LINFIELD COLLEGE

Athletic Training Program (AT Program)

HANDBOOK
# TABLE OF CONTENTS

## CHAPTER I: INTRODUCTION AND MISSION

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.1</td>
<td>Introduction</td>
</tr>
<tr>
<td>I.2</td>
<td>Mission Statement</td>
</tr>
<tr>
<td>I.3</td>
<td>Goals</td>
</tr>
<tr>
<td>I.4</td>
<td>Philosophy Statement</td>
</tr>
<tr>
<td>I.5</td>
<td>Accreditation</td>
</tr>
</tbody>
</table>

## CHAPTER II: AT PROGRAM PERSONNEL

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.1</td>
<td>Team Physician(s)</td>
</tr>
<tr>
<td>II.1.1</td>
<td>Role of the Team Physician(s)</td>
</tr>
<tr>
<td>II.1.2</td>
<td>Responsibilities of the Team Physician(s)</td>
</tr>
<tr>
<td>II.2</td>
<td>BOC Certified Athletic Trainer (ATC)</td>
</tr>
<tr>
<td>II.2.1</td>
<td>Roles of the BOC Certified Athletic Trainer</td>
</tr>
<tr>
<td>II.2.2</td>
<td>Responsibilities of the Certified Athletic Trainer</td>
</tr>
<tr>
<td>II.3</td>
<td>Athletic Training Students (ATS)</td>
</tr>
<tr>
<td>II.3.1</td>
<td>Roles of the Athletic Training Student</td>
</tr>
<tr>
<td>II.3.2</td>
<td>Responsibilities of the Athletic Training Student</td>
</tr>
<tr>
<td>II.3.3</td>
<td>ATS Relations with Other Personnel</td>
</tr>
</tbody>
</table>

## CHAPTER III: AT PROGRAM FACILITIES

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.1</td>
<td>Maxwell Stadium Taping Room</td>
</tr>
<tr>
<td>III.2</td>
<td>Linfield College Treatment Center</td>
</tr>
<tr>
<td>III.2.1</td>
<td>Rule of Conduct for the Treatment Center</td>
</tr>
<tr>
<td>III.2.2</td>
<td>Hours of Operation</td>
</tr>
<tr>
<td>III.3</td>
<td>Facility Cleaning and Upkeep</td>
</tr>
</tbody>
</table>

## CHAPTER IV: ACADEMIC EXPECTATIONS OF AT PROGRAM

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV.1</td>
<td>Academic Expectations</td>
</tr>
<tr>
<td>IV.2</td>
<td>Developmental Levels and Objectives</td>
</tr>
<tr>
<td>IV.3</td>
<td>Minimum Grade Requirements</td>
</tr>
<tr>
<td>IV.4</td>
<td>Retention and Status Definitions</td>
</tr>
<tr>
<td>IV.4.1</td>
<td>Retention Standards</td>
</tr>
<tr>
<td>IV.4.2</td>
<td>Retention Status Definitions</td>
</tr>
<tr>
<td>IV.4.2.1</td>
<td>Good Standing</td>
</tr>
<tr>
<td>IV.4.2.2</td>
<td>Academic Probation</td>
</tr>
<tr>
<td>IV.4.2.3</td>
<td>Clinical Probation</td>
</tr>
<tr>
<td>IV.4.2.4</td>
<td>Disciplinary Action</td>
</tr>
<tr>
<td>IV.5</td>
<td>AT Program Seminars</td>
</tr>
<tr>
<td>IV.6</td>
<td>Surgical Observation</td>
</tr>
</tbody>
</table>
### CHAPTER V: CLINICAL EXPERIENCE EXPECTATIONS OF AT PROGRAM

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.1</td>
<td>Clinical Experience Schedule</td>
</tr>
<tr>
<td>V.2</td>
<td>Documentation of Clinical Experience</td>
</tr>
<tr>
<td>V.3</td>
<td>Clinical Assignments</td>
</tr>
<tr>
<td>V.3.1</td>
<td>Clinical Rotation</td>
</tr>
<tr>
<td>V.3.2</td>
<td>Preceptor Assignment</td>
</tr>
<tr>
<td>V.3.2.2</td>
<td>Absence/Illness Policy</td>
</tr>
<tr>
<td>V.4</td>
<td>Travel Expectations</td>
</tr>
<tr>
<td>V.4.1</td>
<td>Clinical Supervision Policy/First Responder Position Description</td>
</tr>
<tr>
<td>V.4.1.1</td>
<td>Definition of Direct Supervision</td>
</tr>
<tr>
<td>V.4.1.2</td>
<td>ATS Role in Presence of a preceptor</td>
</tr>
<tr>
<td>V.4.1.3</td>
<td>ATS Role in Absence of a preceptor</td>
</tr>
<tr>
<td>V.5</td>
<td>Off-Campus Rotations (Internships)</td>
</tr>
<tr>
<td>V.5.1</td>
<td>HHP 487 – Internship in Athletic Training (High School)</td>
</tr>
<tr>
<td>V.5.1.1</td>
<td>Documentation of High School Experience</td>
</tr>
<tr>
<td>V.5.1.2</td>
<td>Internship Appeal Process</td>
</tr>
<tr>
<td>V.5.2</td>
<td>HHP 487 – Internship in Athletic Training (General Medical)</td>
</tr>
<tr>
<td>V.5.3</td>
<td>Travel Cost Obligation</td>
</tr>
</tbody>
</table>

### CHAPTER VI: POLICY STATEMENTS OF AT PROGRAM

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI.1</td>
<td>Athletic Training Coverage Policy</td>
</tr>
<tr>
<td>VI.1.1</td>
<td>General Athletic Training Coverage</td>
</tr>
<tr>
<td>VI.1.2</td>
<td>Home Event Coverage</td>
</tr>
<tr>
<td>VI.1.3</td>
<td>Practice Coverage</td>
</tr>
<tr>
<td>VI.2</td>
<td>Medical Supplies Policy</td>
</tr>
<tr>
<td>VI.3</td>
<td>Medication Policy</td>
</tr>
<tr>
<td>VI.4</td>
<td>Medical Referral Policy</td>
</tr>
<tr>
<td>VI.5</td>
<td>Policy Regarding Health Care of Athletes</td>
</tr>
<tr>
<td>VI.5.1</td>
<td>General Athlete Health Care Guidelines</td>
</tr>
<tr>
<td>VI.5.2</td>
<td>On-the-Field/Court Health Care Guidelines</td>
</tr>
<tr>
<td>VI.6</td>
<td>Medical Records Policy</td>
</tr>
<tr>
<td>VI.6.1</td>
<td>Athlete Medical Files</td>
</tr>
<tr>
<td>VI.6.2</td>
<td>Medical Referrals</td>
</tr>
<tr>
<td>VI.6.3</td>
<td>Daily Injury Reports</td>
</tr>
</tbody>
</table>

Revised 5/18/15
VI.6.4 Treatment Records
VI.6.5 SOAP Notes
VI.7 Confidentiality Policy
VI.8 Policy on Punctuality
VI.9 Policy on ATS Participation in Intercollegiate Sports
VI.10 Key Policy
VI.11 Policy on the Treatment Center Office
  VI.11.1 Policy on Treatment Center Computer Use
  VI.11.2 Policy on Treatment Center Phone Use
VI.12.1 Policy on Personal Cell Phone Use
VI.13 Policy on Professional Memberships
  VI.13.1 General Information
  VI.13.2 Dues Scholarship
VI.14 Dress Code/Appearance Policy
VI.15 Policy on Study Abroad
VI.16 Policy on Athletic Training Student Council
VI.17 Work Study Position Policy
VI.18 Bloodborne Pathogens Policy and Procedures
VI.19 Policy for Communicable Disease
  VI.19.1 Medical Evaluations
  VI.19.2 Education/Immunizations
    VI.19.2.1 Education
    VI.19.2.2 Immunizations
  VI.19.3 Student Illness
  VI.19.4 Minimizing Risk of Latex Sensitization
VI.20 Policy on Potential Conflict of Interest
  VI.20.1 Dating
  VI.20.2 Teammates

CHAPTER VII: APPENDICES

A: Handbook Acknowledgement
B: Sports Medicine Monographs and Audio-Visual Materials
C: Treatment Center Closing Duties
D: Linfield College AT Program Developmental Objectives
E: Athletic Training Student Physician Contact
F: Athletic Training Student Evaluation
G: Preceptor Evaluation
H: Technical Standards
I: Health Assessment Report
K: Medical Referral
L: Daily Injury Report
M: SOAP Note and Medical Abbreviations
N: NATA Dues Scholarship Application
O: Dress Code Attire
P: Clinical Experience Evaluation
Q: Linfield AT Program Bloodborne Pathogens Exposure Incident Reporting Form
CHAPTER 1

INTRODUCTION AND MISSION
I.1 INTRODUCTION

The Athletic Training Program (AT Program) handbook contains policies and procedures under which the AT Program functions. The handbook is designed to be an educational tool for students admitted to the Linfield College AT Program, as well as a resource for the certified athletic trainers (ATCs) and team physicians who work within the program.

The handbook serves to achieve the following objectives:
- Define the AT Program, including its mission, philosophy, personnel and facilities
- Define the academic and clinical expectations of the program
- Outline policies within the program

I.2 MISSION STATEMENT

The mission of the Athletic Training Program (AT Program) is to provide a comprehensive, progressive educational and clinical foundation to prepare students for a career in athletic training. The clinical settings serve as learning laboratories for students admitted into the AT Program. This program will prepare students to take the Board of Certification (BOC) examination. Upon passing, students will be qualified for entry-level careers in athletic training.

I.3 GOALS

The goals of the Athletic Training Program (AT Program) are to successfully prepare students for the BOC examination and for entry-level careers in athletic training. Additionally, the AT Program will assist students in gaining mastery over a comprehensive didactic and clinical curriculum, including the ability to:
- Identify injury and illness risk factors associated with participation in physical activities and plan and implement all components of a comprehensive athletic injury/illness prevention program.
- Conduct a thorough initial clinical evaluation of injuries and illnesses commonly sustained by physically active individuals and formulate an impression of the injury/illness.
- Provide appropriate first aid and emergency care for acute injuries/illnesses and refer injured/ill individuals to appropriate medical/paramedical personnel for evaluation/diagnosis and follow-up care.
- Plan and implement a comprehensive rehabilitation/reconditioning program for injuries/illnesses sustained by the physically active individual.
- Plan, coordinate, and supervise all administrative components of an athletic training program.
- Provide health care information and counsel athletes, parents, and coaches on matters pertaining to the physical, psychological and emotional health and well-being of the physically active individual.
I.4 PHILOSOPHY

The philosophy of the AT Program revolves around education. Each student shall become competent in the skills and techniques of athletic training. An athletic training student may think the "only" way to perform a skill is the way it was first taught to him or her. This is not necessarily true. An athletic trainer is a person intelligent in the sciences of the human body and creative in the application of techniques, development of exercise programs, and adaptation of athletic activity for the injured athlete. Students are expected to seek information and attempt to understand the reasons behind techniques that are taught. When discovering differences in techniques, the student should determine why some method might be more beneficial than another. It is important to understand the differences between techniques and have a sound rationale for performing a particular technique. Decisions for technique selection should be based on research, correct principles, and experience. Everyone in the AT Program should share ideas and learn from each other. Respect will be shown for others even though opinions may differ.

Concise philosophy statement:
Always be able to answer two questions.
1. What are you doing?
2. Why are you doing it?

I.5 ACCREDITATION

The Linfield College Athletic Training Program (AT Program) is accredited by the Commission on Accreditation of Athletic Training Education (CAATE).
CHAPTER II

Athletic Training Program Personnel
II.1 Team Physician(s)

II.1.1 Roles of the Team Physician(s)

The team physician(s) will fulfill the following roles:

- Promote and maintain high standards for the medical care of the student athlete
- Supervise and advise the athletic trainers and coaches
- Diagnose and treat athletic injuries
- Attend practices and competitions, as available
- Conduct injury evaluation clinics in the Treatment Center
- Serve as a preceptor for the AT Program
- Make decisions in regard to disqualification of athletes and return to activity

II.1.2 Responsibilities of the Team Physician(s)

In addition to the roles above, team physicians will conduct injury evaluation clinics on campus as needed per the discretion of the Head AT.

II.2 BOC CERTIFIED ATHLETIC TRAINER (ATC)

II.2.1 Roles of the BOC Certified Athletic Trainer

The Certified Athletic Trainer will fulfill the following roles:

- Perform medical procedures under the direction of the team physician at practices and athletic events
- Prevention of athletic injuries
- Recognition, evaluation, and immediate care of athletic injuries
- Rehabilitation and reconditioning of athletic injuries
- Supervise the activities of the athletic training students
- Health care administration
- Professional development and responsibility

II.2.2 Responsibilities of the BOC Certified Athletic Trainer

BOC certified staff athletic trainers are responsible for ensuring quality care for all athletes at Linfield College. BOC certified athletic trainers are competent in the latest techniques of prevention, care and rehabilitation of athletic injuries. They are responsible, as a member of an allied health profession, to keep abreast of new developments within their field.

The BOC certified athletic trainers provide direct supervision and clinical instruction for the students in the athletic training program. BOC certified staff athletic trainers also serve as role models for the athletic training students and athletes. As such, they should conduct themselves in a professional manner and abide by the NATA code of ethics.
The certified staff athletic trainers have many administrative duties, which may include: scheduling, inventory, purchasing, mailings, medical referrals, physical evaluations, sport camps, workshops, and public relations. Any questions related to a specific area should be directed to the ATC responsible for that administrative duty.

Certified athletic trainers will maintain current memberships with the NATA. In accordance with state law (House Bill 2704), the certified athletic trainers shall be registered with the state of Oregon Health Licensing Office.

II.3 ATHLETIC TRAINING STUDENT (ATS)

II.3.1 Roles of the Athletic Training Student (ATS)

The Athletic Training Student(s) will fulfill the following roles:

- Provide first aid and/or CPR
- Be familiar with all policies and procedures
- Be familiar with the emergency plan
- Master the athletic training educational competencies and clinical proficiencies
- Prepare for the BOC certification examination

II.3.2 Responsibilities of the Athletic Training Student

The main responsibility of the athletic training student is to obtain an education. This involves attending classes and seminars, studying, and attaining clinical experience within the athletic training education program. Students are expected to meet the GPA requirements for the program as evidence that they are working toward a quality education. If students are experiencing difficulty in achieving the GPA requirements, they should speak with the clinical education coordinator about temporarily adjusting their clinical experience schedule to allow time to improve their academic performance. While completing their clinical experience, athletic training students should make daily contact with the supervising preceptor to discuss the care of the injured athletes and any other concerns.

Athletic training students, in conjunction with the AT Program director and clinical education coordinator, will develop a personalized study plan to prepare themselves for the BOC examination. Many resources are available to assist in this preparation including: various library holdings (Appendix B), exam simulation programs, and mock certification exam sessions.

The athletic training students are also responsible for being familiar with the policies and procedures outlined in this handbook and abiding by them during their enrollment in the AT Program.

II.3.3 Athletic Training Students Relations with Other Personnel
The athletic program at Linfield College serves as a learning laboratory for students in the AT Program. Respect, courtesy and cooperation should characterize the ATS’ relationship with all AT Program and athletic department personnel. If the ATS ever feels threatened or intimidated by demands being placed upon them, they are encouraged to immediately discuss these issues with the AT Program director or clinical education coordinator.

The athletic training student should be intrinsically motivated to take advantage of the opportunities to learn from the team physicians, other medical specialists, and certified athletic trainers associated with the AT Program. Observing, listening, and asking questions demonstrate a strong desire to learn and are expected ATS behaviors.

When dealing with student-athletes, athletic training students should be discrete and tactful. Before the ATS makes any statements concerning prognosis, an ATC should be consulted. The ATS should be willing to work with athletes from all sports and both genders. The Linfield College nondiscrimination policy shall be adhered to at all times.
CHAPTER III

Athletic Training Program Facilities
III. 1 MAXWELL STADIUM TAPING ROOM

Maxwell stadium has a small taping room. The taping room at the stadium is used primarily for football preparation in the fall, track & field meets, and some lacrosse matches in the spring. Athletes will not receive treatment in the stadium taping room.

III. 2 LINFIELD COLLEGE TREATMENT CENTER

Linfield College operates its main Treatment Center in the basement of the HHPA complex.

III.2.1 Rules of Conduct for the Treatment Center

The posted rules of conduct for the Treatment Center are as follows:

1. Be respectful of TC staff and other athletes
2. Sign in and wait your turn
3. No cleats or spikes; no footwear on tables
4. Ask to use or take equipment or supplies
5. Shower before treatment or evaluation
6. No self-treatment
7. No food or drink
8. Pick up after yourself

All rules of conduct should be enforced in a consistent manner by members of the AT Program. Enforcement should be done with tactfulness and common sense. All incidents of gross disrespect and misconduct should be immediately reported to an ATC.

III.2.2 Hours of Operation

During the school year, the treatment center is open Monday - Friday, 2:00 - 6:00 p.m. Occasionally, it will be open for extended hours. The official hours of operation will be posted on the Treatment Center door. Intercollegiate athletes in their competitive season have priority from 2:00-4:00 p.m. during the fall and 2:00-3:30 p.m. during the winter and spring seasons.

Linfield College students who are not members of an intercollegiate athletic team must be referred by the Student Health Service to receive treatment or therapy, except in emergency situations.

III. 3 FACILITY CLEANING AND UPKEEP

Athletic training students and certified athletic trainers share responsibility for all duties associated with opening and closing each facility. Daily completion of the treatment center closing duties sheet (Appendix C) will insure that the facilities are properly cleaned and prepared for the next day’s activities.
CHAPTER IV

Academic Expectations of Athletic Training Program
IV.1 ACADEMIC EXPECTATIONS

To prepare for the BOC certification examination, athletic training students will complete Linfield College’s CAATE-accredited professional athletic training program. The program must be completed in no less than two academic years.

IV.2 DEVELOPMENTAL LEVELS AND OBJECTIVES

There are three levels of learning within the athletic training program. Progress in the program is based on the model illustrated in the Linfield College Athletic Training Program Developmental Objectives. (Appendix D)

Students enter the program at Level I. At the technical level students learn how to perform a skill, but not necessarily why or when to perform it. In Level II, students learn to use their clinical skills to help relieve specific patient problems. This is known as the technical-professional transition stage. As they approach graduation and certification, students begin to learn in the mode of an entry-level professional. At this third level, they must be able to use their clinical skills to solve patient problems in the context of their particular goals and life circumstances.

The general requirements for transitioning from one level to the next include:
• Criteria for entrance: Academic ability, intellectual curiosity, career commitment, and values formation.
• Criteria for Level I to Level II: Competency in basic skills, resonance with athletic training culture, and academic soundness.
• Criteria for Level II to Level III: Problem solving ability, employability skills, and academic soundness.
• Criteria for transition to practice: Academic soundness (GPA ≥ 2.7), success on BOC certification examination, awareness of career options, employment strategy, and continuing education strategy.

IV.3 MINIMUM GRADE REQUIREMENTS

Athletic training students must maintain a cumulative GPA ≥ 2.3 and a GPA ≥ 2.7 in the Athletic Training major. A grade of C- or better is required in Athletic Training major courses. HHPA 184, 284, and 285 have the additional requirement of a grade of B or better.

The AT Program director will collect transcripts from the college registrar to evaluate the students’ academic progress. The transcripts will be placed in the student’s permanent file.

IV.4 RETENTION AND STATUS DEFINITIONS

IV.4.1 Retention Standards
To remain in the Athletic Training Program, students will have a different academic standard than that outlined in the *Linfield College Catalog*. As future health care professionals, athletic training students shall be held to a higher standard of academic and professional behavior than other students who do not have patient care responsibilities as part of their undergraduate experience. This higher standard includes the following:

1. Demonstrate satisfactory academic progress by maintaining a cumulative GPA ≥ 2.3 and a GPA ≥ 2.7 in the Athletic Training major.
2. Act according to the NATA Code of Professional Ethics.
3. Act according to the Standards of Practice for athletic trainers.
4. Demonstrate satisfactory performance in the clinical portion of the program as documented by their preceptors.
5. Maintain physical and cognitive abilities consistent with the technical standards document signed upon application to the AT Program.
6. Abide by the policies outlined in this handbook and those in the Linfield Student Handbook.

**IV.4.2 Retention Status Definitions**

Based on the above standards, students in the Athletic Training Program shall fall into one of the following categories:

a. Good Standing
b. Academic Probation
c. Clinical Probation
d. Disciplinary Probation

**IV.4.2.1 Good Standing**

All students in compliance with the above retention standards shall be in good standing and may continue on to the next semester in both the didactic and clinical education/clinical experience portions of the athletic training education program.

**IV.4.2.2 Academic Probation**

Students not meeting retention standard #1 above will be placed on academic probation. Students will have one semester in which to meet the GPA requirement or they will be dropped from the AT Program. Students will be referred to Learning Support Services and/or the Counseling Center for assistance in improving their GPA. It is required that the student meet the recommendations made by the personnel in this office.

Students not meeting retention standard #5 above will also be placed on academic probation. Students will be referred to Learning Support Services and/or the Counseling Center for suggested accommodations. Students are required to abide by these accommodations in order to remain in the AT Program.
IV.4.2.3 Clinical Probation

Students who fail to make satisfactory progress toward the completion of their required clinical experience, as designated in the professional experience course sequence, will be placed on clinical probation. As such, they will be given one semester to catch up on their required clinical experience in order to return to good standing. Written expectations for satisfactory progress will be given by the AT Program director or clinical education coordinator. Failure to meet these expectations will result in disciplinary action (see below).

IV.4.2.4 Disciplinary Action

Athletic training students not meeting standards #2-6 above, or failing to complete the requirements of clinical probation shall be subject to disciplinary action. This may include one or more of the following measures after a meeting of the AT Program Director, Clinical Education Coordinator, and HHPA department chair has taken place:

a. Warning
b. Suspension from the program
c. Requirement to complete an educational workshop or project
d. Requirement of an evaluation by a certified health professional, and follow up treatment as prescribed
e. Termination from the program

A record of the incident and disciplinary action will be placed in the student’s permanent file.

IV.5 AT PROGRAM SEMINARS

As a compliment to the classroom education, athletic training seminars will occur throughout the year. Attendance for all seminars is mandatory. If a student is unable to attend, s/he must immediately notify the AT Program Director and Clinical Education Coordinator prior to the seminar.

If a seminar is missed without notification of a certified staff member, an unexcused absence will be recorded in the student’s permanent file. The student will be given an assignment in lieu of the seminar. If a student is late for a seminar, s/he will be given an assignment to complete in addition to the seminar. These assignments will be placed in the student's permanent file. Unexcused absences or repeated tardiness may result in disciplinary action.

IV.6 SURGICAL OBSERVATION

Athletic training students are required to observe at least one surgery before graduation. For most students, the surgical observation will occur in HHP 487- Internship in Athletic Training: General Medical when the student is in his/her rotation with an orthopedist.
However, other opportunities for surgical observation may arise when athletes have injuries that require surgical treatment.

Athletic training students who desire to observe a surgery outside of HHP 487 must contact the AT Program director, clinical education coordinator, and/or head AT to express an interest in surgical observation. The program director, clinical education coordinator, and/or head AT will coordinate the surgical observations. Students should never contact the injured athlete or physician directly. The program director, clinical education coordinator, and head AT will give priority to upper division students and/or the student who has been most closely following the injured athlete's medical treatment. Surgical observations will be documented on an athletic training student’s Physician Contact Form in their portfolio (Appendix E).

**IV.7 MULTIDISCIPLINE PREPARATION**

Students in the athletic training program may have a second major. Depending on the student’s career goals, second majors in human performance or education have proven helpful in securing employment or graduate school admission after Linfield.

Students interested in pursuing a career in physical therapy are also encouraged to volunteer a few hours a week at a physical therapy setting. The volunteer hours can be applied toward application to physical therapy schools.

**IV.8 PROGRESS EVALUATIONS**

To monitor academic progress, students will converse with the AT Program director at the start of each semester. To monitor progress in the clinical experience portion of the major, the preceptors will evaluate the athletic training students at mid-term and near the end of each semester. Students will be asked to complete self-evaluations prior to meeting with their preceptor to discuss and review these evaluations. The completed progress evaluations (Appendix F) will be placed in the students’ permanent files and in the students’ portfolio.

Athletic training students will evaluate the preceptors at the end of each semester. The completed evaluations (Appendix G) will be placed in the preceptors’ files located in the HHPA department chair’s office.

**IV.9 TECHNICAL STANDARDS**

The Athletic Training Program at Linfield College is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. Technical standards for the AT Program outline the abilities and expectations that must be met by all students admitted to the program. (Appendix H)
IV.10 HEALTH STANDARDS

Athletic training students are required to undergo a health assessment after being admitted to the program and before the start of their next academic year to determine that they have met the minimum health standards for the AT Program. The health assessment can be obtained through the Linfield College Student Health Center or from a private physician at the students’ own expense. A copy of the health assessment report (Appendix I) will be kept in the students’ file.

IV.11 PUBLICATION OF AT PROGRAM COMPETENCIES

A summary of the *Athletic Training Educational Competencies* addressed in each course in the athletic training major is published at the following website:  
[www.linfield.edu/hhpa/at/competencies.html](http://www.linfield.edu/hhpa/at/competencies.html)
CHAPTER V

Clinical Experience Expectations of Athletic Training Program
V.1 CLINICAL EXPERIENCE SCHEDULE

Students admitted into the Athletic Training Program (AT Program) are required to complete a 6-course clinical experience sequence where clinical skills will be formally evaluated.

- HHPA 221: Professional Experience I
- HHPA 231: Professional Experience II
- HHPA 321: Professional Experience III
- HHPA 331: Professional Experience IV
- HHPA 421: Professional Experience V
- HHPA 431: Professional Experience VI

As part of each Professional Experience course, the athletic training student will be required to complete clinical experiences as assigned by the clinical education coordinator.

Each athletic training student will be formally instructed and evaluated on all athletic training skills in a required major course (classroom or laboratory setting) to demonstrate initial competence in a skill before s/he can utilize that skill on patients/athletes. After demonstration of initial competence, the athletic training students will then be allowed to synthesize and integrate these approved clinical skills under the supervision of a preceptor into the decision-making environment of their clinical experience.

The clinical experience is a requirement for each of the six professional experience courses and the two internship courses. The minimal clinical experience guidelines are stated below and in the course syllabi; however, the student must continue to participate in clinical experience until they have met the stated objectives of their professional experience course. Students are encouraged to gain experience beyond the minimum guidelines, as this will further aid their development, help prepare them for the BOC examination and ultimately an entry-level athletic training position.

The clinical experience expectations as part of courses HHP 221, 231, 321, 331, 421 and 431 are:

**HHP 221, 231, 321, 331**
All students will be scheduled for an average of 6 hours of clinical experience per week. Students will be evaluated by the preceptor at the assigned site and granted credit for their time if their participation was satisfactory (see evaluation criteria below). All students must complete 90 hours of satisfactory clinical experience. If a student is evaluated as having unsatisfactory participation in any portion of their clinical experience, he/she must work with the preceptor to reschedule that time and be reevaluated until a satisfactory mark is achieved.

**HHP 421 and 431**
All students will be scheduled for an average of 9 hours of clinical experience per week. Students will be evaluated by the preceptor at the assigned site and granted credit for their time if their participation was satisfactory (see evaluation criteria below). All students must complete 135 hours of satisfactory clinical experience. If a student is
evaluated as having unsatisfactory participation in any portion of their clinical experience, he/she must work with the preceptor to reschedule that time and be reevaluated until a satisfactory mark is achieved.

**Evaluation of Clinical Experience**

*Satisfactory* = student demonstrated proficiency of the material for which they are responsible and demonstrated appropriate professional behaviors.

*Unsatisfactory* = student either did not demonstrate proficiency of the material for which they are responsible or did not demonstrate appropriate professional behaviors.

The two internship courses required in the athletic training major also contain a clinical experience element. The clinical expectations of those internships are outlined in the respective syllabi and conform to the campus policy for assigning internship credit.

**V.2 DOCUMENTATION OF CLINICAL EXPERIENCE**

As part of the curriculum requirements of the Athletic Training Professional Experience and internship courses, students will keep a journal recording the experiences and their reflections of their clinical experience. This journal, along with the recording form (appendix P) will serve as documentation of their clinical experience.

**V.2.1 Recording Form Instructions and Responsibilities**

1. At the beginning of each shift, the student is responsible for completing the ‘date’, ‘location/preceptor’, ‘scheduled time in and out’, and ‘total hours scheduled’ columns. Note: This must be completed at the beginning of each shift. You may not record days ahead and you will not be allowed to record previous days, with the exception of a missed shift due to illness. Failure to complete these items at the beginning of your shift will result in losing credit for that clinical experience day.

   If your scheduled shift crosses over multiple preceptors, use a separate line for each preceptor. This will make it easier for the supervising preceptor to see and track your time.

2. At the conclusion of each clinical day, the supervising preceptor will record the ‘total completed’ and ‘cumulative total’ columns for the satisfactory clinical experience time of each student. If a student had unsatisfactory performance for a portion of their clinical experience time, their total completed hours will be less than their total scheduled hours. The preceptor will write a justification for the student’s unsatisfactory grade in the ‘comments’ column. The student will then be responsible for making up this time. The ‘cumulative total’ column will be the official balance of completed clinical experience hours for the student.

**V.2.1.1 Recording Instructions for Illness**
If you are unable to make a scheduled clinical experience shift due to illness, on your next healthy day, complete the recording form columns as instructed in V.2.1(1), but in the ‘comments’ column, write “sick” and initial it. You will be required to make up that clinical experience time as soon as possible.

V.2.1.2 Leaving a scheduled shift early or arriving late

If you arrive late for a scheduled shift or need to leave early from a scheduled shift, complete the recording form columns as instructed in V.2.1(1), and in the ‘comments’ column, write “left ** hours early” or “arrived ** hours late” as appropriate and initial it. The preceptor will then note this missed time in their completion of their columns. You will be required to make up that clinical experience time as soon as possible.

V.2.1.3 Missed hours due to rain or other cancellation of shift

If your scheduled shift is rained out or cancelled, complete the recording form columns as instructed in V.2.1(1), and in the ‘comments’ column, write “rained out” or “cancelled” as appropriate and initial it. The preceptor will then note this missed time in their completion of their columns. You will be required to make up that clinical experience time as soon as possible.

V.2.1.4 Making up missed clinical experience hours

If you are making up missed clinical experience hours, first check with the supervising preceptor, your professional experience instructor, and the clinical education coordinator for approval of your desired make up time. If approval is granted, complete the recording form columns as instructed in V.2.1(1) like you would for a scheduled shift, and in the ‘comments’ column, write “make up **/*/* hours for [date]” and initial it. The preceptor will then be able to verify by checking the specified date that you do in fact have hours to make up. Note: please use a separate line on the recording form for make up hours (i.e., do not combine them with a scheduled shift).

Example #1: Student has 1 hour to make up for leaving early from a scheduled shift on 9/23/09. The recording form would be completed as instructed in V.2.1(1) as if the shift was scheduled. In the ‘comments’ column the student would write, “1/1 hours for 9/23/09” and initial it.

Example #2: Student has 4 hours to make up for a rained out softball game on 3/25/09. The student gets permission to make up 2 of these hours at a game later in the season. The recording form would be completed as instructed in V.2.1(1). In the ‘comments’ column the student would write “1&2/4 hours for 3/25/09” and initial it. A week later, the student is approved to make up the remaining two hours. The student fills out the columns as instructed in V.2.1(1), and in the ‘comments’ column writes “3&4/4 hours for 3/25/09” and initials it.
V.3   CLINICAL ASSIGNMENTS

Athletic training students will obtain their clinical experience while assigned to a supervising preceptor

V.3.1   Clinical Rotation

Students in the AT Program will be placed on a rotation schedule their first semester. They will spend two weeks with each team in season, as well as two weeks in the Treatment Center, under the supervision of the appropriate preceptor.

V.3.2   Preceptor Assignment

After the initial rotation, athletic training students will be assigned to preceptors for a predetermined period. Each athletic training student will receive upper extremity, lower extremity, equipment-intensive and general medical experience with both genders.

In conjunction with the preceptor, students should become familiar with the health history of the athletes with which they interact and attempt to stay abreast of health status changes to these athletes throughout the season.

Prior to the start of the athletic season, athletic training students should introduce themselves to the head coach of the sport teams with which they obtain clinical experience, and maintain dialogue with those coaches throughout the season.

V.3.2.2   Absence/Illness Policy

In the case of an illness or circumstance that requires a student to be absent from his/her scheduled clinical experience, students shall notify his/her athletic training professional experience instructor and his/her supervising preceptor as soon as possible. All missed clinical experience hours should be made up at the soonest available opportunity.

V.4   TRAVEL EXPECTATIONS

Athletic training students may be allowed as part of their clinical experience to travel with athletic teams only if accompanied by a preceptor. At no time will an ATS be allowed to travel with a team unaccompanied by a preceptor. The AT Program clinical education coordinator will schedule all ATS travel.

While traveling with athletic teams, athletic training students are representatives of Linfield College and the AT Program. Therefore, students are expected to conduct themselves in a professional manner at all times. (This includes, but is not limited to, dress and appearance.)
V.4.1 CLINICAL SUPERVISION POLICY/FIRST RESPONDER POSITION
DESCRIPTION

V.4.1.1 Definition of Direct Supervision

According to CAATE the definition of supervision in the context of an athletic training student’s clinical education is:

Supervision involves daily personal/verbal contact at the site of supervision between the athletic training student and the preceptor who plans, directs, advises, and evaluates the athletic training student’s athletic training experience. The supervising preceptor must be physically present in order to intervene on behalf of the individual being treated.

Athletic training students at Linfield College must be under direct supervision of a preceptor during all clinical experiences.

V.4.1.2 ATS Role in the Physical Presence of a Preceptor

In the physical presence of a preceptor, the athletic training student is taking part in the formal clinical experience and using this time effectively to learn, develop, refine, and integrate required educational competencies and clinical proficiencies in athletic training. Specifically, supervision is required for the athletic training student to perform/engage in any of the following tasks:

- acute injury assessment beyond the primary survey, (e.g., the secondary survey or HOPS/SOAP protocol).
- initiation of and/or actual application of therapeutic modalities.
- application or delivery of therapeutic exercise techniques to the athlete/patient, (e.g., ROM exercises, manual resistance, PNF techniques, joint mobilizations)
- make return to practice or play decisions

V.4.1.3 ATS Role in the Absence of a Preceptor

If an athletic training student is asked to serve as a first aid provider by an entity outside of the AT Program, the ATS must function in the role of a first responder. Time spent in the role of a first responder is not considered to be a formal part of the athletic training student’s clinical education experiences.

All Linfield College athletic training students are required to maintain current CPR certifications to be eligible for participation in the clinical education program. Athletic training students must stay within the confines of appropriate emergency medical care as defined by the agencies that granted them certification.

Therefore, the athletic training student who is not being directly supervised by a preceptor may only perform the following functions as a first responder:

- apply pre-practice or pre-event protective padding and/or taping
- apply stretching techniques
• insure that proper and adequate levels of hydration are provided to the participants during a practice or contest
• gather and make available the appropriate first aid/emergency supplies in support of the activity/contest.
• apply the RICE protocol and other approved first aid measures to acutely injured or ill individuals within the scope of first aid training/certification
• in the event of an acute injury, serve as a triage person who rapidly assesses the situation and renders appropriate emergency care in keeping with their level of first aid/CPR knowledge and certification
• activate the local emergency medical system as appropriate

V.5  OFF-CAMPUS ROTATIONS (INTERNSHIPS)

Athletic training students participate in two off-campus clinical rotations incorporated within the two sections of HHP 487 – Internship in Athletic Training (High School and General Medical).

V.5.1  HHP 487 Section (04) – Internship in Athletic Training (High School)

Athletic training students will be assigned to the high school rotation in either their junior or senior year. A minimum of three academic credits is required. However, students are allowed to take a maximum of five credits of HHP 487. (One credit = 45 contact hours)

Note: There may be a fee to cover the cost of background checks prior to this internship. This cost will be the student’s responsibility.

The athletic training student will be expected to complete the minimum requirements for that particular internship. Any athletic training student not meeting this requirement at a satisfactory level will be reassigned to a high school internship at a later date.

V.5.1.1  Documentation of High School Experience

The athletic training student is required to provide documentation of their activities weekly to the clinical education coordinator as defined in the HHP 487 course syllabus. This will allow the clinical education coordinator to monitor the progress being made by the athletic training student. The athletic training student will also keep a record of his/her clinical education/experience hours at the site. This will allow the supervising preceptor to monitor the progress being made by the athletic training student. At the end of the internship period, the supervising preceptor will submit the hours record along with a final evaluation of the student to the clinical education coordinator to be placed in the athletic training student’s academic file.

V.5.1.2  Internship Appeal Process

If any athletic training student thinks s/he is unable to complete the minimum requirements of the high school rotation internship, s/he has two options:
1) The athletic training student may file a formal petition to the clinical education coordinator, program director, and the department head. The petition must state why the student will be unable to fulfill the requirements, how much of the requirement they will be able to fulfill, and why they believe they should be granted an exception to the established minimum requirement. The clinical education coordinator, program director, and department head will determine, within one week from the time of submission, whether or not the student will be granted an exception.

2) The athletic training student can notify the clinical education coordinator explaining the situation that will affect their ability to complete the minimum requirement. The athletic training student will then be assigned to another preceptor. The student will be reassigned to a high school internship at a later date at which time the athletic training student will be expected to complete the minimum requirements for the particular internship.

V.5.2 HHP 487 Section (03) – Internship in Athletic Training (General Medical, Rehabilitation and Orthopedics)

Athletic training students will choose to participate in this internship in either their junior or senior year. This internship will take place at several medical facilities, including Willamette Orthopedic Group, West Hills Healthcare Clinic, and Hope Orthopedics. A minimum of one academic credit is required. However, students are allowed to take a maximum of five credits of HHP 487. (One credit = 45 contact hours)

V.5.3 Travel Cost Obligation

The costs of travel to and from the off-campus rotation sites will be incurred by the athletic training student.
CHAPTER VI

Policy Statements of the Athletic Training Program
VI.1 ATHLETIC TRAINING COVERAGE POLICY

VI.1.1 General Athletic Training Coverage

The athletic training staff will cover official practices, as defined by the NCAA, Monday - Friday until 6:00 p.m. The emergency plan will be followed after 6:00 p.m.

Evening, weekend, and nontraditional season practices will be covered by the designated CPR/first aid certified sport team coach. The athletic training staff and students will be available for weekend competitive events only. Special arrangements must be made for scrimmage coverage.

VI.1.2 Home Event Coverage

When assigned to a home event, the athletic training student(s) will assist the preceptor with preparation of required athletic training supplies (eg., ice, water, medical kit, emergency equipment, etc.) The preceptor will advise the ATS(s) of the sport-specific supply needs.

Once at the competition site, visiting teams should be considered guests of the college and be extended courtesy accordingly. Introductions should be made to visiting athletic trainer(s) and coach(es), and the visiting team should be shown the location of the needed athletic training facilities. The visiting athletic trainer and/or coach should also be informed if there is a physician on-site. If visiting teams are not traveling with athletic training personnel, the ATS(s) will assist the preceptor with preparation of visiting team members.

After the game, the visiting athletic trainer or coach must be consulted to find out if they need ice or any other assistance. The Linfield athletes must be cared for as well. After the athletes are cared for, the athletic training supplies that were taken to the competition must be cleaned and returned to their proper place.

VI.1.3 Practice Coverage

When assigned to cover a practice, the athletic training student(s) will assist the preceptor with preparation of required athletic training supplies (eg., ice, water, medical kit, emergency equipment, etc.) The preceptor will advise the ATS(s) of the sport-specific supply needs. The athletic training student(s) will also assist the preceptor in preparing the athletes for practice.

Once at the practice site, the ATS and preceptor will share the responsibilities of monitoring water availability and watching for injury situations. The athletic training students will have phone/radio and visual contact with the preceptor. If an injury occurs, the ATS should be certain that the preceptor is notified of the situation. The ATS will participate in the evaluation process under the direct supervision of the preceptor. It is the expectation that all injury evaluations will be formally documented (SOAP note)
before the start of the next day’s athletic training activities. To assist in communication, information about practice injuries should be placed in the TC mailbox of the ATC assigned to that particular sport at the end of each day.

At the conclusion of practice, the ATS(s) will assist the preceptor in dispensing ice to athletes who request it and in returning the supplies to the appropriate athletic training facility.

VI.2 MEDICAL SUPPLIES POLICY

The athletic training supplies are intended for athletic training use only. Supplies should not be removed from the facilities for personal use. Supply misuse will be considered theft and the offender will be subject to disciplinary action.

Supplies are stored in the athletic training facilities, as well as in the supply room located in the athletic complex. Athletic training staff should document supplies removed from the supply cabinet, and the ATC responsible for inventory control should be notified.

VI.3 MEDICATION POLICY

The Linfield College Athletic Training Program does not provide pharmaceuticals, including over the counter medications (e.g., Tylenol, Advil, Aleve, etc.). Prescription drugs will only be given by a physician.

VI.4 MEDICAL REFERRAL POLICY

1. A certified athletic trainer should make all medical referrals. If a student thinks an athlete needs to be referred to a physician, an ATC must be consulted.
2. The referring ATC must find out what type of insurance coverage the athlete has and make a referral to an appropriate covered physician.
3. A medical referral form (Appendix K) may accompany an athlete to a physician, hospital or medical provider.
4. If an athlete requests a second opinion, inform the certified athletic trainer working with that athlete. Students should only discuss the possibility of a second opinion with an athlete after consultation with an ATC.
5. If an athlete has a cold, flu, upset stomach, etc., they should be referred to the Student Health Center.
6. Athletes should arrange for their own transportation to medical appointments.
7. Whenever possible, an athletic training student will accompany the athlete to his/her medical appointment or emergency room (ER) visit. The experience is documented on the ATS Physician Contact form. (Appendix E)
VI.5  POLICY REGARDING HEALTH CARE OF ATHLETES

VI.5.1  General Athlete Health Care Guidelines

The formal medical care of intercollegiate athletes at Linfield College will be the responsibility of the team physician(s) in conjunction with the certified athletic training staff.

Only the team physicians or athletic training personnel may be involved in the medical care of the athletes on the Linfield College campus. No other health care provider may be present in the Treatment Center, in the locker room, on the bench or on the sidelines without the express consent of the head team physician.

The team physicians, in consultation with the athlete, the certified athletic trainers, and the coaching staff will make the final decision regarding the injured athlete's return to participation in sports activity. If a team physician is unavailable, a certified athletic trainer may make this decision. Although the athlete may be involved in the decision making process, neither the athlete or coach determines playing status medically.

When an athlete is formally referred to an off-campus health care provider other than the team physicians, the provider will provide written information to the certified athletic trainers regarding the diagnosis, the plan of treatment, and the anticipated return to sport participation. Other health care providers are encouraged to also communicate with the team physicians.

VI.5.2  On-the-Field/Court Health Care Guidelines

The first person to assess an injured athlete on the field/court shall be the certified athletic trainer accompanied by an athletic training student(s). The team physician(s) will remain on the sideline or in the stands until his/her assistance is requested or the circumstance deems it necessary for immediate response. The student(s) will be closely supervised by the ATC while doing the initial assessment. The certified athletic trainer will intervene on behalf of the individual being treated when the situation deems it necessary.

In the event of a life-threatening or otherwise serious injury, the Linfield College HHPA Emergency Plan will be implemented.

VI.6  MEDICAL RECORD POLICY

All injuries to student-athletes must be properly and thoroughly documented. It is extremely important that all documentation be accurate and kept on file in the event that a copy of an athlete’s file is requested by an attorney in the future.
VI.6.1 Athlete Medical Files

Each athlete will have a personal medical file. Each medical file will contain the athlete’s physical examination, medical history, current campus address and phone number, insurance information, emergency contact information, SOAP notes, progress reports, and treatment records. Each medical file is confidential.

VI.6.2 Medical Referrals

An ATC will determine when an athlete is referred to a medical provider. If required by the provider, a Medical Referral form or other relevant paperwork will be completed. A sample referral form can be found in Appendix K.

VI.6.3 Daily Injury Reports

Head coaches that so desire, will receive an injury report each day. The report informs the coach of each athlete who has sustained an injury and the athlete’s status/involvement in practice that day. It may also include notification of athletes who do not show up for treatment or therapy. (Appendix L)

VI.6.4 Treatment Records

All treatments provided for the athlete will be documented in detail in the athlete’s medical file.

VI.6.5 SOAP Notes

A SOAP note form must be completed for all athletes who are evaluated. The subjective and objective data, assessment of the athlete’s problem, and the plan for treatment are documented on the form. Evaluations done by students must be supervised and initialed by an ATC.

VI.7 CONFIDENTIALITY POLICY

All information regarding an athlete’s medical status is confidential. Athletic training staff members must refrain from discussing the condition or status of an athlete with fans, boosters, or friends. All inquiries, including media requests for information, about an athlete’s health status should be referred to the certified athletic trainer assigned to that sport. Medical information can only be released to those outside the Linfield College Athletic Training Staff with written permission from the athlete.
VI.8 POLICY ON PUNCTUALITY

It is the expectation of the AT Program that ATS will arrive early for their scheduled clinical experience time. Failure to do so is a violation of handbook policy and the student may be subject to disciplinary action. Furthermore, as part of professional development, it is the expectation that ATS will meet all deadlines given by an ATC or preceptor. This includes email response deadlines. Failure to comply with given deadlines is also considered a violation of handbook policy and subject to disciplinary action.

VI.9 POLICY ON ATS PARTICIPATION IN INTERCOLLEGIATE SPORT

Students in the athletic training program are encouraged to take advantage of the many opportunities available at Linfield College, including intercollegiate athletics. The ATS must be aware that it will take proactive planning to participate in sports and complete the clinical education/experience required to graduate from the AT Program.

Athletic training students who participate on an athletic team will participate in clinical education experience during their competitive season. If a student is participating as an athlete in practices or competitions, the student cannot also be considered to be participating in clinical education/experience. As part of the academic major, clinical experience assignments will take precedence over athletic practices. The clinical education coordinator will communicate with coaches in trying to optimize the clinical experience schedule.

Due to the demands of the clinical education/experience, an athletic training student assigned to a preceptor may not be able to participate in the complete nontraditional segment of the season for his/her competitive athletic team. The student-athlete can provide input to the clinical education coordinator so that he/she can maximize opportunity to participate in portions of the nontraditional season.

VI.10 KEY POLICY

Athletic training students will be issued keys to certain athletic training facilities. Keys are not to be lent to anyone other than an ATC or ATS in the program. If you lose your keys, it must be reported to the AT Program director immediately. The individual who lost the keys will be responsible to pay the fee established by the physical plant to replace the key and/or locks.

Athletic training students will also be granted card swipe access to the HHPA ramp door and the HHPA treatment center. This access is given with the expectation that all use of card swipe and/or key access must relate directly to clinical experience, academic coursework, or provision of emergency care.

More specifically, this means:
Athletic training students may access the treatment center outside of normal HHPA complex hours to study or practice clinical skills. If athletic training students are practicing modality skills, they are only allowed to practice set-up for the modality. Without the presence of an ATC, they are not allowed to turn the modality on or actually administer a treatment as part of their practice.

Athletic training students may enter the building and treatment center during and outside of HHPA complex hours to access emergency equipment for immediate care of injuries (i.e., crutches, slings, elastic bandages, and/or ice), but must text an ATC to notify them of the incident.

Athletic training students may enter the building and treatment center outside of HHPA complex hours if they are assigned to prep a team for practice/competition or to return equipment from practice/competition.

Athletic training students may access the treatment center outside of normal TC and HHPA complex hours to supervise whirlpool treatments only if an ATC prescribes the whirlpool treatment for a specific athlete or group of athletes on a specific date. If the whirlpool treatments are going to occur outside of normal HHPA complex hours, the ATC must call College Public Safety (x-7233 or xSAFE) and provide them with the names of the individuals approved to be in the treatment center and the time that they are allowed to be there. All other use of the whirlpools outside of normal treatment center hours is forbidden.

VI.11 POLICY ON THE TREATMENT CENTER OFFICE

The Treatment Center office is for official athletic training business only. It should not be used for personal or social purposes.

VI.11.1 Policy on Treatment Center Computer Use

The computers in the Treatment Center office are for business and BOC examination preparation use only. The TC computers should not be used for personal email or doing class work. To prevent the introduction of viruses, no outside disks or drives are allowed on the TC computers. No printing should be done except for patient care or administrative purposes.

VI.11.2 Policy on Treatment Center Phone Use

The telephone in the Treatment Center office is to be used for athletic training business only. No personal calls should be made on this phone. If an athlete requests to use the phone, direct them to the ATC on duty.

VI.12.1 POLICY ON PERSONAL CELL PHONE USE
Personal cell phone use during clinical experience is prohibited except to conduct AT Program business as requested by the preceptor or for medical emergencies. Acceptable use includes, but is not limited to, communication between members of the AT Program and/or student-athletes and coaches related to the health care of an athlete; emergency situations; and requests for additional food/clothing. In these situations cell phone use must be in a manner that is not distracting to the coach, athletes or members of the AT Program. (This may mean moving out of visual and auditory distance in order to receive and/or place calls and/or text messages.) If students have questions about what is and is not appropriate use, they should consult the preceptor to whom they are assigned.

VI.13 POLICY ON PROFESSIONAL MEMBERSHIPS

VI.13.1 General Information

All certified athletic trainers and athletic training students are required to be members of the National Athletic Trainers’ Association (NATA). Annual dues provide national (NATA), district (NWATA), and state association membership. Application for membership can be made online or applications can be downloaded from the NATA website (www.nata.org).

NATA membership provides many benefits and offers students eligibility for scholarships. Athletic training students must be members of the NATA at least one full year to be eligible for their scholarships. Students are strongly encouraged to become active in their national, district, and/or state organizations.

VI.13.2 Dues Scholarship

Athletic training students experiencing financial hardship in meeting the membership requirement may apply for a dues scholarship (Appendix N) available through the HHPA department. An ATS may receive the dues scholarship only one time during his/her Linfield career.

VI.14 DRESS CODE/APPEARANCE POLICY

Athletic training is recognized by the American Medical Association as an allied health profession. As such, it is important when functioning within the AT Program that all members present a professional image. Personal hygiene and appearance are a reflection on Linfield Athletics, the Linfield AT Program, and the athletic training profession. Anything not clearly explained or defined under section VI.14 related to dress or appearance is at the discretion of the preceptor on duty.

Hair (including facial hair) will be neatly groomed and an acceptable color. Hair length that may interfere with daily treatment of athletes will be pulled back and tied up. Facial jewelry (excluding earrings) shall not be worn at any time for the safety of the athletic training student during unexpected incidences on the field of play (e.g., strikes from soccer balls, volleyballs, footballs, etc). Appropriate hair and jewelry standards are
interpreted by the Program Director in consultation with the preceptors only. Members of the AT Program shall be clean and free from strong odors including perfumed fragrances. Fingernails shall be clean and at a length that does not pose a risk to self or others. Artificial nails are not recommended. All tattoos shall be covered during clinical experience (except for wedding bands).

Apparel must have no holes or permanent stains. Shirts must be at a length where the bottom of the shirt reaches well below the top of the pants (skin of the back and/or abdomen should not be visible). Undershirts are permitted only if they are of a solid color – no prints or patterns will be tolerated. Pants must be in good condition and if shorts are worn they must be dress shorts of appropriate length per the discretion of the preceptor. Jean shorts, cut-off shorts, “short” shorts, spandex, tight-knit leggings, spaghetti strap tops or other revealing clothing is not appropriate at any time. No “workout” clothes or sweatpants shall be worn.

Hats are not permitted in any athletic training facility; hats may be worn during outdoor events, but should ideally carry the Linfield logo only.

Tennis shoes or dress shoes are required at all times. Boots may be worn for outdoor coverage as necessitated by weather. Sandals, open toe shoes, heels, clogs, platforms, flip-flops, or other footwear is not appropriate at any time.

“Appropriate” attire may vary by sport. Therefore, athletic training students should consult their preceptor for sport-specific apparel requirements beyond or in addition to those otherwise listed. Certain apparel items are inappropriate at all times (see Appendix O for a complete list).

**Appropriate Treatment Center Attire**

Athletic training students and staff need to be set apart from the student-athletes being treated. All members of the AT Program are required to wear clothing that demonstrates affiliation with the AT Program. This includes, but is not limited to, polos, t-shirts, sweatshirts, and jackets. Clothing should clearly state “Linfield College Athletic Training” or “Linfield College Sports Medicine”. Clothing recognizing other Linfield College organizations is not acceptable (sports teams, Greek organizations, campus events, etc.).

**Appropriate Outdoor Attire**

Athletic training students and staff should wear a Linfield College Athletic Training polo shirt with neat and clean pants or shorts. Students must check with their preceptor regarding acceptable pants/shorts guidelines. Many sports require khaki pants or shorts. At some venues, denim jeans may be worn if they are in good condition. Inclement weather may necessitate the use of a sweatshirt, jacket, and/or rain gear. Ideally, this gear would clearly state “Linfield Athletic Training”; however, if this is not the case, this gear must not carry any other designation (e.g., sport teams, Greek organizations, etc).
Appropriate Indoor Competition Attire

Athletic training students and staff should wear a Linfield College Athletic Training polo with neat and clean slacks. Denim jeans are not appropriate in this venue for most competitions.

The above policies are in effect at all times and cover all Linfield athletic training facilities. If you are not dressed appropriately please do not enter any athletic training facility or perform any duties until your appearance is appropriate. If your appearance is not appropriate you will be asked to leave the facility by a preceptor with the expectation that when you return your appearance conforms to these standards. The final decision on personal appearance is the interpretation of the preceptor on duty. Failing to follow these guidelines will result in disciplinary action.

At no time should Linfield Athletic Training apparel be worn to bars, nightclubs, or other similar adult establishments.

VI.15 POLICY ON STUDY ABROAD

Linfield College offers opportunities for students to study abroad during January term or for a full semester. The AT Program staff recognizes the benefit of studying abroad and support students who wish to participate in those programs.

Due to the rigor of the athletic training program and course sequencing, it is challenging to study abroad during the fall or spring semesters. Students who desire a full semester abroad should speak with their academic advisor, the AT Program Director, and the Clinical Education Coordinator as early as possible to develop an academic plan. Those students choosing to study abroad for a full semester may find that summer courses are necessary in order to complete the curriculum in four years.

VI.16 POLICY ON ATHLETIC TRAINING STUDENT COUNCIL

The Athletic Training Student Council consists of students who represent each of the three levels of students in the program. The members of the ATS council will be elected annually at the beginning of each academic year.

The Council meets with the AT Program Director and/or Clinical Education Coordinator on a monthly basis. The council is able to request the attendance of additional staff members based on the topic(s) of discussion. The purposes of the ATS Council are to improve communication between the certified athletic trainers and the athletic training students and provide leadership for student initiatives and projects throughout the year.

Students on the Council will spearhead annual fundraising and service project efforts as well as serve as the student cohort involved with AT Program applicant interviews.
VI.17 WORK STUDY POSITION POLICY

The athletic training department has a work-study budget for secretarial help. The work study secretary assists the certified athletic trainers with administrative duties and completes projects as assigned.

VI.18 BLOODBORNE PATHOGENS POLICY AND PROCEDURES

Linfield AT Program will provide all necessary personal protective equipment to athletic training staff and students. Linfield AT Program will also provide necessary and required training for bloodborne pathogens. Attendance at these training sessions is mandatory. Prospective athletic training students shall complete bloodborne pathogen training prior to initiating observation experiences.

Responsibilities of athletic training staff and students:

1. Report any direct blood or body fluid exposures to eyes, skin, mouth, nose, open wound or abrasion immediately.
2. Notify appropriate supervisor of any open wounds or abrasions that might allow disease transmission before initiating work/clinical activities involving potential exposure to bloodborne pathogens.
3. Properly wear all personal protective equipment prescribed by the AT Program.
4. Receive the Hepatitis B vaccination series or sign statement of declination.
5. Attend annual training on bloodborne pathogens and prevention of the transmission of these diseases in the workplace.
6. Report all incidents or near occurrences of exposure to blood or potentially infectious materials immediately.

Linfield College AT Program will follow the concept of Universal Precautions. That is, all human blood and body fluids will be treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.

The following engineering and work practice controls shall be adhered to:

1. Handwashing is required immediately or as soon as feasible after hands are soiled or gloves are removed. Where handwashing facilities are not available, antiseptic hand cleanser is available and shall be used.
2. Contaminated needles or other sharps will be placed in leak-proof, puncture-resistant, red sharps containers labels with the universal biohazard label for disposal. Contaminated needles and sharps are not to be bent, broken or recapped unless absolutely necessary due to the procedure being performed. Contaminated sharps are to be placed immediately after use into the appropriate container.
3. Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas of the clinic or field experiences where there is a reasonable likelihood of exposure to potentially infectious materials. For
this reason, no food or drink shall be consumed in the treatment center except in the treatment center office. Storage of food is drink is prohibited where other potentially infectious materials may be. This applies to refrigerators, freezers, shelves, cabinets, counter-tops and table-tops.

4. Equipment which may be contaminated with blood or other potentially infectious materials shall be placed in appropriately labeled containers.

The following personal protective equipment shall be used in the AT Program:

1. Disposable exam gloves in appropriate sizes and accessible locations are available for all athletic training staff and students for use with all incidents involving blood or potentially infectious materials. Disposable exam gloves will be replaced as soon as practical when contaminated or as soon as feasible if torn, punctured, or damaged in any way. Disposable exam gloves will never be washed between uses, or reused.

2. Face protection includes the use of masks with attached eye shields. These should be used anytime there is a risk of splashing or splattering of potentially infectious materials.

3. Fluid resistant gowns with long sleeves shall be used when there is a potential for blood or body fluids splashing to uniforms, street clothes, and exposed skin.

4. Respiratory equipment, resuscitation masks and mouthpieces are distributed to athletic training students and staff for their personal kits and are located in the team kits. Mouth to mouth resuscitation will be performed only with the use of a “pocket mask” or mouthpiece.

5. Personal protection equipment used at work/clinical experience will remain at the work site and will not be permitted to be worn home or washed at home.

The following housekeeping and waste management practices shall be followed:

1. Equipment or surfaces shall be cleaned and disinfected immediately after a spill or leakage occurs. Cleaning and disinfecting of all equipment and surfaces shall also occur at the end of each work day.

2. Spills of blood or potentially infectious materials will be decontaminated prior to clean-up with a disinfectant effective against bloodborne pathogens, HIV and HBV.

3. Any broken glassware that may be contaminated shall not be picked up directly with the hands. After disinfection, a brush, dust pan and/or tongs shall be used for picking up broken glassware. These implements shall be cleaned and decontaminated after being used to pick up contaminated material.

4. Any reusable item contaminated with blood or potentially infectious materials shall be properly packaged and sent to the Student Health Center for decontamination and sterilization prior to reuse.

5. Sharps containers are not to be over-filled. When the container approaches the fill line, it shall be taken to the Student Health Center for proper disposal and a replacement container will be provided.
6. Red (or biohazard-labeled) plastic bags are designated and available for the disposal of infectious or “regulated waste”. All individual bags shall be disposed in the large, labeled infectious waste can. When the large can is close to full, appropriately trained cleaning service crew members will remove it for proper disposal and provide a new empty bag.

7. All contaminated laundry shall be placed into labeled bags for storage prior to pick up for laundry services. Any clothing contaminated at work/clinical experience shall be laundered and the clinical facility and shall not be worn home.

8. Blood splatters on uniforms shall be treated with disinfectant with tuberculocidal, bacteriocidal and virocidal activity as specified on its label. Uniforms soaked with blood must be changed.

Post-Exposure Incident Plan

Definition of an exposure incident
An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact (i.e., piercing of skin barrier or mucous membranes via such events as needlesticks, human bites, cuts, abrasions) with blood or other potentially infectious material that results from the performance of an employee’s (athletic training staff) or clinical education (athletic training students) duties.

In the event of an exposure incident, the following guidelines are to be followed:

Immediate Care
The exposed individual should immediately wash or rinse the affected area thoroughly.

Reporting and Evaluation
The exposed individual must report the incident in the following manner.

a. Athletic training students shall immediately notify their preceptor. The preceptor shall immediately notify the AT Program Director and Head Athletic Trainer. The preceptor shall also complete a post-exposure incident form (Appendix Q). The preceptor shall immediately send the exposed athletic training student to the emergency room to be evaluated for preventative therapy. Evaluation shall occur within one hour of the incident. If the incident occurs at an affiliated clinical site, follow any additional procedures of the affiliated site.

b. Athletic training staff members shall immediately report the incident to the AT Program Director, the Head Athletic Trainer, and Human Resources and seek assistance from their fellow staff members for relief of their supervisory duties. The exposed staff member shall go to the emergency room to be evaluated for preventative therapy within one hour of the incident. The exposed staff member or Head Athletic Trainer shall complete a post-exposure incident form (Appendix Q) as soon as possible.
Exposure incidents involving athletic training staff members will be treated as worker’s compensation claims and appropriate college policy and documentation shall be followed (forms available in Human Resources).

Costs of evaluation and follow up care for exposure incidents involving athletic training students shall be the responsibility of the exposed student.

*Follow-up Care*

Follow-up care may be arranged through the student’s or staff member’s own private physician.

A post-exposure debriefing will occur between the AT Program Director and exposed athletic training students to identify any further information or referral needs (e.g., counseling services) required.

In the event of an exposure incident, an attempt will be made to immediately assess the exposure source at the emergency room to determine the HIV, HBC, HCV, or other blood borne pathogen status and disclose that status to the exposed individual. If that attempt is unsuccessful, the exposure source will be asked to follow up with the appropriate student health center to assess their status and disclose that to the exposed individual.

**VI.19 POLICY FOR COMMUNICABLE DISEASE**

The following guidelines serve to reduce the risk of transmission of infections from patients to AT Program personnel and from personnel to patients.

**VI.19.1 Medical Evaluations**

All students admitted to the AT Program are required to undergo a health assessment to determine that they have met the minimum health standards for the AT Program (see IV.10 for details).

**VI.19.2 Education/Immunizations**

**VI.19.2.1 Education**

Linfield College will provide annual bloodborne pathogen training sessions for the AT Program. The policy regarding bloodborne pathogen procedures (see VI.18) also educates and guides members of the AT Program in minimizing the risk of transmitting or contacting bloodborne pathogens.

**VI.19.2.2 Immunizations**
The health assessment will gather verification that athletic training students have been vaccinated for and/or have history of measles, mumps, rubella; diphtheria/tetanus; and Chicken Pox.

Linfield College will provide Hepatitis B vaccinations for all athletic training staff and students who don’t already have them or who have not declined. Annual influenza vaccinations are highly encouraged, but the cost will be the ATS’s responsibility.

**VI.19.3 Student Illness**

We understand that illnesses are common among college-aged students and that illnesses are usually difficult to predict. We want all our athletic training students (ATS) to remain healthy but understand that illnesses do occur. If you become ill and feel that you are unable to attend class and/or your clinical assignment because of an illness you must contact the Program Director, the Clinical Education Coordinator, your individual preceptor, as well as any instructors in any class you are missing (whether the instructor is affiliated with the AT Program or not) in a timely manner. It will be noted that your absence from the day was because of an illness and the absence may be excused. *The clinical or curriculum instructor(s) will determine ability to “make-up” missed assignments and/or exams based on their particular guidelines described in the syllabus of each class.*

If you are ill for more than 2 days we will ask you to visit the Student Health Center or see a physician for your health and the health of others (classmates, instructors, athletes and coaches) to determine if your condition is communicable or requires further treatment. If the physician believes you should not return to class or your clinical assignment because the illness may be spread to others or could worsen, please inform the Program Director, Clinical Education Coordinator and your individual preceptor(s) immediately so you are not unfairly penalized.

If you attend any clinical experience activity and your preceptor determines that you are ill or if your preceptor believes that you may spread the illness among the athletes, coaches, clinical staff, or other students, the preceptor may require you to leave the facility and return when your symptoms have resolved. The preceptor may require you to leave for the health of others despite how many hours you are deficient in your clinical assignment or how your departure may affect your grade. If this occurs, it is your responsibility to arrange to make-up the missed hours or assignment at the earliest possible date.

You may ask for an extended leave of absence from the AT Program if you are diagnosed with a condition that requires further treatment or the condition prevents you from continuing your education while you are being treated. If this occurs you must request an extended leave of absence from the AT Program Director. An extended leave of absence may delay your date of graduation.
VI.19.4 Minimizing risk of Latex Sensitization and/or Reaction

The Linfield College AT Program will utilize non-latex gloves in all interactions with patients. Some laboratory classes may utilize latex gloves; however, a non-latex alternative will be available.

VI.20 POLICY ON POTENTIAL CONFLICT OF INTEREST

Athletic training is recognized by the American Medical Association as an allied health profession. As such, it is important when functioning within the AT Program that situations presenting a potential conflict of interest be minimized. The following guidelines serve to reduce the risk of conflict of interest and thus, unethical practice.

VI.20.1 Dating

While the AT Program does not forbid athletic training students from dating student athletes or fellow athletic training students, it does require that athletic training students recuse themselves from providing medical care for any individual they are dating. It is unacceptable to use clinical experience time to schedule or plan dates.

VI.20.2 Teammates

While the AT Program does not forbid athletic training students from participating in intercollegiate athletics, it does require that athletic training students recuse themselves from prescribing medical care for any of their teammates. Athletic training students are allowed to tape a teammate and/or carry out rehabilitation exercises or modality treatments for a teammate that have been prescribed by another member of the AT Program.
APPENDIX A
AT PROGRAM HANDBOOK/POLICY ACKNOWLEDGEMENT

As an athletic training student in the AT Program at Linfield College students must agree to abide by the following expectations to retain a position in the program. Students will be given a copy of this contract to keep in their portfolio. This form will be completed on an annual basis.

I understand that I will be held to a higher standard of academic and professional behavior than other students who do not have patient care responsibilities as part of the undergraduate experience.

Student initials: __________

I understand that I must maintain a cumulative Linfield GPA ≥ 2.3 and a major GPA ≥ 2.7 at all times and if I fail to maintain these GPAs I will be placed on academic probation from the AT Program. I understand that failing to raise my GPAs to the required marks in the subsequent semester will result in my dismissal from the AT Program.

Student initials: __________

I understand that I must abide by the NATA Code of Professional Ethics and act according to the BOC Standards of Professional practice at all times. If I fail to do so I will encounter disciplinary action that may result in my termination from the AT Program.

Student initials: __________

I understand that I must abide by the policies outlined in the AT Program Handbook. I acknowledge that I have read the Handbook (available online) and agree to abide by all policies outlined therein. If I fail to do so I will encounter disciplinary action that may result in my termination from the AT Program.

Student initials: __________

I understand that I must abide by the policies outlined in the Linfield Student Handbook (available online). I acknowledge that I have read the Student Handbook and agree to abide by all policies outlined therein. If I fail to do so I will encounter disciplinary action that may result in my dismissal from the AT Program.

Student initials: __________

I understand that attendance and punctual arrival for AT Program seminars is required. I understand that punctual arrival means arriving early enough that I am prepared to begin at the designated start time and not be a distraction or hindrance to the seminar speaker.

Student initials: __________

I understand that I am required to participate in pre-participation physical examinations and exit examinations as part of my Professional Experience courses. I further understand that per the discretion of the Clinical Education Coordinator, this participation may or may not be part of my scheduled clinical experience hours.

Student initials: __________

I understand that if I am employed, my employment must not conflict with my athletic training clinical responsibilities. If my employment conflicts with my athletic training responsibilities I will adjust my employment schedule around my athletic training clinical responsibilities. I further understand that it is my responsibility to immediately communicate my employment schedule and schedule changes to the Clinical Education Coordinator.

Student initials: __________

I understand that if I am in a sorority or fraternity, my sorority/fraternity activities must not conflict with the academic requirements (didactic and clinical) of the AT Program. If my sorority/fraternity activities conflict with my athletic training responsibilities I will adjust my sorority/fraternity obligations around my athletic training responsibilities.

Student initials: __________
I understand that I must maintain membership in the NATA during my participation in the AT Program. I understand that I must submit a copy of my current NATA membership card to the Program Director by January 31 every year.

Student initials: ________

I understand that a suggested course sequence for all athletic training classes is printed in the Linfield AT Program Policies and Procedures manual (P&P manual - available online). I understand that if I choose to deviate from that suggested progression I may encounter conflicts and my graduation may be delayed.

Student initials: ________

I understand that I must record my scheduled clinical experience hours at the beginning of every shift according to V.2 in the AT Program Handbook. I understand I may not record days ahead of time or record days already passed (with the exception of illness). If I fail to record my scheduled hours at the beginning of my shift or if I record them incorrectly, I will not receive credit for those clinical hours and I will have to make them up.

Student initials: ________

I understand that I must make up missed clinical hours as soon as possible (ie – the next day off, not necessarily the time most convenient to me).

Student initials: ________

I understand that I am required to attend the annual bloodborne pathogen training session scheduled for the AT Program.

Students initials: ________

I understand that I am required to successfully complete a 6-course clinical experience sequence and two internships during a minimum of four semesters consisting of a minimum of 90 clinical hours in Professional Experience I-IV, a minimum of 135 clinical hours in Professional Experience V & VI, a minimum of 135 clinical hours in high school internship, and a minimum of 45 clinical hours in general medical/orthopedic internship. I understand I am strongly encouraged to participate in more than these required clinical hours, but cannot exceed 20 hours of clinical experience per week while classes are in session or 40 hours of clinical experience per week during breaks.

Student initials: ________

I understand that the Clinical Education Coordinator and/or Program Director may ask for my input on which clinical assignments I have each semester; but the Program Director and Clinical Education Coordinator have the final determination on which clinical assignment I receive.

Student initials: ________

I understand that when I am not under the direct supervision of a preceptor I must not represent myself as an athletic training student. Furthermore, I must act only in the role of a FIRST RESPONDER as dictated by the training certificates I hold in first aid, CPR and AED use.

Student initials: ________

I understand that some clinical assignments are not on the Linfield College campus (high school and other internships). I understand that if I am assigned to any of these clinical experiences I must provide my own transportation to and from the facility and that the Linfield AT Program or the Department of HHPA will not reimburse me for any travel expenses I incur.

Student initials: ________

I understand that my preceptor will evaluate me 2 times each semester.

Student initials: ________

I understand that I am required to evaluate myself 2 times each semester.

Student initials: ________
I understand that I am required to evaluate my preceptors once each semester.
   Student initials: _______

I understand that I have a legal and ethical responsibility to safeguard the privacy of all student-athletes and to protect the confidentiality of their health information. I reaffirm my commitment to protect the confidentiality of health information.
   Student initials: _______

I understand that if I participate in intercollegiate sports my non-traditional sport activities must not conflict with my clinical experience responsibilities. I understand that I will have scheduled clinical experience during my competitive season and that clinical experiences will take precedence over practice.
   Student initials: _______

I understand that I will be issued keys to HHPA facilities. I will not share those keys with any person and should I lose the keys I will be financially responsible for the needed replacement of keys and/or locks.
   Student initials: _______

I understand and agree to abide by the personal appearance policies outlined in VI.14 of the AT Program Handbook. I understand that my preceptor and/or the Program Director has/have the final judgment as to if I am following the personal appearance policy.
   Student initials: _______

I understand and agree to abide by the policy for communicable disease (VI.19 in AT Program Handbook).
   Student initials: _______

I understand that I may be put on probation or terminated from the AT Program at any time for failure to progress academically or clinically, for single or accumulated violations of policy, or for inappropriate behavior as outlined by the Linfield AT Program Handbook, Linfield P&P Manual, and/or Linfield Student Handbook.
   Student initials: _______

STATEMENT OF AGREEMENT

I have read the expectations herein set forth by the Linfield AT Program Handbook/Policy Acknowledgement and have initialized the statements with the understanding that I will abide by these expectations to retain my position as a student in the AT Program. I understand that failure to comply with these expectations may result in a probationary period and possible termination from the AT Program.

Student Name: ____________________________
   (Print legibly)

Student Signature: ____________________________ Date: ______________

Program Director Signature: ____________________________ Date: ______________