicine staff only. The coaches and the graduate/student assistant coaches have their own telephones and computers. Their use of the athletic training facility telephones and computers should be kept to an absolute minimum.
- Any student that abuses the use of the telephones and computers will lose these privileges for an indefinite period of time.
- The procedures for using the telephone are outlined by the University and should be followed at all times.

Mail Service

- Only mail pertaining to University business should be charged to the University.
- Personal letters may be mailed through the University mail service if they are stamped adequately.
- You will be issued a mailbox within the athletic training facility; this is not for personal mail. It is solely for the purpose of issuing you memos, messages, and announcements; you may also receive mail that pertains to athletic training in the athletic training facility. You should check this mailbox on at least a daily basis.

Supplies, Materials, & Equipment Policy

1. All students, graduate assistants, and staff will be issued OSHA personal protective equipment(s) at no charge. This personal protective equipment must be carried by the member of the Athletic Training Program at all times when providing athletic training services where exposure can occur. You will be issued a resuscitation mask, if you lose your mask you will be charged a replacement fee or your grades will be tagged.
2. All students will be issued, at no charge, scissors, and basic first aid supplies to keep on themselves at all times. If you lose or misplace your, kits, or scissors you will be charged the replacement fee.
3. The use of supplies, materials, and equipment of the Athletic Training Program is a privilege. Any use during regular hours is subject to the discretion of the athletic training staff.
4. Removal of supplies, materials, and equipment of the athletic training objects for personal use is prohibited.
5. Any usage of supplies, materials, and equipment of the Athletic Training Program for professional purposes must be approved and are to be returned as soon after completion of their intended purpose as possible. Failure to do so may lead to fines, grades being tagged, or filing of criminal charges for stealing, as well as possible probation, suspension or termination from the Athletic Training Program.

6. It is your responsibility to take care of any issued material. Damaged issued material is your responsibility and you will be held financially responsible for it.
7. It is your responsibility to acquire in advance, any material or supplies you may need to provide athletic training services for the assigned sport.
8. All students removed or suspended from the program must return all materials, clothing, and books issued before clearing financial hold.
9. If you leave the Athletic Training Program, it is your responsibility to return all shirts, fanny packs, kits, scissors, CPR masks and other issued items or have your grades tagged and charged the replacement value of these items.

Therapeutic Equipment Policy

All therapeutic equipment must be kept in optimum working condition. Maintenance requires regular inspection for defects or hazards, cleaning, and periodic professional calibration according to the manufacturer's recommendations. Electrically operated modalities are required to be regularly inspected and/or calibrated on an annual basis by a qualified service technician (MedTech Biomedical Services, L.L.C) or a certified electrician (electrician from The University's Physical Plant). The inspection and/or calibrations will be performed each year during May or June. The documentation with dates will be documented and maintained by the Head Athletic Trainer and housed in his/her office.

Daily precautions that must be followed by the athletic training staff, athletic training graduate assistants, preceptors, physical therapy staff, and athletic training students under direction of their preceptors is as follows:

1. Avoid spilling any fluids around areas where electrical modalities are in use or stored.
2. Do not let patients/student athletes place any containers with fluid around areas where modalities are stored or used.
3. Keep electrical cords neatly stored.
4. Do not pull on electrical cords; remove them from wall outlets by pulling on plug.
5. Inspect cords and plugs for any damage prior to using the modality.
6. Use care in moving any therapeutic modality (don't drop or handle roughly during transport).
7. Clean all ultrasound transducers after use.
8. Clean all whirlpool surfaces after use with either 10% bleach solution or approved cleaning solution.

If a defect is found in either the plug or cord, the GFI continues to trip, or the unit fails to function correctly or error message appears on its screen; unplug it and label it as being inoperative and remove it from the treatment areas. The Head Athletic Trainer should also be informed of any problems when they are noted where action can be taken to correct the malfunction in a timely manner. A qualified service technician (MedTech Biomedical Services, L.L.C) will be contacted for repairs. Do not attempt to perform maintenance or repairs on any faulty modality.

CLINICAL ASSIGNMENTS

The number of athletic training students assigned clinically is usually as follows:

Football (Fall & Spring)	6 to 10 athletic training students (6 to 8 for away games)
Men's Basketball	2 to 3 athletic training students (1 for away games)
Women's Basketball	2 to 3 athletic training students (1 for away games)
Volleyball	2 to 3 athletic training students (1 for away matches)
Baseball	2 to 3 athletic training students (1 for away games)
Softball	2 to 3 athletic training students (1 for away games)
Rodeo	2 to 3 athletic training students (1 to 2 for away trips)
Women's Soccer	2 to 3 athletic training students (1 for away games)
Men's Soccer	2 to 3 athletic training students (1 for away games)
Cross Country/Track	1 to 2 athletic training students (1 for away meets)
Cheerleaders	1 to 2 (these athletic training students may also work other sport rotations)
Tennis	1 to 2 athletic training students (1 for away matches)
High School Athletic Training	1 to 2 athletic training students per staff/team traveling to an area high school or event
TBD Affiliated Sites	Numbers will be determined depending upon the site and clinical experience opportunities

Athletic training students are expected to be assigned with all sports; however, you can expect to be assigned one primary sport responsibility with a preceptor each semester once you are accepted into the professional component of the program. There is a possibility that you may be switched between or temporarily assigned to another sport during peak workloads and during the inactivity of another sport. Assignments or reassignments will be made at the discretion of the Clinical Education Coordinator in consultation with the Director of Athletic Training & Sports Medicine, Head Athletic Trainer and Preceptor(s). It is not feasible for an athletic training student to be assigned coaching responsibilities.

In general, athletic training students are expected to be assigned to the same preceptor/sport for the entire semester. Clinical assignments of students to teams will be made by the Clinical Education Coordinator. Assignments to preceptors/sports are subject to change at any time, and the program withholds the right to do this for various reasons.

ATHLETIC TRAINING STUDENT RELATIONSHIPS

The athletic training 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 Staff Athletic Trainers

- The staff athletic trainer is the ultimate authority in the athletic training facility (see chain of command).
- 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 first or to the Head Athletic Trainer or Director of Athletic Training & 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.
- Referral to the team physicians during clinic can only be made upon request along with the staff athletic trainers.
- Referral of an athlete to the local team physician during student health service hours can be made at any time, but always inform one of the staff members that you have done this.
- If you are present when an athlete is being examined by a team physician, present the case to the physician including sport, history, the details of the injury, and your impressions.
- 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 Coaches

- The Head Athletic Trainer, Athletic Trainer(s) and Graduate Assistant Athletic Trainers are 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.
- If you are assigned to provide athletic training services for teams you are responsible for reporting injuries, status, pending and/or missed medical appointments, and rehabilitation progress of your athletes to your coach under the supervision of a 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.
- Injury reports are to be made to the coaches at least two hours prior to practice time. Remember, as an athletic trainer, you are the communication link between the physician and the coach.

Athletic training students to Athletes

- Treat each and every athlete the same, with respect.
- Do not discuss an athlete's injury with another athlete or friend.
- Refer the athlete to a staff athletic trainer if he/she has a question that you cannot answer. Do not speculate.
- Avoid close personal relationships with athletes in season; 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.
- All athletes are to be taped and/or completely treated a minimum of 20 minutes prior to the start of practice or competition.

Athletic training student to Athletic training student

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

- Accept their attention, graciously, don't seek it out.
- Present yourself with conduct and manner becoming to a 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.
- Remember your first responsibilities are to your athletic training duties. Conversations with friends or favors for others have to wait.

Athletic training students to Salespersons or Vendors

- You are more than welcome to listen to sales pitches made to staff athletic trainers and to ask questions, but refrain from talking business.
- Do not accept free samples, unless instructed to by a staff athletic trainer.
- Make no commitments.
- Endorse no products.
- Sign nothing.
- Do not allow yourself to be photographed using a product that can be identified or used as advertisement.

Athletic training students to Athletic Director or Associate/Assistant Athletic Directors

- 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 answer it to the best of your knowledge, do not speculate. If a question still remains, refer the athletic director to the staff athletic trainer.

General/Confidentiality

In dealing with people, common sense must be your guideline. 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. 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.** These guidelines must be adhered to strictly. Disregarding these instructions will result in prompt dismissal from the athletic training program.

INDIVIDUAL SPORT RESPONSIBILITIES & PROCEDURES

Each sport has different responsibilities with which athletic training students are expected to comply. These responsibilities are as follows:

Football

1. At home games usually only 6 to 10 athletic training students will be assigned.
2. Usually only 5 to 8 athletic training students will be assigned at away games.
3. Everyone will work at practice, with each student assigned a position and coach that they will work with on each given day. Each athletic training student will carry minor first aid supplies, PPE's, and water bottles to supply water to athletes on a continual basis.
4. At practice, one group will be responsible for pre-practice field set-up on a weekly basis, which includes the following:

<ul style="list-style-type: none"> ◆ sufficient amounts of ice in ice chests (usually 2-4) ◆ 6-8 water coolers ◆ Powerade mix ◆ Sufficient water bottles in racks ◆ ice towel buckets and towels ◆ rehab equipment ◆ hose(s) ◆ cups/cup racks 	<ul style="list-style-type: none"> ◆ emergency equipment including spine board, vacuum splints, AED, asthma inhalers, and facemask removal tool ◆ sideline fans and extension cords, and shade tent (dependent on temperature each day) ◆ 2 pair of crutches ◆ field trunk
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5. After practice all equipment and supplies are to be returned. They are also to be washed or restocked and returned to the proper storage area.
6. At home games the field set-up group will be responsible for providing the following items to our sidelines:

<ul style="list-style-type: none"> ◆ 4 10-gallon water coolers ◆ 4 ice chests ◆ Powerade mix ◆ 2 ice towel buckets w/towels ◆ 10 sleeves of cups ◆ 1 spine board ◆ 1 bag of vacuum splints with bag valve mask and cervical collar inside ◆ 2 pair of crutches ◆ 2 hoses attached to spicketts 	<ul style="list-style-type: none"> ◆ Field trunk ◆ AED with asthma inhalers and facemask removal tool ◆ black pad trunk ◆ 1 water table ◆ 1 examination table with folding medical tent ◆ Sideline fans and extension cords ◆ Post-game drinks in laundry room (# determined weekly)
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7. The opposing sidelines will be provided the following: 1 examination table, 1 water table, 4 water coolers, and 2 chests of ice. (Note any item requested within reason will be provided to the opposing team.) All supplies and equipment is to be cleaned and returned to its proper place after the game.
8. Post-game drinks will be provided to the opposing team after each home game. The opposing locker room group will be responsible for acquiring 75 – 16-ounce drinks and icing them prior to the opposing teams’ arrival. The drinks will be placed in the Pruitt Hall Athletic Training Facility to be used at the discretion of the opposing team. Also, the athletic training students assigned to the opposing team will provide any service deemed appropriate for the opposing team.
9. The home locker room group will be responsible for setting up 1 water cooler, 1 cooler of Powerade and cups in our locker room 2 hours prior to the game. They will also make sure that the locker room kit is set up. They will stay in the locker room as long as players are there to assist with any of their needs. At 10 minutes prior to halftime they will set up 30 cups of water and 30 cups of Powerade. They will also have at least 5 ice bags made prior to the players returning to the locker room. After halftime they will clean and return all supplies and equipment to its proper storage place.
10. Away game responsibility. Prior to leaving on Fridays, the athletic training students who will travel with the team will report for loading of the bus and van (usually this is done after Thursday’s practice). The following is a list of material that goes under the bus: a pre-set number of drinks iced in ice chests (clearly marked Friday or Saturday), 1-4 ice chests with ice, and 0-4 water coolers with ice only. Each bus also must have 1 water cooler with ice, cups, and 1 orange kit on it.
The following items are placed on the equipment van:

<ul style="list-style-type: none"> ◆ 2 water coolers for Powerade ◆ 2 ice towel buckets and 6 towels ◆ Powerade mix ◆ 8 racks of water bottles ◆ 10 sleeves of cups ◆ Field Trunk ◆ Locker room trunk ◆ 1 hose ◆ Pre-game taping supplies ◆ 4 cup holders ◆ 4 taping leg-lift blocks 	<ul style="list-style-type: none"> ◆ Folding medical tent ◆ 2 pair of crutches ◆ 1 spine board ◆ 1-2 sideline fans and extension cords (dependent on temperature and venue) ◆ AED with asthma inhalers and facemask removal tool ◆ 1 portable taping table ◆ 1 bag of vacuum splints with bag valve mask and cervical collar inside
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11. All individual athletic training student responsibilities will be outlined in the game assignment sheet issued each week to those assigned to work the game.
12. All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program
13. All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” recertification course hosted at the university.

Volleyball, Men’s & Women’s Basketball

All three of these sports will be assigned two athletic training students for principle provision of athletic training services. Each athletic training student will enter all insurance and emergency information for each of their athletes in the computer and place a copy in their kit. Each athletic training student will attend all practices and home games. Only one athletic training student will travel with the team to away games on a rotating basis, at the discretion of the Preceptor assigned to the team. Each athletic training student is assigned the sport for the entire year, except Volleyball, (including off-season workouts) unless some unforeseen event or reason arises. Each athletic training student is to arrive at least one hour prior to the start of each practice for taping and pre-practice set-up. Each sport requires the following items for set-up: 1 water cooler, bottles and 1 stocked supply kit. All taping and pre-practice treatments are to be conducted in the Pruitt Hall Athletic Training Facility. The Pruitt Hall Athletic Training Facility should always have the following items:

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| <ul style="list-style-type: none"> ◆ 1 exercise bike ◆ rehab equipment as needed ◆ 2 stocked taping tables ◆ 1 stocked first aid cabinet ◆ 2 pair of crutches ◆ cups | <ul style="list-style-type: none"> ◆ 1 spine board ◆ 1 package of splints ◆ towels ◆ 2 water cooler rolling tables ◆ 1 stocked hydrocollator |
|--|---|
- For home games, set-up should include the following:
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|--|---|
| <ul style="list-style-type: none"> ◆ 1 ice chest on each bench ◆ 1 water cooler on each bench ◆ towels for floor use ◆ ice bags & elastic wraps in the visiting teams ice chests ◆ 1 sleeve of cups on each bench ◆ 1 rolling cart on each bench | <ul style="list-style-type: none"> ◆ 1 stocked kit on home sideline ◆ individual water squirt bottles for UWA athletes on home sideline ◆ (for basketball only, provide 6 drinks to each set of officials). ◆ Biohazard Kit on each bench |
|--|---|

When visiting teams arrive early and have practice times the day before the games, the athletic training students assigned to the respective sports are responsible for opening the Pruitt Hall Athletic Training Facility and setting up water and ice for the visiting

teams during their practice. After the visiting teams' practice all materials should be cleaned and returned to their respective areas and all doors locked.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a "CPR and AED for Adult" and "First Aid" review course hosted at the university.

Rodeo

Two athletic training students are assigned for principal provision of athletic training services. Each assigned athletic training student will attend all practices and competitions. As a general concept, athletic trainers should recognize that rodeo is a dangerous sport and certain injuries are to be anticipated. Also, cowboys and cowgirls tend to have a different attitude toward competition as compared to other athletes. It takes a particular mind-set and love of the sport to accept the risks and to be successful. Rodeo athletes tend to be reluctant to ask for, and receive medical attention. Provided below are some specific guidelines for rodeo athletic training students.

1. The University of West Alabama medical insurance coverage requires that a staff athletic trainer be present at all scheduled practices and competitions.
2. The rodeo athletic training student must dress in traditional western apparel at all times when they are present at a scheduled competition. This means cowboy hat, long sleeve western style shirt, and jeans. Shirts may be provided by UWA and must be worn by athletic trainers.
3. Athletic trainers should not be in the bucking chute or timed event chute areas unless providing medical attention or at the request of a coach or participant. Athletic trainers should position themselves so that they have a full view of the arena, and are able to provide quick access to injured athletes.
4. When present in the arena or holding pen area, athletic trainers should be aware that potentially dangerous animals are present and take necessary precautions.
5. Do not attempt to have casual conversation with cowboys or cowgirls immediately prior to their competition, unless initiated by a coach or participant.
6. Always walk through the arena prior to any scheduled competition or practice to check for foreign objects. Also, after any modifications are made to the UWA arena or bucking chute area, and at all away competitions, check for any sharp edges that may cause injury.
7. The National Intercollegiate Rodeo Association requires that EMTs be present at all scheduled competitions. In the event that it is necessary to transport a participant off the site, the competition must be halted until EMTs and an emergency transport vehicle are present. The NIRA Regional Director, who is present at all competitions, makes this decision. Feel free to express any concerns to the NIRA Regional Director.
8. At all competitions it is the responsibility of the athletic trainer to identify themselves to the EMTs that are present, and to establish a coordination mechanism for the handling of emergency situations. In addition, at home competitions, it is the responsibility of the athletic trainer to brief EMTs on rodeo protocol.
9. Understand that part of the "cowboy attitude" is to get up and walk out of the arena. You may provide assistance, if necessary. In extreme situations, it is the athletic trainer's decision to transport the injured participant. After any serious fall, once outside the arena, the participant should be evaluated thoroughly.
10. In the event of an injury, only qualified medical personnel should be around the injured person. After a primary evaluation, it is the athletic trainer's decision to summon the EMTs into the arena.
11. It should be understood that rodeo athletes frequently continue to participate with non-life-threatening injuries. If continuation is allowed, use careful judgment about the potential for permanent damage and the potential for an injury to become life threatening. This decision is to be made by the athletic trainer, and is not debatable.
12. You may provide emergency first aid and assist members of other teams, if requested within time, budget, and supply limitations. In providing this assistance, keep in mind that you may incur liability for UWA. Remember to use good judgment in providing advice on injuries in these situations and keep in mind that the ultimate decision on the status of the athlete is the coach or representative of that team or club.
13. At the UWA rodeo complex the following items should be present at all times.

◆ 1 spine board	◆ 1 water cooler
◆ 1 package of splints	◆ 1 stocked kit
◆ 2 pair of crutches	◆ all emergency information
◆ 1 ice chest with ice	◆ athlete insurance information
14. For protocols concerning injury evaluation, care, and rehabilitation, as well as emergency situations, and universal precautions, athletic trainers should refer to the UWA Policy & Procedure Manual for Athletic Trainers located in the UWA Athletic Training Facility and on the Athletic Training website.
15. In the event that an emergency arises, do not hesitate to call 911, and have the athlete transported. One of the assigned athletic trainers should accompany the injured athlete to the health care facility and the other stay with the other athletes. As soon as possible, contact the Head Athletic Trainer or one of the staff athletic trainers and inform them of the situation.
16. All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

17. All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” review course hosted at the university.

Baseball & Softball

Both of these sports will be assigned two and possibly three athletic training students for principle provision of athletic training services. Also, each athletic training student will enter all insurance and emergency information for each of their athletes in the computer and place a copy in their kit. Each athletic training student will attend all practices and home games. Only one athletic training student will travel with the team to away games on a rotating basis at the discretion of their preceptor. Each athletic training student is assigned the sport for the entire semester (including off-season workouts) unless some unforeseen event or reason arises. Each athletic training student is to arrive at least one hour prior to the start of each practice for taping and pre-practice set-up. Each sport requires the following items for practice set-up:

- ◆ 1 water cooler & cups
- ◆ towels
- ◆ 1 ice chest with sufficient ice
- ◆ 1 stocked supply kit
- ◆ individual player squirt bottles filled with water (if used)

For home game set-up, each dugout will be provided with:

- ◆ 100 cups/game
- ◆ Biohazard Container
- ◆ 1-2 water cooler(s)
- ◆ 1 ice chest with ice (visiting team’s will have bags & elastic wraps)

The following items will be on site at all times:

- ◆ 1 pair of crutches
- ◆ 1 spine board
- ◆ 1 package of splints

For away games the following should be taken with you

- ◆ 1 kit
- ◆ emergency information
- ◆ insurance information
- ◆ 1 pair of crutches

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” review course hosted at the university.

Cross-Country

This sport will have only one athletic training student assigned principle provision of athletic training services. They will be responsible for entering all insurance and emergency information for each of their athletes in the computer and keep a copy in their kit at all times. The athletic training student will attend all practices and events with the team. The athletic training student will also work with football during times when cross-country is not practicing or competing.

At practices and home events the student will provide

- ◆ 1 ice chest with ice
- ◆ 1 water cooler
- ◆ individual squirt bottles
- ◆ cups
- ◆ supply kit with emergency & insurance information

Be prepared to assist with visiting athletes (they probably will not have an athletic trainer on site).

At away events (it is the preceptor’s discretion as to whether you will travel) you will take:

- ◆ individual squirt bottles
- ◆ 1 water cooler
- ◆ supply kit

At home events, other athletic training students will be assigned to set up first aid stations throughout the course.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” review course hosted at the university.

Tennis

This sport will have one to two athletic training students assigned principle provision of athletic training services. They will be responsible for entering all insurance and emergency information for each of their athletes in the computer and keep a copy in their kit at all times. The athletic training student will attend all practices and events with the team. The athletic training student will also work with football during times when tennis is not practicing or competing.

At practices and home events the student will provide

- ◆ 2 ice chests with ice
- ◆ 3 10 gallon water coolers
- ◆ individual squirt bottles
- ◆ cups
- ◆ supply kit with emergency & insurance information

Be prepared to assist with visiting athletes (they probably will not have an athletic trainer on site).

- ◆ At away events you will take: individual squirt bottles
- ◆ 1 water cooler
- ◆ supply kit

The following items will be on for home matches:

- ◆ 1 pair of crutches
- ◆ 1 spine board

- ◆ 1 package of splints

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” review course hosted at the university.

Cheerleading

This sport will have one to two athletic training students assigned to the staff athletic trainer responsible for Cheer for principle provision of athletic training services. They will be responsible for entering all insurance and emergency information for each of their athletes in the computer and keep a copy in their kit at all times. The athletic training students will attend all practices and events with the team. The athletic training students will also be assigned football responsibilities. At practices the athletic training students will provide only 1 supply kit with emergency information & insurance information.

Men’s & Women’s Soccer

At practice, the staff will be responsible for pre-practice field set-up on a weekly basis, which includes the following:

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| ◆ 1 ice chest with ice bags | ◆ water bottles |
| ◆ 1-10 gallon water cooler | ◆ emergency equipment (spine board, AED) |
| ◆ ice towel buckets and towels (as needed) | ◆ 1 stocked kit |
| ◆ rehab equipment (as needed) | ◆ 1 examination table |
| ◆ hose(s) | |

After practice all equipment and supplies are to be returned. They are also to be washed or restocked and returned to the proper storage area.

At home games the field set-up group will be responsible for providing the following items to our sidelines:

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|---|------------------------|
| ◆ 3-10 gallon water coolers | ◆ 2 pair of crutches |
| ◆ 2 ice chests | ◆ 2 hoses |
| ◆ 2 ice towel buckets w/towels | ◆ 1 stocked kit |
| ◆ 10 sleeves of cups | ◆ 1 examination tables |
| ◆ Emergency equipment (1 spine board. Air splints, AED) | |

The opposing sidelines will be provided the following: 1 examination table, 1 water table, 3 water coolers, and 2 chests of ice. (Note any item requested within reason will be provided to the opposing team.) All supplies and equipment is to be cleaned and returned to its proper place after the game.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to annually meet with their athletic trainer on their field, court, or facility to discuss the Emergency Action Plan associated with their program.

All Head Coaches, Assistant Coaches, and Graduate Assistant Coaches will be required to biannually attend a “CPR and AED for Adult” and “First Aid” review course hosted at the university.

Intramurals

Athletic training students with appropriate supervision may provide athletic training services for intramural activities throughout the year. Intramurals should have a stocked supply kit at all events. **We will not be responsible for providing the supplies necessary for taping or wrapping any student to participate in intramural activity.**

NATA CODE OF ETHICS

Preamble

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

1. Members Shall Practice with Compassion, Respecting the Rights, Welfare, and Dignity of Others

- 1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
- 1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.
- 1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

2. Members Shall Comply with the Laws and Regulations Governing the Practice of Athletic Training, National Athletic Trainers' Association (NATA) Membership Standards, and the NATA Code of Ethics

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

3. Members Shall Maintain and Promote High Standards in Their Provision of Services

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

4. Members Shall Not Engage in Conduct That Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient's Health and Well-Being.

- 4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2. All NATA members, whether current or past, shall not use the NATA logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3. Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

September 2005, Revised 2016

BOC Standards of Professional Practice

Version 3.1 - Published October 2017

Implemented January 2018

I. Practice Standards

Preamble

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

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

Standard 1 Direction

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

Standard 2 Prevention

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

Standard 3 Immediate Care

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

Standard 4 Examination, Assessment and Diagnosis

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

Standard 5 Therapeutic Intervention

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

Standard 6 Program Discontinuation

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

Standard 7 Organization and Administration

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

II. Code of Professional Responsibility

Preamble

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

Code 1 Patient Care Responsibilities

The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law

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

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

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

1.4.1 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 1 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

Code 3 Professional Responsibility

The Athletic Trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards

3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.3. Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties

3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services

3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training

3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.6 Does not guarantee the results of any athletic training service

3.7 Complies with all BOC exam eligibility requirements

3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful

3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials without proper authorization

3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event

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

3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training

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

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

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

3.16 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the *BOC Professional Practice and Discipline Guidelines and Procedures*.

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

HEALTH & SAFETY POLICY OF THE UWA ATHLETIC TRAINING PROGRAM

Safeguards are taken for the health and safety of patients, students, graduate assistants, and faculty/staff. These are:

1. Each athletic training student is required to have received a Hepatitis B Vaccine or signed a waiver prior to entry into the program.
2. Modalities are checked and serviced annually for potential problems.
3. No student is allowed to use a modality without specific instructions from a preceptor and the student having shown competence with the modality.
4. Students are required to be Standard First Aid & Professional Rescuer certified before admission into the program and must gain re-certification each year. Each student will also be AED certified.
5. First year students must successfully pass two practicums in athletic training classes and attend the preseason in-service program prior to performing athletic training activities in the athletic training facility.
6. OSHA guidelines are followed very closely. All students stating, they have read the guidelines and universal precautions and understand and will adhere to them must sign a consent form. Also, a training session on the OSHA guidelines and universal precautions is required each year of all athletic training students.
7. The local health department is retained to dispose of medical waste and sharp objects.
8. Appropriate emergency procedures are discussed and demonstrated with each new athletic training student.
9. Each athletic training student must take part in a yearly in-service on the appropriate techniques of emergency procedures.
10. All emergency action plans and potentially important phone numbers are posted at specific locations should an emergency situation arise.

Blood-borne Pathogens Exposure Control Plan

In accordance with the Occupational Safety Health Administration (OSHA) Blood-borne Pathogens Standard, 29 CFR 1910.1030, the following Exposure Control Plan has been developed:

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination affects all full-time athletic trainers on staff, graduate assistants, and athletic training students at The University of West Alabama working directly with University athletes or athletes participating on the University campus as part of a program sponsored by or hosted by The University of West Alabama.

The job classifications and associated tasks for these categories are as follows:

- A. Athletic Training Staff members will be expected to provide emergency treatment for life-threatening emergencies, including administering mouth-to-mouth resuscitation and controlling bleeding occurring due to participation in athletics. Also, the staff member may be involved in assisting team physicians with suturing, draining blisters, applying Band-Aids, or shaving calluses.
- B. Graduate Assistants and Athletic training students will often be required to perform the same tasks when the situation requires.

2. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. Compliance Methods

Universal Precautions will be observed at this facility in order to prevent contact with blood, blood products, or other potentially infectious materials. All blood, blood product, or other potentially infectious material will be considered infectious regardless of the perceived status of the source or source individual.

Engineering and work practice controls will be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used (**refer to the Policies & Procedures Manual: All staff, graduate assistants, and athletic training students will use personal protective equipment in dealing with any potentially infectious material**). At this facility, sharps containers, waste disposable bags, and clearly marked biohazardous waste containers will be used as engineering controls.

The above controls will be examined and maintained on a regular basis, with attention given to the contents of the engineering controls to insure removal once the containers reach 1/2 to 3/4 of capacity. The effectiveness of the controls shall be reviewed on a semiannual basis by an individual appointed by the Head or Assistant Athletic Trainers.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility, there are two hand-washing facilities located in the athletic training facility, in each athletic locker facility, in each coach's locker room, and in each of the public restrooms. There are no available facilities at game/practice sites. As an alternative, a 10% bleach and water solution and isopropyl alcohol are stored in each athletic trainer's kit on the site. If this alternate method is used, the hands are to be washed with soap and running water as soon as feasible following any exposure.

After proper removal and disposal of personal protective gloves or other personal protective equipment, employees shall wash their hands and any other potential contaminated skin area immediately or soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriated or as soon as feasible following contact.

B. Needles

Contaminated needles and other contaminated sharps objects will not be bent, recapped, removed, sheared, or purposely broken. Following usage needles or other contaminated sharps objects will be disposed of in a clearly marked biohazardous, sharps container. OSHA allows for one exception to the rule governing the disposal of needles, if the procedure requires that the contaminated needles be recapped or removed and no alternative is feasible, and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one handed technique. At this facility recapping or removal is only permitted while assisting one of the team physicians in a procedure necessitating this act.

C. Containers for Reusable Sharps

Contaminated sharps that are not reusable are to be placed immediately, or as soon as possible after use, into appropriated sharps containers. At this facility, the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. The sharps container is located in the cabinet above the first aid area of the main athletic training island. An individual appointed by the Head Athletic Trainer has the responsibility for disposal of the sharps container when it becomes 3/4 full. The container need only be checked as necessitated by its use.

D. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept or placed on treatment tables, taping decks, or countertops when blood or other potentially infectious materials are likely to be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

E. Specimens

Specimens of blood or other potentially infectious materials, such as urine, will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standards. It should be noted that this standard provides for an exemption for specimens from the labeling/color-coding requirements of the standard, provided the facility uses Universal Precautions in the handling of all specimens and the containers are recognizable as container specimens. This exemption applies only while the specimens remain in the facility.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, and/or shipping of the specimen.

F. Contaminated Equipment

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined before servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

G. Personal Protective Equipment

All personal protective equipment used at the facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. The protective equipment necessary for the athletic training facility primarily consists of latex gloves. These gloves will be stored on the main athletic training facility island, in the first aid cabinet of the taping room, and in all athletic training kits used by the staff, graduate assistants and students. These gloves will be available at all times and at no cost to the staff, graduate assistants, or students.

There is also other protective equipment made available to everyone at no cost to the staff, graduate assistants, and students. They are listed below.

Personal Protective Equipment

- ◆ One-way Pocket Masks
- ◆ Protective eyewear
- ◆ Examination Gloves (vinyl & latex)
- ◆ Face Shield

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. The employer at no cost to employees will make all repairs and replacements.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed before leaving the work area.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be used for the following procedures:

- ◆ Applying bandages
- ◆ Applying wound closures
- ◆ Draining blisters
- ◆ Shaving calluses
- ◆ Cleaning open wounds
- ◆ Handling urine specimens
- ◆ Cleaning evaluation tables
- ◆ Cleaning spills of potentially infected materials
- ◆ Evaluating oral/dental injuries or conditions
- ◆ Applying direct pressure to open wounds
- ◆ Handling/changing wound dressings

Disposable gloves used at the facility are not to be washed or decontaminated for reuse. They are to be replaced as soon as practical when they become contaminated or as soon as feasible when or if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

The facility will be cleaned and decontaminated daily when the athletic training facility is used by athletes. Decontamination will also take place after any blood or other potentially infectious material has been exposed in the athletic training facility. Decontamination will be accomplished by using a 10% bleach and water solution available in the cabinet under each sink counter and in all athletic trainers' kits.

Any broken glassware that may be contaminated will not be picked up directly with the hands. Cardboard sheets should be used to corner and lift any broken pieces. All broken glass or material should be placed in a sharps container for disposal.

H. Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers located in the facility. Sharps containers are located in the areas listed above.

Regulated waste other than sharps shall be placed in appropriate containers with color-coded waste bags. Such containers are located in the Homer Athletic Training Facility, Pruitt Athletic Training Facility, taping room, baseball field and softball field.

These containers are supervised by the designated person(s), and are disposed of by the Sumter County Health Department.

I. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags where it is used. This laundry will not be sorted or rinsed in the area of use. It will then be removed by the individual responsible for laundry using personal protective equipment, and washed separately in bleach.

All employees who handle contaminated laundry will use personal protective equipment to prevent contact with blood or other potentially infectious materials.

J. HIV/HBV Exposure

Post-Exposure Evaluation and Follow-Up

When an employee incurs an exposure incident, it should be reported to the Head or Assistant Athletic Trainer. All employees who incur an exposure will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

1. Written documentation of the route of exposure and the circumstances related to the incident as soon as feasible following the exposure. This is to be returned to the Head or Assistant Athletic Trainer
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested after consent is obtained for HIV/HBV infection.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infection of the source individual.
4. The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides before that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
5. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee will be referred to appropriate counseling centers concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report any related experiences to appropriate personnel.
7. The Head Athletic Trainer will be designated to assure that the policy outlined above is effectively carried out as well as to maintain records related to this policy.

K. Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional that evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: The written opinion to the employer is not to reference any personal medical information).

L. Training

Training for all employees will be conducted before initial assignment to tasks where occupational exposure may occur. Training for employees will include an explanation of the following:

1. The OSHA Standard for Blood-borne Pathogens
2. Epidemiology and symptomatology of blood-borne disease
3. Modes of transmission of blood-borne pathogens
4. The exposure plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
5. Procedures that might cause exposure to blood or other potentially infectious material at this facility.
6. Control methods to be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility
8. Who should be contacted concerning exposure to blood or other potentially infectious materials.
9. Post-exposure evaluation and follow-up.
10. Signs and labels used at the facility.
11. Hepatitis B vaccine program at the facility.

M. Record Keeping

All records required by the OSHA standard will be maintained by an employee appointed by the Head Athletic Trainer. The athletic training staff will be responsible for conducting the training to the graduate assistants and athletic training students during preseason orientation. All employees will receive annual refresher training within one year of the employee's previous training. The OSHA Standard for Blood-borne Pathogens and the outline for the training material will be kept in the office of the Head Athletic Trainer and in the policies manual at the Athletic Training Facility Desk by the main entrance.

N. Athletics Health Care Responsibilities

The following information was taken from the 2014-2015 NCAA Sports Medicine Handbook, Twenty-fifth edition, August 2014, page 74-78.

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 virus (HBV, HCV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HCV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

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

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

Hepatitis B Virus (HBV)

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

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

Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure. The incidence of HBV in student athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

HIV (AIDS Virus)

The Acquired Immunodeficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). Some experts believe virtually all persons infected with HIV eventually will develop AIDS and that AIDS is uniformly fatal. In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately, 14 percent of all new HIV infections occur in persons aged between 12-24 years. The risk of infection is increased by having unprotected sexual intercourse, as well as 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 (5,6). 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.

Testing of Student-Athletes

Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials.

Student-athletes who engage in high-risk behavior are encouraged to seek counseling and testing. Knowledge of one's HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, as well as modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

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

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

Disease Transmission—The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained close body contact. Within the NCAA, wrestling is the sport that best fits this description.

The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following recommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student-athletes in such sports who develop chronic HBV infections (especially those who are e-antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

Participation of the Student-Athlete with HIV

Individual's Health—In general, the decision to allow an HIV positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual's health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, then 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 (3,13). 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.¹⁹

Administrative Issues

The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected student-athlete chooses to confide have a right to know about this aspect of the student-athlete's medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

Athletics 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, applies 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:

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid, and standard precautions.
2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include: Personal Protective Equipment (PPE) [minimal protection includes gloves; goggles, mask, fluid resistant gown if chance of splash

or splatter]; antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled “sharps” container for disposal of needles, syringes, 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 universal 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 universal 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 antimicrobials 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 25 minute 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: Disposable gloves (PPE) [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, properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:10 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 1:10, 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 Blood-borne 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.

**The University of West Alabama
Athletic Training Program
OSHA Compliance Statement**

Blood borne pathogens are disease causing microorganisms that may be present in human blood. Two pathogens that are of special importance to athletic trainers are Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Hepatitis B directly affects the liver by resulting in swelling, soreness, and the loss of normal functions to the liver. Human Immunodeficiency Virus affects the immune system by destroying the T-cells which helps prevent disease. At this time, there is no known cure for either. At this time there is a vaccine for prevention of HBV that is available.

All individuals working within The University of West Alabama Athletic Training & Sports Medicine Center are anticipated to come in contact with blood or other infectious materials while performing their duties. The potential for exposure not only exists in the athletic training facilities, but also on the practice and/or competition fields.

These potential areas of exposure and disease transmission as well as, techniques of transmission prevention are documented and outlined in the “Health and Safety Policy of The University of West Alabama Athletic Training Program”, I have been given. I have read, understand, and will follow the “Health and Safety Policy of The University of West Alabama Athletic Training Program”. I also understand that I must take part in yearly in-service programs on the OSHA guidelines and universal precautions.

Year 1 Student Signature _____ **Date** _____

Staff Signature / Witness _____ **Date** _____

Year 2 Student Signature _____ **Date** _____

Staff Signature / Witness _____ **Date** _____

Year 3 Student Signature _____ **Date** _____

Staff Signature / Witness _____ **Date** _____

Year 4 Student Signature _____ **Date** _____

Staff Signature / Witness _____ **Date** _____

Year 5 Student Signature _____ **Date** _____

Staff Signature / Witness _____ **Date** _____

**The University of West Alabama
Athletic Training Program
Hepatitis B Vaccine Waiver Form**

All athletic trainers, who have been identified as being at risk for exposure to blood or other potentially infectious materials, are offered the Hepatitis B vaccine. The three stage vaccine is offered through the Marengo County Health Department (Demopolis, AL) at minimal cost to the athletic training student. Marengo County Health Department charges \$5 to administer the vaccine and approximately \$60 for the prescription at The Drug Store in Livingston. The Sumter County Health Department will provide the vaccine and injection FREE if you are Nineteen Years of age or younger. The above stated costs are subject to change.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV). I wish to be vaccinated at this time at one of the above locations. Upon which time I will submit my record of vaccination to the Program Director of the UWA Athletic Training Program.

Student Signature

Date

I have been given the opportunity to be vaccinated. However, I decline the vaccine 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 the Hepatitis B vaccine, I can receive the vaccination series at the above expense through one of the above locations.

Student Signature

Date

Student Signature

Date

I have initiated my Hepatitis B vaccination and will be completing it within the next 6 months. Upon which time I will submit my record of vaccination to the Program Director of the UWA Athletic Training Program.

Student Signature

Date

Current Number of Injections Taken

I have already received my complete Hepatitis B vaccination and will submit my record of vaccination to the Program Director of the UWA Athletic Training Program.

Student Signature

Date

COMMUNICABLE DISEASE POLICY

The purpose of the University of West Alabama Athletic Training Program Communicable Disease Policy is to protect the health and safety of all parties. The purpose of this policy is to ensure the welfare of the students enrolled within this program as well as those patients you may come in contact with during your clinical experiences. It is designed to provide Athletic Training Students, Preceptors, and athletic training faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers (www.cdc.gov).

What are Communicable Diseases?

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects).

Communicable Diseases Cited by the CDC:

- Blood-borne Pathogens
- Conjunctivitis
- Cytomegalovirus infections
- Diarrheal diseases
- Diphtheria
- Enteroviral infections
- Hepatitis viruses
- Herpes simplex
- Human immunodeficiency virus (HIV)
- Measles
- Meningococcal infections
- Mumps
- Pediculosis
- Pertussis
- Rubella
- Scabies
- Streptococcal infection
- Tuberculosis
- Varicella
- Zoster
- Viral respiratory infections

Guidelines for Prevention of Exposure and Infection

1. Students must successfully complete annual Blood-borne pathogens training prior to initiating observational and formal clinical experiences.
2. Students are required to use proper hand washing techniques and practice good hygiene at all times.
3. Students are required to use Universal Precautions at all times. This applies to all clinical sites.
4. Patient care should not be performed when the athletic training student has active signs or symptoms of a communicable disease.

Guidelines for Managing Potential Infection

1. Any student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her preceptor immediately and subsequently to the Clinical Education Coordinator.
2. Any student, who demonstrates signs or symptoms of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease **immediately** to his/her supervising preceptor.
3. The student is responsible for keeping the Clinical Education Coordinator informed of his/her conditions that require extended care and/or missed class/clinical time. The student may be required to provide written documentation from a physician to return to class and/or clinical site.
4. If a student feels ill enough to miss ANY class or clinical experience that student should notify the appropriate instructor or preceptor **immediately**. Any absence must be supported with written documentation from a physician.

By signing below, you indicate you understand and will abide by the University of West Alabama Athletic Training Program Communicable Disease Policy. Any breach of the Communicable Disease Policy will result in disciplinary action outlined in the UWA Policy & Procedure Manual for Athletic Trainers and as determined by the Athletic Training Curriculum Selection Committee.

Athletic Training Student Name (Print)

Athletic Training Student Signature

Date

CONFIDENTIALITY STATEMENT
for
ATHLETIC TRAINING STUDENTS

I, _____, understand that information in the
Please Print Full Name
offices of the Athletic Training Facility and the Athletic Department of The University of West Alabama is confidential and may not be divulged to anyone except the person who owns the information, those faculty, staff, or administrators who have need to know and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act of 1974 at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html> , as amended (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) at <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>. If I release confidential information or discuss confidential information outside of the office, I understand that I will be immediately discharged from the Athletic Training Program.

I have read the above statement and agree to maintain the confidentiality of all information that I have access to through this office.

Athletic Training Student Signature

Date

Witness Signature

Date

EMERGENCY PROCEDURES

UWA Key Medical Personnel & Emergency Contacts

Name	Title	Work Phone	Home and/or Cellular Phone
Bobby Wallace	Director of Athletics	(205) 652-3784	
Janet Montgomery	Associate Athletic Director	(205) 652-3630	(205) 499-8242
R. T. Floyd, EdD, ATC	Director of Athletic Training & Sports Medicine	(205) 652-3714	(205) 652-6185 (205) 499-8670
Brad Montgomery, MAT, ATC	Head Athletic Trainer	(205) 652-3696	(205) 499-1756
Joni Maddox, DAT, ATC	Athletic Trainer/Clinical Education Coordinator	(205) 652-3455	(321) 591-8269
Codie Washburn, MAT, ATC	Athletic Trainer	(205) 652-3489	
Hudson Byrnes, MS, ATC	Athletic Trainer	(205) 652-5485	
Amanda Shaw, MS, ATC	Athletic Trainer	(205) 652-3872	
Cassidy Evans, MS, ATC	Athletic Trainer	(205) 652-3452	
AC Sasser, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Serah Winkler, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Brogan Hubbard, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Mary Spengler, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Lane Alexander, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Emily Galloway, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Erin Miller, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Iancarlo Morales, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Trevor Polivka, ATC	Graduate Assistant Athletic Trainer	(205) 652-3450	
Todd Vaughan, M.D.	UWA Student Health Physician	(205) 652-9575	
Sharon Henson, DNP	UWA Student Health Physician	(205) 652-9575	
James R. Andrews, M.D.	Team Orthopaedist	(205) 939-3699	(205) 871-2628
Lyle Cain, M.D.	Medical Director, Team Orthopaedist	(205) 939-3699	(205) 903-5478
Alex Johnson, M.D.	Orthopaedic Fellow	(205) 939-3699	
Louis Gerena, M.D.	Family Practice/Sports Medicine Fellow	(205) 939-3699	
Other numbers to contact team physicians in Birmingham	Andrews Sports Medicine & Orthopaedic Center	(205) 939-3699	Surgery viewing room (205) 939-2165
Darrell Hoggle, DMD	Team Dentist	(205) 652-7114	(205) 652-2269
Ambulance Service	City of Livingston Ambulance Service	911	(205) 652-9777
Police Department	City of Livingston Police Dept.	911	(205) 652-9525
Campus Police	UWA Campus Police	(205) 652-3682	
Local Hospital	Hill Hospital, York, AL	(205) 392-5263	
Kent Partridge	Sports Information Director	(205) 652-3596	
Nicholas Finch	Assistant SID	(205) 652-3596	
Penny Dew	Special Assistant to the Athletic Director	(205) 652-3784	(205) 609-2952
	Homer Field House Athletic Training & Sports Medicine Center	(205) 652-3450	1-800-621-7742 in state 1-800-621-8044 out of state
	Pruitt Hall Athletic Training Facility	(205) 652-5537	1-800-621-7742 in state 1-800-621-8044 out of state
Soccer/Cross Country Practice Field	Call UWA Physical Plant	(205) 652-3601	
Baseball Complex	Tartt Baseball Field	(205) 652-2579	
Softball Complex	UWA Softball Complex		
Rodeo Complex	Don C. Hines Rodeo Complex	(205) 652-4100	
Fax Number	Athletic Training & Sports Medicine	(205) 652-3799	
Fax Numbers	Sports Information	(205) 652-3600	
Fax Number	Football	(205) 652-3770	

Athletes to the Hospital

Athletes that need immediate attention by the hospital or the team physician should be transported to Hill Hospital in York, Alabama or Bryan Whitfield Memorial Hospital in Demopolis depending upon the availability of physicians at Hill Hospital. The nature of the injury or condition will also dictate the referral location. For example, cardiorespiratory and neurological emergencies will typically go to Rush Hospital or Anderson Regional Medical Center in Meridian and orthopedic emergencies will go to St. Vincent's Birmingham. Upon arrival the attending athletic trainer should notify the nurse on duty of the problem. The nurse will then contact the team physician and/or the x-ray technician. The attending athletic trainer should make himself/herself available to talk with the physician if necessary unless he is needed to help care for the athlete. The attending athletic trainer should keep in mind that he is not finished with his/her job because he/she has delivered the athlete to the hospital. **DO NOT** leave the athlete until the hospital staff and physicians are in control of the situation and you have been relieved. The attending athletic trainer is responsible for the athlete's equipment and clothing. He or she should bring the equipment and clothing, back to the university and place it in the athlete's locker and then deliver the personal clothes to the athlete. The attending athletic trainer is to report to their supervising athletic trainer, as soon as he or she is no longer needed at the hospital.

Road Trip Emergency Medical Procedure

Whenever traveling with a university athletic team and an athlete requires hospitalization or a physician's attention, you should always adhere to the following procedure.

- If at all possible, wait until you reach Livingston before seeking medical attention. However, the athlete's health and well-being is most important. If you are in doubt, quickly seek the closest medical attention. Always err on the side of good judgment.
- If you are near the opponent's hometown, always seek help from the opponent's athletic trainer and team physician, if possible.
- Always introduce yourself to the opponent's athletic trainer and/or team physician before the athletic contest begins. If an emergency arises, they will already be familiar with you.
- Always offer your services to an injured opponent, even if you are at his home facility. In certain situations, you may be the most knowledgeable in the area of sports medicine if the opponent does not have an athletic trainer or physician present. Never force yourself or your services on an injured opponent; leave the decision to them and their coach.
- Always carry insurance and medical history information on your athletes in your kit.
- Whenever our athletes need medical attention out of town, first file all bills to his/her insurance, then any subsequent bills should be charged to the athlete at his/her home address. Copies should be sent to the head athletic trainer at the university's address (UWA, Station #14, Livingston, AL 35470).
- Contact the head athletic trainer as soon as possible if the injury is serious. The head athletic trainer may then contact the athlete's parents and/or spouse.
- Attending athletic trainers may stay with the injured athlete at the hospital if necessary. This should not be done unless there are other university athletic trainers to care for potential injuries of the remaining team members. There is always the possibility of a more serious injury to another team member.
- If the head or other staff athletic trainers cannot be reached by telephone, then the student athletic trainer should leave his/her number with the University Campus Police and have them locate a staff athletic trainer as soon as possible.
- Only medical treatment that is absolutely necessary should be administered by non-university medical personnel; if possible, all secondary medical treatment should be handled by the university medical staff.

Emergency Procedure at Home Competitions or Practices

The highest ranking athletic trainer stays with the injured athlete until transportation is complete or the situation is turned over to EMT's and/or team physician(s). This procedure applies to potential serious head injuries, potential spinal cord injury, vertebral fractures and dislocations, heat stroke victims, cardiac patients, any unconscious athlete, any athlete with convulsions, or any serious unstable condition. It is the responsibility of the other athletic trainers to quickly find out as much as possible about the involved athlete and his condition before departing with the athlete to the medical facility. This is important, as he/she will need to relate this information to other medical personnel. Each and every UWA athletic trainer should make themselves aware of the surroundings in relation to emergencies upon arrival at every practice to look for potential injury situations that can be prevented. Each UWA athletic trainer has a responsibility if an emergency arises. Once it is determined that the EMS system must be activated, attempt to help by doing one of the following things:

1. **The athletic trainer should always try to remain calm in any crisis; also as the athletic trainer approaches the injured athlete he/she should quickly examine the scene and secure it before trying to help the athlete.**
2. With the scene secure the athletic trainer should try to talk to the athlete. If the athlete is unresponsive then the athletic trainer should assume that the athlete has at least a head or spinal injuries and secure the c-spine. If other athletic trainers are present the athletic trainer with the most seniority will aid in the evaluation, also another athletic trainer will go and activate the local EMS unit only at the request of the senior athletic trainer (on the scene).
3. The athletic trainer holding the c-spine should be able to check or conduct a primary survey checking the airway, breathing, and circulation. The other athletic trainer(s) should start gathering information about the injury from other players or witnesses.
4. If the athlete is conscious and coherent the assisting athletic trainer should question the athlete about his/her injury, i.e., what happened or what were you doing when, etc. The assisting athletic trainer should do a secondary survey while the athlete is talking.

5. If possible find out if the athlete has any predisposing factors, i.e., diabetes, previous heat problems, etc. Also, if the injury is not head or spinal cord related the athletic trainer holding the c-spine may release it only after permission from the most senior athletic trainer on site.
6. The athletic trainer should always be aware of the possibility of the athlete going into shock at any time after an injury no matter how minor the injury may appear, and the athletic trainer must be prepared to manage it. The athlete should not be moved under most circumstances with the exception of heat illness.
7. The athletic trainers evaluating and attending to the athlete should stay with the athlete and wait for the ambulance to arrive and transport the athlete. Another athletic trainer should go to the entrance of the practice area and wait for the ambulance to arrive and direct them to the scene. When the ambulance arrives, one of the athletic trainers will relay all information including vital signs, evaluation results, and any special problems to the EMT's. Another athletic trainer should get the insurance and medical history information of the athlete. The athlete's insurance information is to be taken to the hospital by the athletic trainer riding with the athlete on the ambulance.
8. One athletic trainer is to ride in the ambulance with the athlete to the health care facility. Another will get the state vehicle and follow the ambulance to the hospital.
9. Always have someone contact the head athletic trainer or one of the senior athletic trainers immediately if they are not on site.
10. Never leave the scene unless another athletic trainer is on site to monitor the remaining athletes as the practice or game continues.
11. If it is a visiting team, assist the attending visiting athletic trainer however they deem appropriate without breaking the above actions.

Cheerleading Emergency Procedure (Anywhere on campus)

1. When an injury occurs, the athletic trainer should approach the athlete to evaluate the injury. If the injury is life threatening the athletic trainer or athletic training student should have either the coach or another teammate go to the nearest phone (**undetermined at this time, due to daily changes in practice areas**) or use an onsite cellular phone and activate the local EMS service and inform them of the emergency. Also, call the campus police and have them inform the head athletic trainer or one of the senior staff athletic trainers of the injury. He/she should then report back to the attending athletic trainer.
2. While someone is enacting the EMS system the attending athletic trainer should do a primary survey and check the level of consciousness, if possible, or if the case of a head or spinal injury hold c-spine and wait. After enacting the EMS system and reporting to the attending athletic trainer, he/she should be instructed to help the attending athletic trainer by going and clearing a path to the injured athlete and directing EMS personnel to the scene. (**There cannot be an established EMS route due to practice not restricted to one location**)
3. The attending athletic trainer must be aware that the athlete could go into shock at any time after an injury, so it is very important that the athletic trainer be able to recognize the early signs of shock and be able to manage it. The athlete should not be moved unless absolutely necessary.
4. When the ambulance arrives at the field and the EMT's approach the athlete, the attending athletic trainer should give them all of the information gathered such as, the mechanism of injury, vital signs, time of injury, and progressing level of consciousness. When the ambulance is preparing to leave the athletic trainer should have a copy of the athlete's insurance and brief medical outline to leave with the EMT's. The attending athletic trainer should make sure they find out where the athlete is being taken. Once the ambulance has left, the attending student should relay the information to one of the senior staff athletic trainers.

EMERGENCY PLAN RELATED INFORMATION

Weather events: In the case of inclement weather, the attending athletic trainer will recommend to the head coach that practice or competition be terminated (the ultimate decision will be with the attending athletic trainer). Decisions will be based on NCAA recommendations concerning threatening weather. All personnel will immediately seek shelter at designated areas, (men or women's soccer practice field-Moon Hall loading dock, football practice or game-Homer Field House locker room, baseball-dugout or locker room, softball-dugout or locker room, rodeo-barn, cross country-nearest safe shelter to the area they are running at, tennis-UWA Student Union Building). Of note, once a game or competition has begun, the umpire or official holds the responsibility of game termination. The athletic director has the authority to override the official's decision in the case of inclement weather. Also, all issued weather warnings will be heeded by all of UWA's athletic teams. The University's Campus Police are to go to each venue and warn them of any impending thunderstorm or tornado warnings. Refer to the Lightning Safety Policy.

Location of all phones

Phones for emergency actions are available for the following sports at the following locations in the event that an onsite cellular phone is not accessible:

1. **If a cellular phone is available, it can be used at any location on campus to enact the EMS by dialing 911**
2. **Tiger Football/Soccer stadium:** access to a phone is located within James P. Homer field house on either the first or second floors: secretary's office (#221), and the athletic training facility (#216).
3. **Football/Soccer practice field:** access to a phone at the practice field is located across the street in Moon Hall (physical plant). After regular hours you must enter the left hand, side door to reach a phone in the first office to the right.
4. **Pruitt Hall Gymnasium:** phone access in Pruitt Hall is located in Room #28 (basketball office) or #32 (athletic training facility).
5. **Don C. Hines Rodeo Complex:** Phone access is located in the barn office, which the first door to the right past the main entrance to the barn. Additionally, there is a phone located within the rodeo coach's trailer.

6. **UWA Softball Complex:** At this time there is **no** phone access at the site. The nearest location is to send someone to call at the Student Union Building to use the phone, upstairs by the main entrance.
7. **Tartt Baseball Field:** Phone access is located in the Baseball Press Box, behind home plate or in the coaches' offices, 2nd floor above the 1st base dugout.
8. **Howard R. Vaughan Tennis Complex:** Phone access is located in the UWA Student Union building. The nearest phone is located just inside the side entrance, bottom floor, at the Fitness and Wellness desk.
9. **UWA Cross Country Clubhouse:** Phone access is located in the cross country coach's office.
10. **Nelson Hughes Gymnasium:** There is telephone access at the reception desk in the lobby, the soccer coaches' offices and in the Physical Education & Athletic Training Department suite.

UNIVERSITY OF WEST ALABAMA ATHLETIC DEPARTMENT

Lightning Safety Policy

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The Athletic Training staff has developed a lightning safety policy to minimize the risk of injury from a lightning strike to University of West Alabama athletes, coaches, support staff and fans. To monitor lightning, the Athletic Training staff will utilize both the Flash-to-Bang Method and a WeatherSentry (DTN) weather radar. Our policy is in accordance with the *2014 2015 NCAA Sports Medicine Handbook* regarding lightning safety.

GENERAL POLICY: A member of the Athletic Training Staff (certified or student staff) will monitor the weather and make the decision to notify the head coach or officials of dangerous situations and recommend the suspension of activity in the event of lightning. Exceptions will be made for any activity where an Athletic Training staff member is not in attendance, whereby the supervising coach will have the ability to suspend activity. The decision to suspend activity will be based on:

- ◆ Two subsequent readings on the WeatherSentry (DTN) weather radar in the 8-20 mile range regardless of the presence of visible lightning. (This device is portable and will be in the possession of the athletic training staff member or supervising coach.) and/or
- ◆ Utilization of the **Flash-to-Bang Method** (Count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away, in miles, the lightning is occurring.) *2014-2015 NCAA Sports Medicine Handbook*. If it reveals lightning to be within 6 miles (a 30 second count between the flash of lightning and the bang of thunder) activity is to be suspended and everyone should seek shelter immediately.

PRIOR TO COMPETITION: A member of the Athletic Training staff and/or Athletic Director will greet the officials, explain that we have a means to monitor the lightning, and offer to notify the officials during the game if there is imminent danger from the lightning. The Athletic Director and game officials will then decide whether to discontinue play.

ANNOUNCEMENT OF SUSPENSION OF ACTIVITY: Once it is determined that there is danger of a lightning strike, the Athletic Training staff member will notify the head coach and/or official and subsequently immediately remove all athletes, coaches, and support staff from the playing field or practice area/facility.

EVACUATION OF THE PLAYING FIELD: Immediately following the announcement of suspension of activity all athletes, coaches, officials and support personnel are to evacuate to the nearest enclosed grounded structure.

OUTDOOR INSTRUCTIONS: If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees, a dry ditch without water, or seek a flat area (do not choose an open area where you will be the highest object). When there, crouch down wrapping your arms around your knees and lower your head to minimize contact with the ground and wait for the storm to pass. (*2014-2015 NCAA Sports Medicine Handbook*)

REMEMBER: an automobile, golf cart, or open shelter are not ideal shelters, but will offer you some protection from a lightning strike. Do not touch any metal structures directly after a lightning strike.

At UWA

- Soccer Practice: Evacuate to the loading dock of Moon Hall (Physical Plant)
- Football/Soccer Game or Practice: Evacuate to the locker room in Homer Field House (both teams)
- Softball Game or Practice: Evacuate to the dugouts (both teams)
- Baseball Game or Practice: Evacuate to the dugouts (both teams)
- Cross Country Race or Practice: Nearest suitable structure. (see above for outdoor instructions)
- Rodeo: Evacuate to the barn or nearest suitable structure (see above for outdoor instructions)
- Tennis: Evacuate to the UWA Student Union Building (both teams)

Away Events: All UWA athletic teams participating outdoors will travel with the WeatherSentry (DTN) weather radar. A member of the Athletic Training staff will notify the host Athletic Training staff member and game officials before competition and explain that we have a means to monitor the lightning. We will offer to notify the officials during the game if there is imminent danger from the lightning. The UWA Athletic Training staff reserves the right to discontinue playing, in the event the game officials have not suspended play with the knowledge of inclement weather.

EVACUATION OF THE STANDS: During a competition, once the decision to suspend activity has been made, a representative of the athletic department will announce via the PA system:

1. Fans are advised to immediately seek shelter in the nearest enclosed, grounded shelter. (Football-Pruitt Hall, Armory, or vehicles, Softball-Student Union Building or vehicles, Baseball-vehicles, Rodeo-Barn or vehicles)
2. **REMEMBER:** an automobile, golf cart, or open-sided shelter may not protect you from a lightning strike so these are not adequate shelters.

RESUMPTION OF ACTIVITY: During practice, activity may resume under the following conditions. This decision will be based on:

- ◆ Thirty minutes AFTER the last lightning strike within an 8-20 mile range on the WeatherSentry (DTN) weather radar.
- ◆ Thirty minutes AFTER the last lightning strike within a 6-mile range using the Flash-To-Bang method. During a game situation the activity will resume once the Athletic Director, Athletic Training staff member and officials have conferred and the above criteria have been met.

OTHER LIGHTNING SAFETY TIPS: (2017-2018) NCAA Sports Medicine Handbook

1. There should be no contact with metal objects (bleachers, fences, golf clubs, bats)
2. Avoid single or tall trees, tall objects and standing in a group.
3. If there is no other shelter you may seek refuge in a hardtop vehicle. It is not the rubber tires that protect from lightning; it is the hard top metal roof that dissipates the lightning around the vehicle. Roll up the windows. Do not touch the sides of the vehicle
4. The existence of blue skies and/or absence of rain are not protection from lightning. Lightning can strike 10 miles from the rain shaft.
5. **DO NOT LIE FLAT ON THE GROUND**
6. Avoid using a land line telephone. Cell phones are a safe alternative if in a safe structure.
7. Avoid standing water and open fields
8. If in a forest, seek shelter in a low area under a thick grove of small trees.
9. **If you feel your skin tingling immediately crouch and grab your legs and tuck your head as described above to minimize your body's surface area.**
10. Persons who have been struck by lightning do not carry an electrical charge. Therefore, enact the EMS system and provide emergency care. CPR with an AED is what is most often required. If possible, move the victim to a safe location.
11. For additional information refer to the National Lightning Safety Institute at www.lightningsafety.com

DIRECTIONS FOR USING THE WeatherSentry (DTN) RADAR & LIGHTNING DETECTOR.

1. Prior to practice or competition, monitor weather forecast via the Internet or by calling local agencies for up to date information.
2. Check for any National Weather Service-issued thunderstorm "watches" and "warnings".
3. Monitor the weather for the following: sudden decrease in temperature, increase in air movement, sudden increase in humidity, visible dark clouds (though these do not have to be present for a lightning strike to occur)
4. Communicate with officials and/or head coach prior to activity about potential for bad weather and our monitoring system.
5. Locate the WeatherSentry (DTN) Lightning/Storm Detector in an area removed from other electronic devices or machinery, which could cause a false triggering.
6. WeatherSentry (DTN) works via the internet accessed via cell phone.
7. WeatherSentry (DTN) will also notify Athletic Trainers via text messaging.
8. WeatherSentry (DTN) will also be accessible on the Head Athletic Trainers' Desk Top Computer
9. Upon lightning strike the Head Athletic Trainer or his/her designee will contact all Athletic Training Staff of a lightning threat in the area.
10. When lightning is within 20 miles, the game officials should be notified, if it is a game the tarp should be placed at that time.
11. Activity will be suspended when:
 - A. WeatherSentry (DTN) registers 2 consecutive lightning strokes within the 8-20-mile range
 - B. The Flash/Bang Method reveals lightning within a 6-mile range (30 second or less count between the flash of lightning and the bang of thunder)
12. Once you have determined that there is imminent danger of a lightning strike, communicate to the head coach and/or head official.
13. Evacuate the field and stands to an enclosed-grounded building. **REMEMBER**, a golf cart, automobile, or open shelter does not provide protection from a lightning strike. If there is no available shelter IE, cross-country, each individual should seek an area that is flat and in the open. Crouch down wrapping your arms around your knees and remain in that position until the danger of lightning has passed.
14. Activity may be resumed only IF the danger of a lightning strike is no longer present and no lightning strikes have occurred within the 20 mile range in 30 minutes. This decision to resume activity is to be made by a member of the Athletic Training Staff, Athletic Director, or Head Official.

FLASH-to-BANG Lightning Detection Method

This method of lightning detection should be used in conjunction with the WeatherSentry (DTN) radar system.

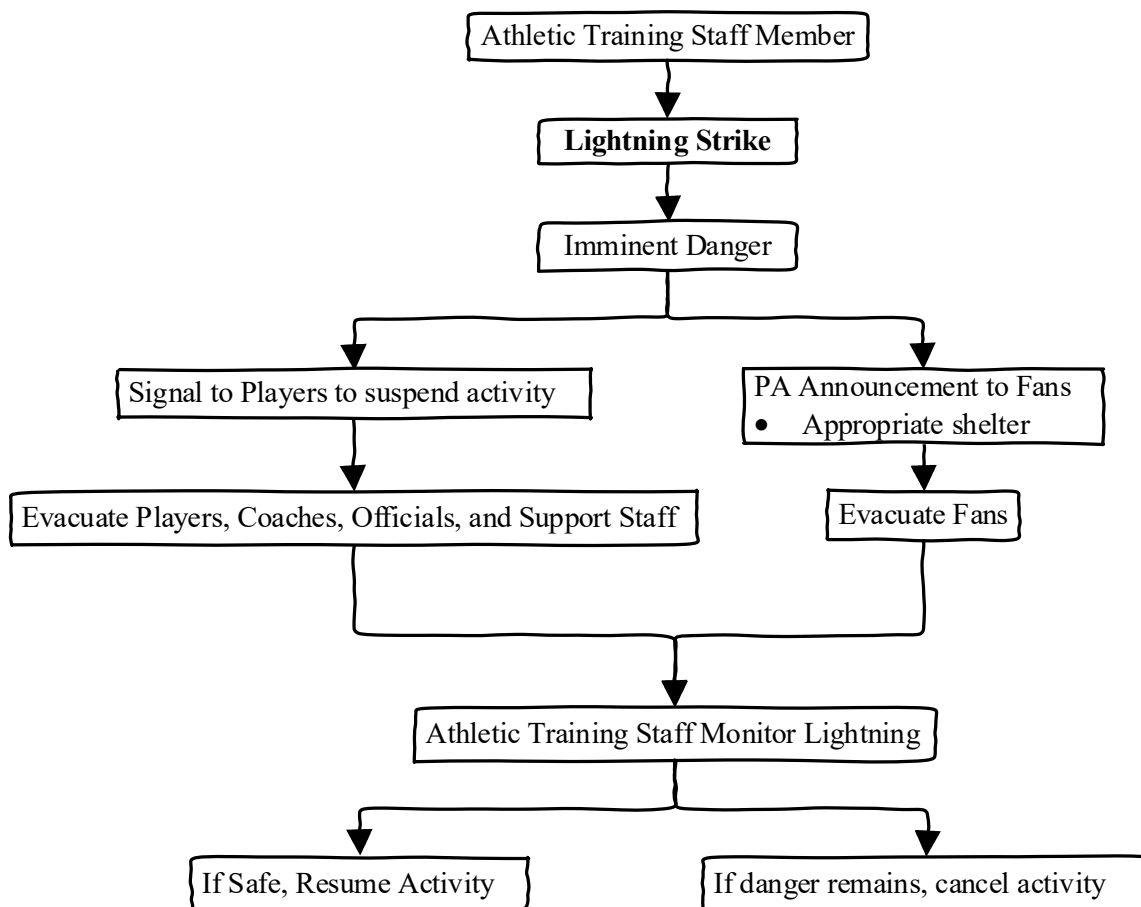
1. Prior to practice or competition, monitor weather forecast to include calling local agencies for up to date information.
2. Watch for the flash of lightning.
3. Begin to count (one one thousand, two one thousand...)
4. Stop counting when you hear the bang of thunder.

5. Take this number and divide by 5. This will give you an approximation of how far away the lightning is (5 seconds = 1 mile).
EXAMPLE: You see a flash of lightning and you begin to count. You reach 45 before you hear the bang of thunder. $45 \div 5 = 9$. The lightning would be approximately 9 miles away. Using this method, you would suspend activity with lightning at or within 6 miles.
6. Activity is resumed with the permission of a member of the Athletic Training Staff 30 minutes after the last lightning detected at or within 6 miles.

SCRIPT FOR CONVERSATION WITH OFFICIAL

Hello, my name is _____. I am a member of the University of West Alabama Athletic Training Staff. I would like to speak with you regarding our lightning safety procedures. On site we have a lightning detector which I will use to monitor lightning. In accordance to NCAA recommendations, lightning detected within 8-20 miles is considered to pose an imminent threat. Per UWA's lightning safety policy, when the lightning detector reveals 2 consecutive strikes within the 8-20 mile range OR the flash/bang method reveals lightning less than 6 miles we strongly recommend suspending activity until the danger of a lightning strike has passed. We have a communication system to inform all participants and any fans.

Chain of Action for Lightning Emergencies



Lightning Detection Procedures for Athletes during Non-Supervised Activities

Examples: athletes using facilities in the off season, or outside of regular practice hours

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The safest measure to take is to proceed indoors whenever you see thunderclouds forming and remain until the storm passes. Just because you cannot see lightning does not mean you are not at risk if you are outdoors. Other warning signs of impending bad weather include: sudden decrease in temperature, sudden change in humidity, increase in air movement, and visible dark storm clouds (though these are not always present during a lightning strike). The Athletic Training staff has a lightning detection policy in place for practices and games; however, we are aware that athletes often use UWA's athletic facilities when there is no supervision by the coaches. In the event athletes are using the facilities without supervision, the Athletic Training staff would like to educate you and encourage you to use FLASH-to-BANG method to monitor the proximity of the lightning. THE FLASH-to-BANG Method is an approximation of the distance of the lightning NO METHOD OF LIGHTNING DETECTION CAN DETECT EVERY STRIKE.

The Flash-bang method of lightning detection:

1. Auditory: Flash-to-Bang Theory

To use this method, count the seconds from the time the lightning “flash” is sighted to when the clap of thunder “bang” is heard. Divide this number by five to obtain how far away (in miles) the lightning is occurring. For example, if fifteen seconds are counted between seeing the “flash” and hearing the “bang”, fifteen divided by five equals three. Therefore, the lightning flash is approximately three miles away.

- ◆ Each five seconds equal one mile
- ◆ If the time between seeing the “flash” and hearing the “bang” is between 15-30 seconds (3-6 miles), teams should take precautions and seek shelter.

*The National Severe Storms Laboratory recommends that by the time the spotter obtains a “flash-to-bang” count of fifteen seconds, all individuals should have left the athletic site and reached “safe shelter”.

PA ANNOUNCEMENT DURING INCLEMENT WEATHER

“May I have your attention? We have been notified of approaching inclement weather. Activity will cease until we have determined it is safe and the risk of lightning is diminished. We advise you to seek shelter in the following areas:

AT UWA:

1. Football/Soccer Game: Evacuate to Pruitt Hall Gymnasium, the armory, or your vehicle
2. Softball Game: Evacuate to the Student Union Building or your vehicle
3. Baseball Game: Evacuate to your vehicle
4. Cross Country Race: Suitable Structure, ditch without water, group of trees, your vehicle, etc.
5. Rodeo: Evacuate to the Rodeo Barn or your vehicle
6. Tennis: Evacuate to the Student Union Building or your vehicle

Though protection from lightning is not guaranteed, you may seek shelter in an automobile.

Thank you for your cooperation.”

COMPLIANCE STATEMENT FOR ALL ATHLETIC DEPARTMENT PERSONNEL

As a member of the University of West Alabama Athletic Department, I attest that I have read, understand, and will adhere to the University of West Alabama Athletic Department Lightning Safety policy.

Signature of staff member

Date

Witness signature

Date

AED Policy

Due to recent events where athletes have died as a result of sudden cardiac death, the University of West Alabama now has two automated external defibrillators (AED's) for use in varsity athletics. The brand of AED's we have are the Zoll AED Plus, PowerHeart G3, and the Phillips Heartstart. The technical support for the Zoll unit is through SEMA, Inc. Medical Equipment and Supplies from whom we purchased the device. The technical support for the PowerHeart G3 unit is through Cardiac Science, Inc. from whom we purchased the device. The technical support for the Heartstart unit is through Lifeguard Medical Solutions from whom we purchased this device

Authorized AED Users:

The AED's are very user friendly and can be used by any staff athletic trainer, first responder, athletic training student, coach, or athletic department administration certified in CPR/AED usage by either the American Red Cross or American Heart which is required on an annual basis for the athletic department coaching staff (see Coaches CPR/AED training policy). EMT or higher certification also meets the criteria for usage (reminder any person who renders emergency care or treatment of a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible per the guidelines for CPR/AED certification): Annual certification by either the American Red Cross or American Heart Association is required by all athletic department personnel. Documentation of annual certification is maintained by the ATP program director.

Following is the guidelines for usage by an AED certified staff member. Of note, remember the highest risk group we will deal with is probably the fan in the bleachers. Be prepared for a spectator to go into cardiac arrest and do not hesitate to use our AED on a spectator.

Medical Control:

The medical advisor of the AED program is E. Lyle Cain, M.D.

The medical advisor of the AED program is responsible for:

- Writing a prescription for AEDs
- Reviewing and approving guidelines for emergency procedures related to use of AEDs and CPR

Athletic Department Guidelines:

- ❖ There are AED's permanently located at the following venues:
 - Front Lobby of Pruitt Hall - For use with M & W's Basketball and Volleyball
 - Concession Stand of the Softball Complex
 - Home Dugout, Athletic Training Facility at Tarrt Field Baseball Complex
 - 1st Floor, UWA Student Union Building for use with M & W's Tennis (if a portable AED is not on-site)
 - Front Lobby of Nelson Hughes Gymnasium - Cheerleading
 - Moon Hall Lobby - Use at the M & W's - Cross Country & Track Practice Field (if a portable AED is not on-site)
 - 2nd floor Lobby entrance, Homer Field House for Tiger Stadium (if a portable AED is not on-site)
 - Campus Police Patrol Car
- ❖ When the AED is not in use at an athletic event or practice one AED will be stored in the Head Athletic Trainer's Office (JH 216B); the second will be stored in Graduate Assistant Office (JH 216F). These are to be used for sport supervision at the venues without a permanent AED (Football, M & W's Soccer, Rodeo)
- ❖ Have the AED on site at each athletic facility or practice venue (For venues that do not have a permanent AED, a portable unit should be brought). The Director of Athletic Training & Sports Medicine, Head Athletic Trainer, or Athletic Trainers will determine the designation of the AED. The Director of Athletics will also be informed of the venue location of the AED. When selecting the site of the AED, the following must be taken into consideration:
 - Whether the sport is High Risk or Low Risk as denoted by the NCAA (high risk sports should have precedent over low risk sports). At UWA, football, rodeo, and men & women's basketball are the highest risk sports, followed by men's and women's soccer, volleyball, baseball & softball. The lowest risk sports are men & women's cross country, men & women's tennis, and cheerleading.
 - The total number of participants and/or fans at the specific venues
 - All home contests will supersede practices, unless EMS is on site. If EMS is on site and activity is going on at another site (football and volleyball concurrently for example), our AED should be at the non-EMS covered site.
 - When there are multiple sites the most centralized site should be chosen, all athletic trainers or first responders at the other sites are informed of this and have the ability to contact the site person (by land line or cellular phone) with the AED where it can be easily moved to another site quickly if an emergency arises.
 - Remember Title IX; women sports have an equal right to all athletic medical equipment. When deciding on location, do not locate the AED at the male site always. Use the above criteria for decision-making, not gender.
- ❖ When an emergency arises and the AED is on site, it should be easily attainable from the emergency equipment location at each site.
- ❖ When it is determined by following the primary survey of standard first aid (responsiveness, breathing, circulation) that a cardiac emergency is taking place, the AED should be used only after enacting the EMS system. Another athletic training staff member, coach, athlete, or bystander can perform this action.
- ❖ After EMS is enacted, position supine, open airway, begins rescue breathing, and applies chest compressions in the correct sequence until the AED is in place.
- ❖ Apply the pads to the bare chest of the athlete in the fashion described on the pads or on the cover of the AED.
- ❖ Turn the AED on by pressing the on button

- ❖ Clear everyone from touching the victim to allow the AED to monitor the heart rhythm, make sure the victim is not lying in water.
- ❖ After rhythm analysis is completed follow instructions of AED to deliver shock, begin CPR, or monitor vitals until EMS arrives (again make sure nobody is touching the victim when shock is to be delivered).

Medical Response Documentation:

Internal Post Event Documentation: It is important to document each use of the medical emergency response system.

- An incident report form shall be completed by the individual responding to any incident requiring use of an AED. The form should be forwarded to the head athletic trainer or supervising staff athletic trainer.
- The report should then be maintained in the student-athletes medical file.
- If the incident occurs to a spectator or is use on a non-athletic patient, an incident should be filed with the ATP program director and once approved and signed by the department head, should be forwarded to the Coordinator of Environmental Safety.

Equipment Maintenance:

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness.

Specific maintenance requirements include:

- The facility phone operator shall be informed of changes in availability of emergency medical response equipment. If equipment is withdrawn from service, the operator shall be informed and then notified when equipment is returned to service.
- The University of West Alabama AED Policy Program Coordinator shall be responsible for informing response teams of changes to availability of emergency medical equipment.
- The University of West Alabama AED Policy Program Coordinator shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- The University of West Alabama AED Policy Program Coordinator shall notify the local emergency communications center or dispatch center of the existing location and type of AED

Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required.

Remember the AED is a fragile device. Care should be used when handling the AED. It should not be dropped, shaken, or stored where it could get wet or exposed to extreme heat. There is also a battery check on the exterior that should be checked periodically. As long as there is not an X in the window the batteries are charged. Replacement batteries are eight (8) Type 123 Lithium batteries.

Athletic Site Determination

Priority for usage of the portable AED's where a dedicated AED is not available will be based on the following conditions:

- Competition/Scrimmage has priority over practice.
- Home games have priority over away games.
- Team priority:
 1. Football
 2. Rodeo
 3. Men's Soccer
 4. Women's Soccer
 5. M & W's Track
 6. M & W's Cross Country

Parameters used to determine priority include:

- Sudden cardiac death (SCD) occurs in male athletes more than female athletes.
- SCD occurs in black athletes more than any other race of athletes.
- Men's basketball has the highest reports of SCD followed closely by football.
- Blunt injuries to the chest can cause ventricular fibrillation.

Monthly System Check:

Once each calendar month, The University of West Alabama AED Policy Program Coordinator or his/her designee shall conduct and document a system check. These records shall be retained in the office of The University of West Alabama AED Policy Program Coordinator. This check shall include review of the following elements:

- Phone operator checklist availability
- AED battery life
- AED operation and status

Approvals:

Medical Director:

Printed Name

Signature

Date

The University of West Alabama AED Policy Program Coordinator:

Printed Name

Signature

Date

Physician availability and Hours of normal operation of key personnel

The UWA Athletic Training & Sports Medicine Center is open Monday through Friday from 8:00am-5:00pm. The ATSMC will be closed daily from 12-1 for lunch.

Todd Vaughan, M.D. and Sharon Henson, DNP at Rush Medical Group - Livingston will be open Monday through Friday from 8:00am until 12:00 and 1:00 pm until 5:00pm Monday through Thursday and 8:00am until 12:00 on Friday. Any need of an athlete to see the physician will be handled through the athletic trainers and referred to Dr. Vaughan. Usually, clinic for all university students is during his regular office hours.

Andrews Sports Medicine and Orthopaedic Center is open Monday through Friday from 9:00am until 5:00pm. Arrangements for visits with any of the physicians will also be made through the athletic trainers.

The physician's clinic provided by the Andrews Sports Medicine and Orthopaedic Center will be performed by Dr. Lyle Cain and the fellows of Dr. James R. Andrews and Dr. Cain. The clinic will be on every Wednesday during the Fall Semester from 9:00am until 11:00am. During the Spring Semester, clinic will be on every other Wednesday from 9:00am until 11:00pm. All athletes with injuries or injury follow-up will be scheduled during these times for evaluation. Additionally, they will be in attendance at all home and away football contests. One of the fellows will also be in attendance at our home rodeo contests.

Dr. Lyle Cain primarily and Drs. Ricardo Colberg, Benton Emblom, Kathleen McKeon, Jody Ortega, Norman Waldrop secondarily, will be available for referral and evaluation at Andrews Sports Medicine & Orthopaedic Center at St. Vincent's Hospital in Birmingham, AL on Monday through Friday from 9:00am until 5:00pm.

In an emergency situation, an athlete can be transported to Hill Hospital in York, Alabama or Bryan Whitfield Memorial Hospital in Demopolis depending upon the availability of physicians at Hill Hospital. The nature of the injury or condition will also dictate the referral location. For example, cardiorespiratory and neurological emergencies will typically go to Rush Hospital or Anderson Regional Medical Center in Meridian and orthopaedic emergencies will go to St. Vincent's Birmingham.

All dental emergencies will be referred to, Dr. Darrell Hoggle, of Livingston, AL for evaluation. His office will be open from 8:00am until 4:30 pm Monday-Thursday. He can also be reached at home for any referral outside of his regular office hours.

Therapeutic Modalities & Rehabilitation equipment available for use

The James P. Homer Athletic Training Facility has a wide variety of therapeutic modalities and rehabilitation equipment. The Pruitt Hall Athletic Training Facility has a limited amount of therapeutic modalities and rehabilitation equipment. Due to the proximity of the two facilities, when there is a need for a specific therapeutic modality or piece of rehabilitation equipment in the Pruitt Hall Athletic Training Facility it is moved from the James P. Homer Athletic Training Facility and returned after usage.

Therapeutic Modalities located in James P. Homer Athletic Training Facility

- Ice Machines (2)
- Intermittent Traction with Traction Table
- Ice Cups
- Paraffin Bath
- Portable TENS units (2)
- Portable EMS unit
- EMG Biofeedback unit
- Whirlpools (2)
- Portable Cervical Traction Units (2)
- Jobst Intermittent Compression Unit
- Aircast Cryocuff compression dressing with attachments (3)
- Mettler Interferential SYS STIM 220 stimulator (1)
- Game Ready Cryotherapy System (3)
- Hydrocollator Moist Heat Unit with moist steam packs, standard and cervical
- One Freezer containing various commercial cryotherapy packs
- Chattanooga Intellect Legend XT Combo Ultrasound/Electrical Stimulation Unit (3)
- LSI System II Interferential Unit
- SAM (sustained acoustic medicine) Portable Ultrasonic Diathermy Device
- Squid Active Cold Compression System
- Normatec Systemic Compression Unit
- Dynatron X5 Unit
- Game Day Super Pulsed Laser
- Orthoscan Fluoroscope
- Soft Tissue Mobilization Tools (3)
- AcuZone Cupping Set (2)

Therapeutic Modalities located in Pruitt Hall Athletic Training Facility

- Portable Hydrocollator Moist Heat Unit with moist steam packs, standard and cervical
- Chattanooga Intellect VMS II
- Chattanooga Intellect Legend Ultrasound

Therapeutic Modalities located in the Baseball Facility

- Mettler Sonicator 720 Ultrasound
- Portable Hydrocollator Moist Heat Unit with moist steam packs, standard and cervical

Rehabilitation Equipment located in James P. Homer Athletic Training Facility

- Stationary Bikes (3)
- Swedish Exercise Ball (4)
- Shoulder Pulley Systems (2)
- Upper Body Ergometer (3)
- Step Up Block (3)
- TKE board (1)

- Pro Fitter (1)
- ROM T-bars (3)
- Elliptical Exercise Machine
- Proprioception Boards (3)
- Weighted Medicine Balls (3)
- Treadmill (3)
- Balance Pads (4)
- Elevation Tables (5)
- Trampoline (1)
- Power Webs (2)
- BAPS Board (1)
- Toss Back Trampoline with weighted exercise balls (1)
- Assorted Cuff Weights (.5-10lb) with rack
- Cuff Link for shoulder proprioception (1)

- Slide Board (2)
- Heel Cord Boards (6)
- Foam Rolls (3)
- Assorted Thera-band & Thera-tubing
- Rehab Tree with Thera-tubing attachments (1)
- BOSU ball
- Balance Beam (4)
- Dynadisk (3)
- Y Balance System
- Body blades (2)
- Hip/Thigh Exercise Machines
- Kettle balls (4)
- Stairmaster
- Shuttle Mini Leg Press

Rehabilitation Equipment located in Pruitt Hall Athletic Training Facility

- Stationary Bike
- Cybex Orthotron Isokinetic Machine
- Heel Cord Boards (2)
- Assorted Cuff Weights (.5-10lb)
- Balance pads (2)
- Swedish Exercise Balls (2)
- Dynadisk (2)
- Weighted Medicine Balls (2)
- BOSU balls
- Balance Beams (2)

Rehabilitation Equipment located in the Baseball Facility

- Assorted Cuff Weights (.5-10lb)
- Assorted Dumbbells
- Thera-band and Tubing

Emergency equipment available for use

List of first aid and emergency equipment in each athletic training facility

Baseball Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Information
- Individual Medical Information
- Permanently mounted AED

Softball Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit
- Biohazard Containers
- Insurance Information
- Individual Medical Information
- Permanently mounted AED

Homer Field House Athletic Training Facility

- Biohazard Containers and bags
- Scissors
- Cervical Collars
- CPR Masks
- Bag-Valve masks
- Crutches
- Elastic Bandages
- Emergency Information and EAP's
- Gloves (Latex and Vinyl)
- Immobilizers (air and vacuum)
- Insurance Information
- IV Kits
- Neurological Hammer
- Pen Lights
- Wound Care Supplies (band aids, gauze, topical antibiotics and cleansers)
- Sphygmomanometer and Stethoscope
- Spine Board
- Splints (All)
- Individual Medical Information
- Suture Kit
- Thermometer (Oral and Rectal)
- Tooth Kit
- Handwashing Station
- Permanently mounted AED
- Portable AED (3)
- Ophthalmoscopes (2)
- Nasopharyngeal airway sets
- Urine strips
- Glucometer
- Pulse Oximeter
- Asthma Rescue Inhalers
- FM Extractor and Helmet/Facemask removal tools

Pruitt Athletic Training Facility

- Biohazard Containers and bags
- Scissors

- Cervical Collars
- CPR Masks
- Bag-Valve masks
- Crutches
- Elastic Bandages
- Emergency Information and EAP
- Gloves (Latex and Vinyl)
- Wound Care Supplies (band aids, gauze, topical antibiotics and cleansers)
- Immobilizers (air and vacuum)
- Neurological Hammer

- Pen Lights
- Insurance Information
- Sphygmomanometer and stethoscope
- Spine Board
- Splints (All)
- Thermometer
- Tooth Kit
- Individual Medical Information
- Handwashing Station
- Ophthalmoscope
- Elevation blocks (2)

Rodeo Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit

- Biohazard Containers
- Insurance Sheets
- Individual Medical Information

Howard R. Vaughan Tennis Complex

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit

- Biohazard Containers
- Insurance Information
- Individual Medical Information

Soccer Practice Field

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit

- Biohazard Containers
- Insurance Information
- Individual Medical Information

Track and Field Practice Field

- Spine Board
- Splints & Crutches
- First Aid and Emergency Kit

- Biohazard Containers
- Insurance Information
- Individual Medical Information

When EMS is on site

The City of Livingston Ambulance Service will be on site during all UWA home football games. Additionally, they will be present during all sanctioned UWA rodeo events (athletic and fund-raising).

Coaches First Aid/CPR training

All head coaches, assistants, and graduate assistant will be required to become certified in American Red Cross First Aid & CPR. They must be certified during the Summer Semester prior to the start of the Fall Semester. Courses will be offered in July and August by the ARC certified instructors at the University. Recertification for currently certified coaches will also be given at these times.

Currently, we have several certified instructors on staff. It is encouraged for any coach interested in becoming an instructor to contact The West Alabama Chapter of the American Red Cross for the scheduling of an instructor course.

Insurance info and medical history will be in all athletic training kits both home and away.

Each athletic training student assigned to work a varsity athletic sport is required to carry a copy of each individual athlete's insurance and medical information with them to practices and events both home and away. Also, each student will take a listing of all pertinent numbers to contact in case of emergency.

Football will always have a copy of the medical information and insurance of each student athlete permanently stored in the white travel trunk with easy access for all to acquire if necessary.

The cheerleaders sponsor, coach, or supervisor will also carry a copy of their insurance and medical information with them when they are traveling or attending events without the accompaniment of a UWA student or staff athletic trainer.

Who is notified when a catastrophic event occurs: administrator, parents, coach

Whenever a catastrophic accident, emergency situation, severe or fatal injury occurs, the attending staff athletic trainer will contact the following parties, in the following order: Other athletic training staff members, the athletic director, head coach of that sport, and the parent or guardian noted as the emergency contact on the student-athlete's medical information.

If the attending athletic trainer is a graduate assistant, they should first contact the head athletic trainer or the director of sports medicine. If they are unable to reach either one of these people, they should contact one of the assistant athletic trainers. Following contact with one of the athletic training staff members, they should be ready to follow any instruction deemed important by the attending staff member.

Keys to all athletic gates and who needs one

In case of emergency at a location with the potential for locked gates, a single person, denoted by the athletic director, will be responsible for having access to a key to unlock any gate or door that may hinder the prompt emergency care of a student athlete. This representative must be someone who is available at all times at each of these venues (usually the head or assistant coach).

Certified Athletic Trainer availability

A certified member of the athletic training staff (usually two) will always be present at all home and away UWA football practices, games, travel, and required out of season activities except weight lifting. During weight lifting a certified staff member will be on duty in the athletic training facility directly up stairs from the weight room.

A certified athletic trainer will be on duty in the athletic training facility from 8:00am until ~5:00pm each day throughout the fall and spring semesters. Additionally, a certified athletic trainer will be at all practices of the following sports throughout each week: fall volleyball, baseball, softball, men and women's basketball, men's and women's soccer, and rodeo. For other sports, practices will be supervised by a certified athletic trainer on most occasions. Whenever the event is unsupervised by a certified athletic trainer, there will be a staff certified athletic trainer on call if an emergency arises.

Also, there will always be a certified member of the athletic training staff at all home contests, whatever the sport.

Emergency Procedure at Home Competitions or Practices

The highest ranking athletic trainer stays with the injured athlete until transportation is complete or the situation is turned over to EMT's and/or team physician(s). This procedure applies to potential serious head injuries, potential spinal cord injury, vertebral fractures and dislocations, heat stroke victims, cardiac patients, any unconscious athlete, any athlete with convulsions, or any serious unstable condition. It is the responsibility of the other athletic trainers to quickly find out as much as possible about the involved athlete and his condition before departing with the athlete to the medical facility. This is important, as he/she will need to relate this information to other medical personnel. Each and every UWA athletic trainer should make themselves aware of the surroundings in relation to emergencies upon arrival at every practice to look for potential injury situations that can be prevented. Each UWA athletic trainer has a responsibility if an emergency arises. Once it is determined that the EMS system must be activated, attempt to help by doing one of the following things:

1. **The athletic trainer should always try to remain calm in any crisis; also as the athletic trainer approaches the injured athlete he/she should quickly examine the scene and secure it before trying to help the athlete.**
2. With the scene secure the athletic trainer should try to talk to the athlete. If the athlete is unresponsive then the athletic trainer should assume that the athlete has at least a head or spinal injuries and secure the c-spine. If other athletic trainers are present the athletic trainer with the most seniority will aid in the evaluation, also another athletic trainer will go and activate the local EMS unit only at the request of the senior athletic trainer (on the scene).
3. The athletic trainer holding the c-spine should be able to check or conduct a primary survey checking the airway, breathing, and circulation. The other athletic trainer(s) should start gathering information about the injury from other players or witnesses.
4. If the athlete is conscious and coherent the assisting athletic trainer should question the athlete about his/her injury, i.e., what happened or what were you doing when, etc. The assisting athletic trainer should do a secondary survey while the athlete is talking.
5. If possible find if the athlete has any predisposing factors, i.e., diabetes, previous heat problems, etc. Also, if the injury is not head or spinal cord related the athletic trainer holding the c-spine may release it only after permission from the most senior athletic trainer on site.
6. The athletic trainer should always be aware of the possibility of the athlete going into shock at any time after an injury no matter how minor the injury may appear, and the athletic trainer must be prepared to manage it. The athlete should not be moved under most circumstances with the exception of heat illness.
7. The athletic trainers evaluating and attending to the athlete should stay with the athlete and wait for the ambulance to arrive and transport the athlete. Another athletic trainer should go to the entrance of the practice area and wait for the ambulance to arrive and direct them to the scene. When the ambulance arrives, one of the athletic trainers will relay all information including vital signs, evaluation results, and any special problems to the EMT's. Another athletic trainer should get the insurance and medical history information of the athlete. The athlete's insurance information is to be taken to the hospital by the athletic trainer riding with the athlete on the ambulance.
8. One athletic trainer is to ride in the ambulance with the athlete to the health care facility. Another will get the state vehicle and follow the ambulance to the hospital.
9. Always have someone contact the head athletic trainer or one of the senior athletic trainers immediately if they are not on site.
10. Never leave the scene unless another athletic trainer is on site to monitor the remaining athletes as the practice or game continues.
11. If it is a visiting team, assist the attending visiting athletic trainer however they deem appropriate without breaking the above actions.

Location of all phones

Phones for emergency actions are available for the following sports at the following locations in the event that an onsite cellular phone is not accessible:

1. **If a cellular phone is available, it can be used at any location on campus to enact the EMS by dialing 911**
2. **Homer Field House:** phone access in Homer field House is located in Room #216 (athletic training facility).

Emergency Action Plan



UWA Homer Field House

EMERGENCY PLAN: Homer Field House

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED (*Located in R.T. Floyd Athletic Training Center, Room 216 and in 2nd floor Lobby next the doors going to Pruitt Hall*)

Emergency Communication: Emergency Personnel's Cell Phones or Landline in Homer Field House

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the Homer Field House beside the football field at UWA)
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Homer Field House on Hopkins St. and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

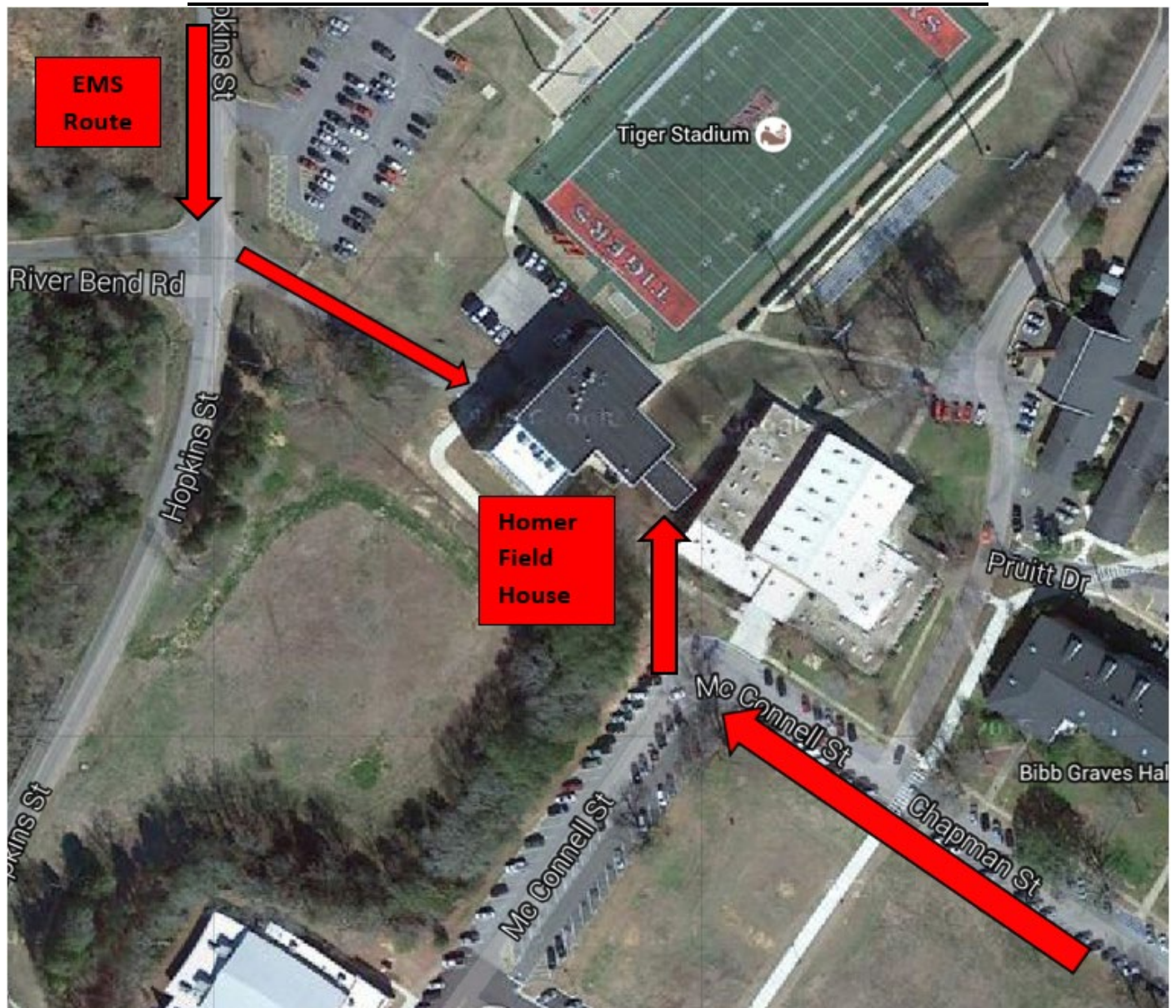
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance of Homer field house on Hopkins St.)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Andrea Wilson, MS, ATC	601-616-6664
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Basketball and Volleyball

EMERGENCY PLAN: Pruitt Hall Gymnasium

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED (*Located beside main entrance to gymnasium*), Spine Board, & Splints (*Located in Athletic Training Facility*).

Emergency Communication: Emergency Personnel's Cell Phones or Landline in Athletic Training Facility

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a ____ (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at Pruitt Gymnasium next to Bib Graves Hall on the campus at UWA)
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to Pruitt Gymnasium through the entrance off Chapman St. or Tiger Stadium Dr. depending on location of athlete and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

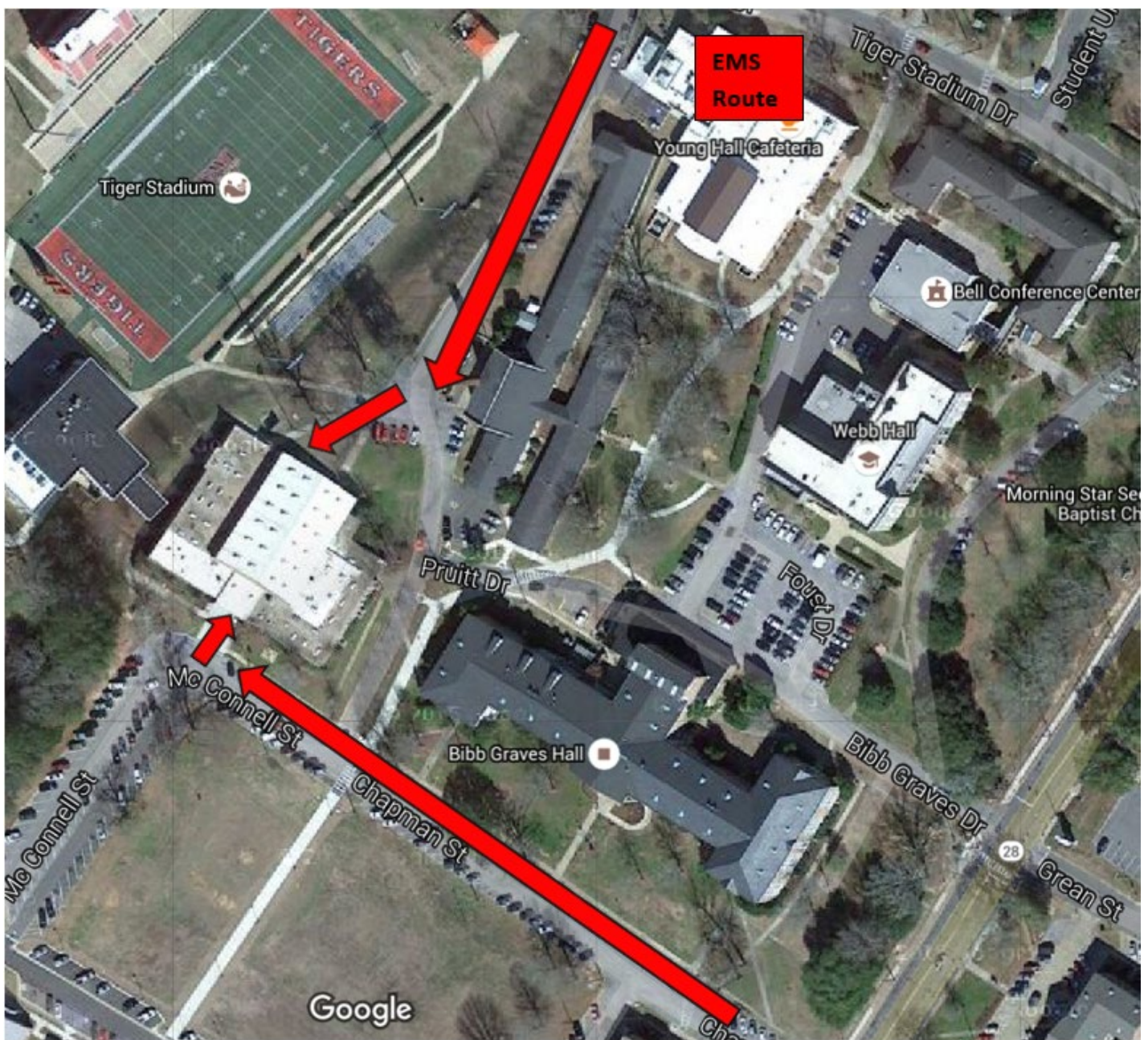
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance of Pruitt Hall on McConnell St.)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-6870
Joni Maddox, DAT, ATC: Basketball Athletic Trainer	205-233-0932
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Softball

EMERGENCY PLAN: Softball Field/ Intramural Softball Complex

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED (*Located in Concession Stand*); Spine Board & Splints (*Located in 1st base dugout*).

Emergency Communication: Emergency Personnel's Cell Phones

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a ____ (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the Softball complex beside the student union building on campus at UWA)
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Softball complex on Student Union Dr. and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

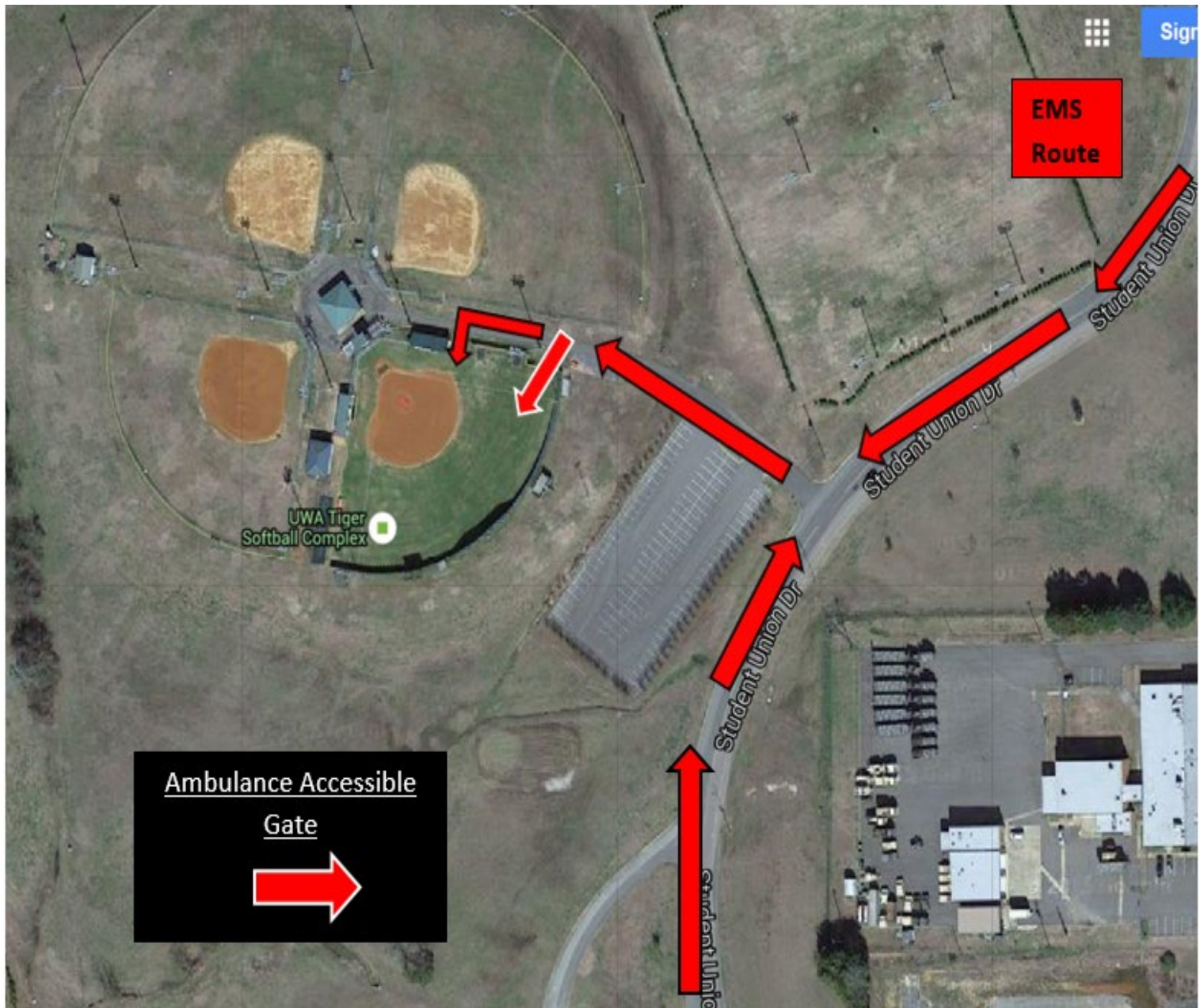
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance to parking lot on Student Union Drive)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Codie Washburn, MAT, ATC	256-604-0753
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Baseball EMERGENCY PLAN: Tart Field

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED, Spine Board, & Splints (*Located in 1st base dugout Athletic Training Facility*).

Emergency Communication: Emergency Personnel's Cell Phones or Landline in Coaches' Office

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a _____ (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the Tartt field across from Lake LU at UWA.
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Tartt Field on University Dr. or Lake Dr. depending on location of athlete and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance on University Dr. or Lake Dr. depending on location of athlete)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Hudson Byrnes, MS, ATC: Baseball Athletic Trainer	601-529-1582
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Football and Soccer

EMERGENCY PLAN: Tiger Stadium

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED, Spine Board, & Splints (*Located on Home Sideline*).

Emergency Communication: Emergency Personnel's Cell Phones or Landline in Homer Field House

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a _____ (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at Tiger Stadium across from the Homer Field House on campus at UWA)
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to Tiger Stadium on Tiger Stadium Dr. or Hopkins St. depending on location of athlete and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

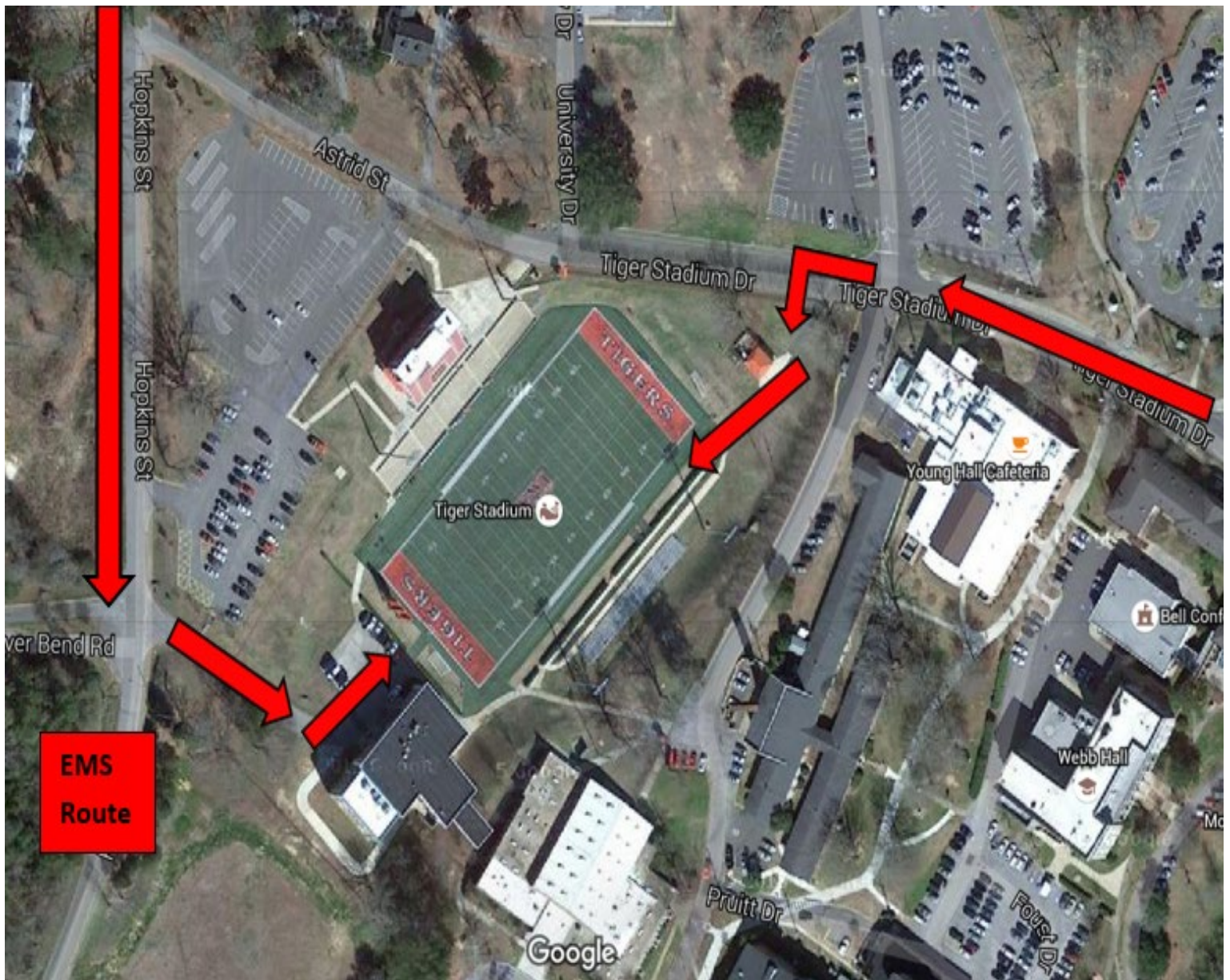
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance on Hopkins St. or Tiger Stadium Dr. depending on location of athlete)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Grass Practice Field

EMERGENCY PLAN: Grass Practice Field

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED (*Located inside the main entrance to the Physical Plant Across Street*)

Emergency Communication: Emergency Personnel's Cell Phones or Landline Inside Physical Plant

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a _____ (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the grass practice field across from Moon Hall on the campus at UWA)
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Practice Field on University Dr. and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to Hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

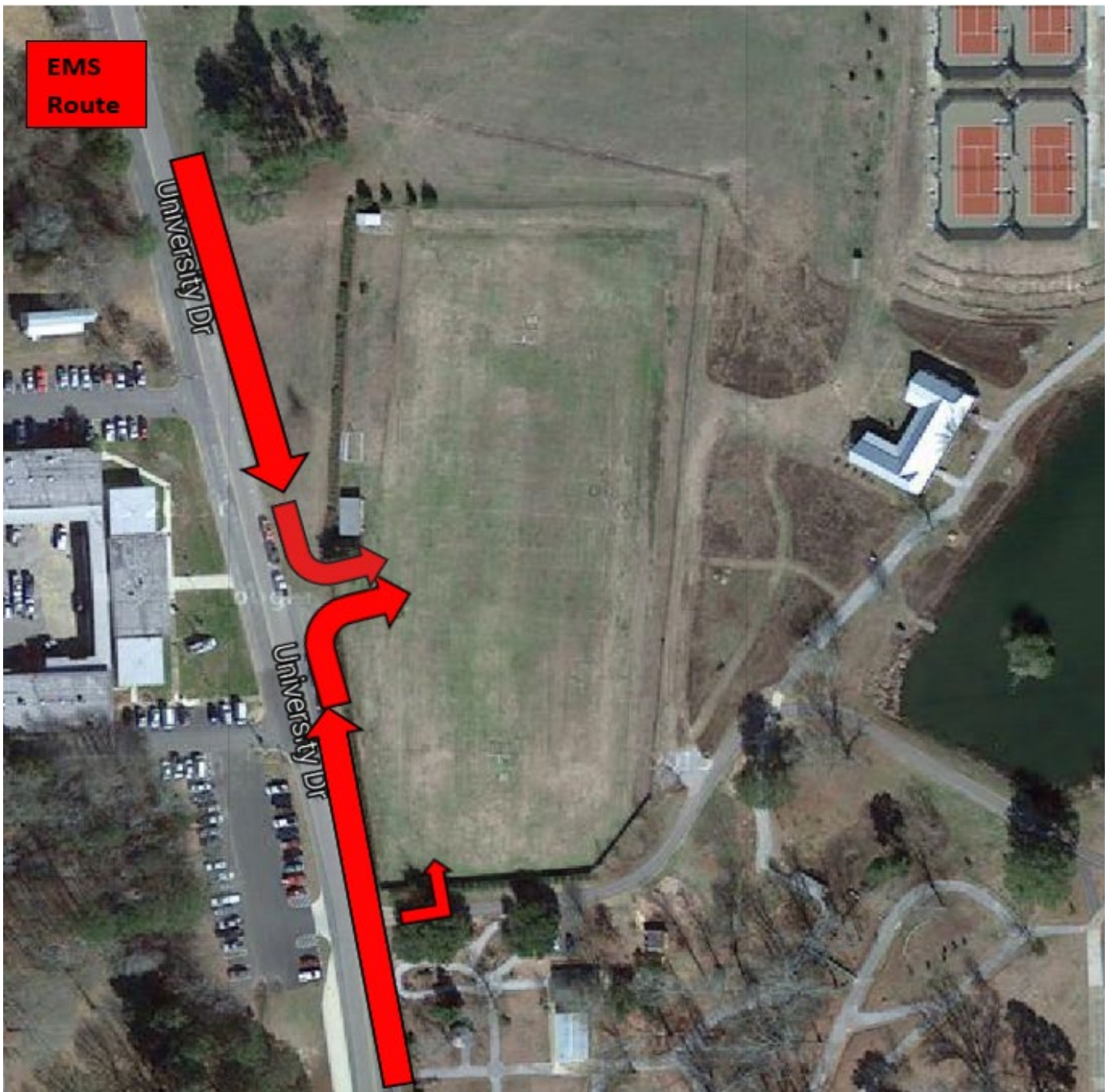
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance across from the physical plant on University Dr.)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Rodeo

EMERGENCY PLAN: Don C. Hines Rodeo Complex

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED, Splint Bag (*AED Located with splint behind the bucking shoots*)

Emergency Communication: Emergency Personnel's Cell Phones

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a _____ (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the rodeo complex on UWA campus.
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Rodeo complex on UWA Rodeo Dr. and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site (*entrance to Don C Hines Rodeo Complex on Country Club Dr.*)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-652-3450
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Cross Country/ Track

EMERGENCY PLAN: Lake LU and Track Locker Rooms

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED (*Located in 1st Base Dugout of Tartt Field*)

Emergency Communication: Emergency Personnel's Cell Phones or Landline Inside Track Locker Room

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a _____ (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the track locker rooms located across from the baseball field UWA)
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to Lake LU on Lake Dr. and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to Hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance of baseball parking lot by the Lake LU boat rental office.)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Tennis

EMERGENCY PLAN: Tennis Courts at Student Union Building

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED (*Located on bottom floor of Student Union Building outside weight room*).

Emergency Communication: Emergency Personnel's Cell Phones or Landline inside Student Union Building

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at the tennis courts across from the student union building on campus at UWA)
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the student union building on Student Union Dr. and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

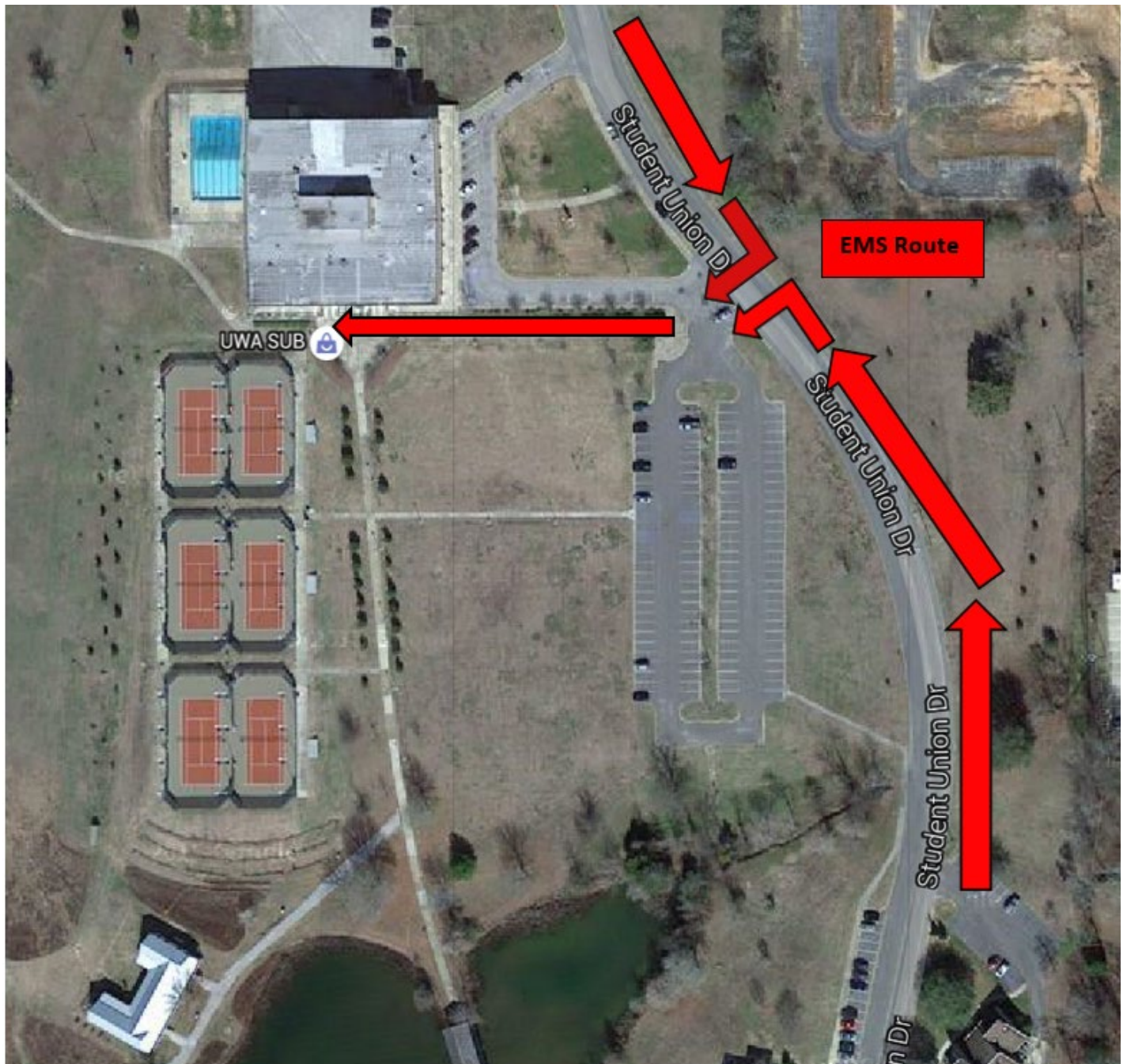
- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site (*entrance to parking lot on Student Union Dr.*)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-8670
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222



Emergency Action Plan



UWA Hughes Gymnasium

EMERGENCY PLAN: Hughes Gymnasium

Emergency Personnel: Certified Athletic Trainers, Team Physicians (if present), Athletic Training Students, Event Management, and Coaches.

Emergency Equipment: AED (*Located outside gymnasium door beside coach's office*)

Emergency Communication: Emergency Personnel's Cell Phones or Landline at Front Desk in Lobby

EMERGENCY PLAN RESPONSIBILITIES

1. Certified Athletic Trainer

- A. Immediate care of injured/ill student-athlete; assess situation
- B. Activate Emergency Medical System (EMS)

2. Athletic Department Staff/Coach/Student A

- A. Instructed to **CALL 911** by Certified Athletic Trainer
- B. When calling the EMS, give the following information:
 - I. **Identify yourself** (My name is _____. I am a _____ (Title) at the University of West Alabama. We have an emergency (describe i.e. spinal injury, heat stroke, cardiac) at Hughes Gymnasium across from Lyon Hall on the campus at UWA)
 - II. **Give campus location of injured athlete** (ex. Inside fence) Inform the ambulance service that Athletic Department Staff/Student B will meet the ambulance at the entrance to the Hughes Gymnasium on Hopkins St. and direct them to the injured athlete.
 - III. **Inform them of what injury is suspected**, which signs and symptoms are present, or current state of athlete. (WE SUSPECT THE ATHLETE HAS...)
 - IV. **Ask if any other information is needed.**
 - V. **Only hang up when instructed to by EMS.**
 - VI. Ensure injured athlete's **insurance information and relevant past medical history accompanies patient** to hospital.
 - VII. UWA Personnel/ Coach will **accompany the athlete** in the ambulance to the hospital.

3. Athletic Department Staff/Coach/Student B

- A. This person will go to ensure that all gates are opened, paths are clear, and meet the ambulance at designated entrance to direct them to the injury site. (entrance to Hughes Gymnasium on Hopkins St.)

4. Athletic Department Staff/Coach/Student C

- A. Retrieve any needed emergency equipment and return to scene to assist Certified Athletic Trainer with care.

Emergency Contact List

Emergency Number	911
Brad Montgomery, MS, ATC: Head Athletic Trainer	205-499-1756
R.T. Floyd Athletic Training & Sports Medicine Center	205-499-6870
Joni Maddox, DAT, ATC: Men's Basketball Athletic Trainer	205-233-0932
Campus Police	205-652-3602
Livingston Fire Department	205-652-9777
Livingston Police Department	205-652-9525
Rush Foundation Hospital (Meridian, MS)	601-483-0011
Anderson Regional Medical Center (Meridian, MS)	601-693-2511
Poison Control	800-222-1222

