Erskine College
Athletic Training Program

Athletic Training Student
Policy and Procedures Manual

2013-2014
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INTRODUCTION

Mission Statement

The Erskine College Athletic Training Education Program exists to provide the opportunity for athletic training students to prepare for a career as a certified athletic trainer. This is accomplished through providing an environment that emphasizes quality learning through extensive didactic and clinical experiences, enabling athletic training students to integrate knowledge and moral values in preparation for a life of service to God, society, and the athletic training profession. Through these experiences, the student will be prepared to complete the national certification examination and become competent entry level professionals.

The Athletic Training Profession

An athletic trainer is a qualified allied health care professional educated and experienced in the management of health care problems associated with sports participation. In cooperation with physicians and other allied health care personnel, the athletic trainer functions as an integral member of the athletic care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, and other athletic health care settings. The athletic trainer functions in cooperation with medical personnel, athletic administrators, coaches, and parents in the development and coordination of efficient and responsive athletic health care delivery systems. The athletic trainer's professional preparation is directed toward the development of specified competencies in the following domains: prevention, recognition and evaluation, management and treatment disposition, rehabilitation, organization and administration, and education and counseling. Through a combination of formal classroom instruction, clinical education, and field experience, the athletic trainer is prepared to apply a wide variety of specific health care skill and knowledge within each of the domains.

Program Goals

1. Athletic training students will successfully challenge the BOC exam.
2. Athletic training students will communicate clearly and effectively in writing.
3. Athletic training students will perform athletic training skills at a competent level while communicating with others clearly.
4. Athletic training students will retain knowledge and skills over time.

Program Outcomes

1. a.) Students/graduates will achieve a first attempt BOC Exam pass rate of 75% or better
   b.) 100% of students will pass the BOC Exam in one or two attempts.
2. 100% of students will achieve a minimum score of 18 out of 25 on the ATP Written Assignment Rubric for at least one written assignment during the Junior year.
3. 100% of students will earn a minimum score of 21 out of 30 on the ATP O/P Exam Rubric for at least one O/P exam during the Junior year.
4. Each student will have a minimum mean evaluation score in the Junior year of 3 on a 4 point Likert scale for each survey item on the Preceptor Evaluation of AT student and a minimum mean evaluation score in the Senior year of 3.5 on a 4 point Likert scale for each survey item on the Preceptor Evaluation of AT student.
ADMISSION STANDARDS

Introduction

Admission to the ATP is competitive and requires the following: Completion of AT 216 and AT 226 with a B or higher; a minimum of 40 observation hours under the supervision of the Erskine College Athletic Training Staff; a minimum GPA of 2.5; completed application materials; and an interview. The number of students accepted into the ATP is limited yearly according to the number of clinical instructors and attrition within the program. The number of students selected may vary year to year due to the caliber and number of applicants and the number of clinical instructors available. Minimum criteria completion will not always guarantee admission. For BOC certification, the ATP requirements and BOC examination must be successfully completed. The Erskine College ATP follows the nondiscrimination policy of Erskine College and Seminary, which can be viewed at http://www.erskine.edu/faculty-staff/jobsHR.html

Application Criteria

Admission to the ATP is competitive and requires the following:

1. Completion of AT 216 and AT 226 with a B or higher
2. a minimum of 40 observation hours observing the Erskine College Athletic Training Staff
3. a minimum GPA of 2.5
4. completed application materials
5. ATP recommendation forms
6. signed copy of technical standards
7. an interview with ATP staff and students

The number of students selected may vary year to year due to the caliber and number of applicants and the number of preceptors available. Minimum criteria completion will not always guarantee admission.

Transfer students may apply to the ATP in the fall or spring semester if the admission criteria are met. The number of students accepted is limited according to the number of clinical instructors and attrition within the major. Standards for admission may vary year to year due to the caliber and number of applicants. Therefore, meeting the minimum criteria does not guarantee admission. Credit for previous coursework is evaluated by the college Registrar and the ATP Director.

APPLICATION PROCESS

Selection Criteria

Students will be accepted into the ATP based on the following:

1. Grade point average in pre-requisite courses
2. Overall grade point average
3. Interview
4. Athletic Training Center observation
5. Essay
6. Recommendations
7. Application packet presentation
8. Signed copy of the Technical Standards
9. Final transcript
10. Copy of Professional Rescuer CPR/AED Certificate

Transcripts

Candidates for application must submit transcripts at the conclusion of the semester of application.
**Interview Process**

All candidates will participate in a professional interview process with the Erskine College ATP Faculty and Staff, as well as Senior athletic training students.

**Conditional Acceptance and Probation**

A candidate who meets all admission criteria but the 2.5 GPA may be accepted conditionally. The AT student will then be required to maintain a cumulative GPA of 2.25 and an ATP GPA of 2.5. If the AT student fails to meet these requirements, s/he will be placed on probation (see the section on Retention, page 11).

**Technical Standards for Admission**

**History and Rational**

The landmark Americans with Disabilities Act of 1990, P.L. 101-336 ("ADA" or "the Act"), enacted on July 26, 1990, provides comprehensive civil rights protections to qualified individuals with disabilities. The ADA was modeled after Section 504 of the Rehabilitation Act of 1973, which marked the beginning of equal opportunity for persons with disabilities. As amended, Section 504 "prohibits all programs or activities receiving federal financial assistance from discrimination against individuals with disabilities who are 'otherwise qualified' to participate in those programs." With respect to post-secondary educational services, an "otherwise qualified" individual is a person with a disability "who meets the academic and technical standards requisite to admission or participation in the recipient's education program or activity."

Under the Americans with Disabilities Act, Title II and Title III are applicable to students with disabilities and their requests for accommodations. Title II covers state colleges and universities. Title III pertains to private educational institutions; it prohibits discrimination based on disability in places of "public accommodation," including undergraduate and postgraduate schools.

Given the intent of Section 504 and the ADA, the development of standards of practice for a profession, and the establishment of essential requirements to the student's program of study, or directly related to licensing requirements, is allowable under these laws. In applying Section 504 regulations, which require individuals to meet the "academic and technical standards for admission," the Supreme Court has stated that physical qualifications could lawfully be considered "technical standard(s) for admission."

Institutions may not, however, exclude an "otherwise qualified" applicant or student merely because of a disability, if the institution can reasonably modify its program or facilities to accommodate the applicant or student with a disability. However, an institution need not provide accommodations or modify its program of study or facilities such that (a) would "fundamentally alter" and/or (b) place an "undue burden on" the educational program or academic requirements and technical standards which are essential to the program of study.

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

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

Candidates for selection to the Athletic Training Education Program must demonstrate:

- the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to
formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;

- sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;

- the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgements and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;

- the ability to record the physical examination results and a treatment plan clearly and accurately;

- the capacity to maintain composure and continue to function well during periods of high stress;

- the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;

- flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;

- affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the Erskine College Athletic Training Education Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Erskine College ADA Compliance Officer will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

Signature of Applicant ____________________________ Date _______________

**Alternative statement – students should sign below only if requesting accommodations.**

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Academic Office in Belk Hall to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Signature of Applicant ____________________________ Date _______________
Directed Observer Expectations

All candidates applying for admission to the ATP must complete 60 hours of directed observation per the ATP admission standards. Each candidate will be expected to follow all policies and procedures as stated in this manual, including the code of conduct. Observation students may not perform any skills on patients, but are expected to actively observe the athletic training staff and students as they fulfill their various responsibilities.

Transfer Candidates

Transfer students may apply to the ATP in the fall or spring semester if the admission criteria are met. Credit for previous general education coursework is evaluated by the college registrar and the ATP Director. Clinical courses are not transferable.

Non-discrimination Policy

In compliance with the EOE/Title IX/Section 504/ADA Statement (Non-Discriminatory Statement), Erskine College does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in provision of education opportunities or employment opportunities and benefits. Erskine College does not discriminate on the basis of sex or disability in the education programs and activities which it operates, pursuant to the requirements of Title VI of the Civil Rights Act of 1964, as codified in 42 U.S.C. 2000D; Title IX of the Education Amendments of 1972, Pub. L. 92-318; the Americans with Disabilities Act of 1990, Pub. L. 101-336; and the Age discrimination in Employment Act. This policy extends to employment by and admission to the college and admission to the ATP. If an AT student believes s/he is the victim of discrimination, s/he should consult The Pilot (p. 46, available at www.erskine.edu) to determine appropriate actions to take.

Application Packet

Each candidate wishing to apply for admission to the ATP must complete and submit an ATP Application Packet for consideration. This may be obtained, upon request, from the ATP Director. All materials must be completed and submitted to the ATP Director by the posted date each spring. Any questions regarding the application process should be directed to the ATP Director.

Accepted Students

Once a student has been accepted into the ATP, s/he must submit documentation of a physical examination and up to date immunization record prior to taking sophomore level ATP courses. Copies of these documents may be obtained from the Erskine College Infirmary.

Late Applicants

A freshman who decides late that s/he will apply to the ATP (too late to register for AT 216 and AT 226 during the freshman year) must complete the following criteria in order to be considered for admission:

- Enroll in AT 216 and 226 as directed studies over the summer, and complete them with a grade of B or better.
- Submit a spring transcript with minimum 2.5 GPA in at least 24 hrs.
- Complete 20 observation hours by the first day of the fall semester.
- Submit 2 recommendation forms (one from a professor)
- Complete CPR/AED for the Prof. Rescuer and First Aid cert, the AT 216 and 226 lab manuals, and the remaining 20 observation hours by Sept. 15th
- Participate in an interview in September (date/time TBD).
- Submit all application materials by Oct. 1, including documentation of all these requirements.

**ACADEMICS**

_Course Descriptions_

Descriptions of all required and elective courses may be found in the Erskine College Academic Catalog, online at:


The AT student must be familiar with all course syllabi and frequently refer to them for course information. In addition, the AT student should take an active role in planning his/her academic schedule with the ATP Director.

_Retention and Graduation_

Should an athletic training student's GPA fall below the minimum 2.5 ATP GPA or a 2.25 cumulative GPA, the athletic training student will be placed on ATP probation for one semester. If the athletic training student does not make appropriate progress toward improving the GPA to the minimum 2.5, the athletic training student will be reevaluated for dismissal from the ATP. The AT student will be removed from academic probation once his/her GPA rises above the required level. If the athletic training student does not make acceptable progress toward improving the GPA toward the minimum standard, the athletic training student will be reevaluated for dismissal from the ATP. Acceptable progress is a minimum semester ATP GPA of 2.5 for a student with a GPA of 2.4 to 2.49, or a minimum semester ATP GPA of 2.7 for a student with a GPA below 2.4. Appeals may be made to the Health and Human Performance Department (chaired by Dr. Gid Alston). The decision of the HHP Dept. can be appealed to the College Committee on Discipline and Appeals. If the student disagrees with the outcome of this appeal, a final appeal may be made to the Presidential Appeals Committee. For more information on the appeals process, see _The Pilot_ (student handbook).

_Graduation and BOC Eligibility_

Students must graduate with a minimum ATP GPA of 2.5 and a minimum cumulative GPA of 2.25 in order to earn the endorsement of the ATP Director, which is necessary to sit for the BOC Exam. Students must be aware of their GPA, so they can be sure to meet GPA requirements for endorsement. Ignorance is not an excuse for failing to meet GPA requirements for endorsement. For BOC certification, all ATP requirements and BOC requirements must be successfully completed.
# Recommended Course Sequence

## Freshman Fall
- **BG 101** Biology 4
- **ES 101** Erskine Seminar 3
- **CC010** Computer Fluency 0
- **MA 107** Math 3
- **GE/FR/SP** Modern Language 1
- **Physical Activity Class** 1

*Total* 14

## Freshman J-Term
- **PE 201** School & Com. Health 3

## Freshman Spring
- **AT 216** Emergency Response 2
- **AT 226** Intro to AT 2
- **EN 102** Composition 3
- **GE/FR/SP** Modern Language 3

*Total* 13

## Freshman Total
13

## Sophomore Fall
- **AT 229** Orthopedic Assessment I 3
- **AT 231** Clinical 1 (ER) 1
- **AT 240** Modalities 2
- **AT 241** Modalities Lab 1
- **BG 210** Anat & Phys I 4
- **SO 101** General Sociology 3

*Total* 14

## Sophomore J Term
- Winter Term Course 3

## Sophomore Spring
- **BG 211** Anat & Phys II 4
- **AT 230** Orthopedic Assessment II 3
- **AT 232** Clinical 2 (LE) 1
- **AT 242** Therapeutic Exercise 2
- **AT 243** Ther Ex Lab 1
- **PY 201** General Psychology 3

*Total* 14

## Sophomore Total
31

1. A minimum of 3 hrs is required through the 102 level
2. This course must be taken in fall or spring of the fr. year to allow the student to take one J Term off
3. Elective classes must be outside of the AT Dept.
4. (elective courses must have a prefix other than AT)
5. PY 201 is a prerequisite for AT 340 (Fall, Junior year), and therefore must be completed by then.

## Junior Fall
- **AT 340** Medical Aspects 4
- **AT 317** Nutrition 3
- **AT 365** Clinical 3 (UE) 2
- **PH 110 or CH 101** 4
- **BR 125** Old Testament 3

*Total* 16

## Junior J Term
- Winter Term Course 3

## Junior Spring
- **AT 342** Organ. & Admin. 2
- **AT 366** Clinical 4 (GM) 2
- **EN** Literature 3
- **HS 102 or 103** World Civ 3
- **BR 126** New Testament 3
- **Elective or Minor** 3

*Total* 16

## Junior Total
35

## Senior Fall
- **AT 403** Exercise Physiology 3
- **AT 423** Field Experience 2
- **Elective or Minor** 3
- **AT 425** Senior Seminar 1
- **HS 101** World Civ 3
- **MA 205** Elementary Stats 3

*Total* 15

## Senior J Term
- **J 31** Orthopedic Field Exp. 1
- **J1305** Documenting Med. Cases 3

## Senior Spring
- **AT 417** Ex & Wt Control 3
- **AT 426** Advanced AT 1
- **AT 402** Kinesiology 3
- **Art, Music, Drama** 3
- **Elective or Minor** 3

*Total* 13

## Senior Total
32

## 4 Year Total
128

5. MA 205 is recommended, not required
6. Optional course focusing on writing in medical professions
7. The minimum requirement for graduation is 124 semester hours, but students may need to exceed this number to complete prerequisite courses for graduate programs.

## Total Hours
Clinical Education

Approved Clinical Sites and ATP Required Costs
Athletic training students may be assigned to one of several preceptors at various off campus approved clinical sites. All athletic training students are required to fund their transportation to off-campus clinical sites. Special considerations for meal replacement may be discussed with the ATP Director and/or the Director of Dining Services. AT students will have regular interaction with the Medical Director, Dan Divilibiss, MD during clinical rotations with Erskine Preceptors. AT students are expected behave professionally and respectfully toward Dr. Divilibiss, and to view him as a faculty member and an expert resource.

The athletic training student's field experience will include a combination of the following:
1. Erskine College athletics and Athletic Training Center
2. High school athletics
3. Sports medicine clinics / rehabilitation centers
4. Family physician offices
5. Orthopedic offices
6. Other Allied Health Care facilities
7. Local colleges and universities

Description of Clinical Education
AT students complete Clinical I and II (AT 231 and 232) during the sophomore year. These courses include rotations with three to four on-campus preceptors, and require 90 clinical hours for one semester hour credit. AT 231 has an emergency care focus, and AT 232 has an upper extremity focus.

AT students complete Clinical III and IV (AT 365 and 366) during the junior year. Each of these courses includes assignment to one preceptor during a full season of athletic team coverage, and requires 180 clinical hours for two semester hour credits. AT 365 has a lower extremity focus and AT 366 has a general medical focus, and thus includes a General Medical Clinical Rotation at Due West Family Medicine requiring a minimum of 25 hours.

AT students complete Clinical V and VI (AT 423 and 426) during the senior year. AT 423 is equipment intensive, and is performed under a preceptor covering tackle football and/or men’s lacrosse at a high school or college. AT 426 focuses on O&A/professional development topics, and involves daily athletic training room coverage under the supervision of Erskine College preceptors.

Clinical Proficiencies
The ATP requires each student to successfully (proficiently) demonstrate assigned clinical proficiencies throughout the duration of the field experience. Once a proficiency is demonstrated, the student submits it in E*Value to the preceptor s/he worked with, and the preceptor assesses the student’s performance. Students must earn a minimum of 3/5 in each of the three categories (skill, accuracy, efficiency) in order to be deemed proficient. Proficiencies with a score lower than 3/5 in one or more category must be remediated (repeated) until the required score is achieved.

The following explanation is used to interpret the 5-point Likert scale used in assessing skill demonstration:
1 – skills are demonstrated with poor technique and/or the student is unsuccessful in using knowledge to guide decision-making
2 – skills are not demonstrated adequately to ensure appropriate and safe patient care
3 – skills are demonstrated at a level acceptable for an entry-level athletic trainer
4 – skills are demonstrated very proficiently, above the minimum expectations for an entry-level AT
5 – skills are demonstrated at the mastery level – the student demonstrates skills at the level of the preceptor
Each proficiency must be successfully demonstrated for the student to pass the course and progress within the AT curriculum. Students are expected to consistently work on clinical proficiencies throughout the semester, and NOT procrastinate until the end of the semester to demonstrate skills. The course instructor may ask to see the clinical manual at any time. **If the student has not been completing clinical proficiencies, s/he will lose points in the participation/effort grade.**

If an AT student does not remediate all proficiencies by the date course grades are due, as a result of extenuating circumstances, s/he may write a letter of appeal to the Program Director. The letter must explain the circumstances, and provide documentation, such as medical records. If the Program Director deems the circumstances to be valid reasons preventing the ATS from completing the remediation, the ATS may be granted an extension. The extension will expire no later than the first day of class during the next full semester (fall or spring), and the ATS will be responsible for setting appointments with AT faculty to complete the remediation. The course instructor may review the clinical skills a student has recorded in E*Value to determine if all skills assigned to that student have been successfully demonstrated.

**Documentation of Hours**

All athletic training students will be required to complete and document 900 hours of supervised clinical experience, supervised by a preceptor in order to qualify for graduation. These hours are distributed as follows: Sophomore - 180 hours, Junior - 360 hours, Senior - 360 hours. The AT student is not required to complete more than 20 hours during any given week, and should not feel pressure to do so, but may choose to do so. All hours must be documented E*Value web-based software, and are to be submitted **on a daily basis** to the supervising preceptor for approval. Failure to submit hours in a timely manner (as determined by each individual preceptor) may be considered a violation of ATP policies and procedures, and may result in disapproval of clinical hours for those days. In addition, an AT student may not receive credit for clinical hours if s/he does not actively participate during those hours or if s/he does not request the preceptor’s signature in a timely manner. A preceptor, upon his or her discretion, may refuse to sign hours documentation with due cause.

**Clinical Hours Transfer By Semester**

The following policies are intended to help junior students complete clinical hour requirements, and to help student-athletes complete clinical hour requirements during their sport season. If a junior student exceeds the 180 required clinical hours in the fall semester for AT 365, up to 30 of those hours may be transferred to the spring semester to count towards the clinical hour requirement for AT 366. If a Junior AT student who is a student-athlete plays a sport that has its main season in the fall semester, the student may request a grade of “incomplete”, defer up to 30 hours from AT 365, and may complete these hours by the end of J-Term to earn a final grade for the course. Thus, a junior student may request an incomplete if s/he completes at least 150 clinical hours towards the requirement of 180 clinical hours for AT 365 in the fall semester. The student will be required to complete the remaining hours (totaling 180) by January 20 in order to replace the incomplete with a passing grade in AT 365.

**Weekly Hours Requirements**

The following policies are intended to ensure students maintain an acceptable pace in completing clinical hours, as opposed to falling behind, making it necessary to complete an inordinate number of clinical hours in the last few weeks of a semester. Sophomore AT students (AT 231 and 232) and Senior AT students enrolled in AT 426 **must earn a minimum of 25 clinical hours per month** until they have completed the 90 clinical hours required for those courses. Junior AT students (AT 365
and 366) must complete a minimum of 40 clinical hours per month until they have completed the 180 clinical hours required for those courses. Failure to meet these requirements will result in grade penalties, as described in course syllabi.

Clinical Supervision
AT students must be supervised at all times during clinical experiences, particularly during any kind of patient contact. This includes during athletic training room hours, and all other on- and off-campus clinical experiences. AT students must read and sign the Clinical Supervision Policy (Appendix F), and submit it to the Program Director prior to participating in clinical hours.

AT student Expectations
AT students are expected to participate fully in all clinical experience activities, and to complete with enthusiasm, the tasks and duties assigned by the preceptor. This includes being present, on time, and prepared for clinical hours as scheduled with the preceptor. AT students must communicate with preceptors in a timely fashion in the event that the AT student must be late or absent from clinical responsibilities. AT students must take responsibility for asking questions and gaining clarification about concepts that may be difficult or not easily understood. **It is essential for students to take initiative to complete tasks without being assigned and with a positive attitude.** This includes tasks that the student may do independently, such as washing and folding laundry, preparing coolers/water bottles for practices, restocking taping supplies, cleaning, and putting away the golf cart. In addition, documenting treatment and rehabilitation in Athletic Training System software (ATS) injury tracking software is a collaborative effort among athletic training staff and AT students, and is also a Clinical Proficiency students must demonstrate. AT students should take initiative to assist the preceptor in recording daily patient notes in ATS.

AT students are also expected to mentor and instruct students at lower levels in the program. This interaction is viewed as essential to proper growth and development of each AT student. AT students are expected to be present for all scheduled clinical hours, which in general entail all practices and games covered by the preceptor. There may be scheduled exceptions to this, and **AT students are permitted to ask to be excused from clinical hours occasionally to study for tests, attend family functions, etc.** Preceptors are encouraged to be flexible in granting the AT student time off to study for tests, attend family functions, etc., **provided that the AT student has been meeting clinical course expectations as defined in the course syllabus and in this manual.** AT students are expected to be engaged during all clinical experiences, whether on- or off-campus. This means that the student should be observing the preceptor, and should be ready to participate when instructed to do so. **Part of the rationale for the 900 clinical hours required is for students to be present to experience valuable clinical scenarios that cannot be planned.**

Course Progression and Incomplete Grades
The ATP Course Progression (page 10) must be followed in order to maintain compliance with CAATE Standards. As such, the AT student must pass every course in a given semester in order to progress to the set of courses for the following semester. **If an AT student fails an athletic training course, s/he will not be permitted to take the next group of courses until s/he completes the course satisfactorily.** This may be done via directed study in the summer, given that faculty are available to supervise the course during the summer term. Failing an athletic training course may cause a student to fall behind by one academic year in the program. Grades of “incomplete” will only be given in extenuating circumstances, with documentation. Failure to complete required clinical hours for a clinical course will result in failure of the course. A grade of incomplete will only be given as specified in the Hours Transfer Policy section (previous page) or with documentation of extenuating circumstances, such as a family or medical emergency.
Performing Skills on Patients

At no point in time shall any AT student perform duties or activities in which s/he has not demonstrated proficiency, with documentation by a preceptor, and at no time shall these duties or activities be performed without the supervision of a preceptor. AT student’s cannot “cover” an athletic practice or event without a preceptor. If an AT student does find him/herself unsupervised, s/he will act only as First Responders, providing emergency first aid and basic life support as outlined by the American Red Cross, the organization through which AT students earn certifications in first aid and AED/CPR. If the AT student finds him/herself consistently in this position, s/he should immediately notify the Clinical Coordinator or ATP Director. Students not enrolled in the ATP (including freshmen observation students planning to major in athletic training) may not perform skills on patient at any time.

Continuing Evaluation and Assessment

Every semester, the AT student is evaluated by one or more preceptors. The preceptor completes a written, standard evaluation form, and reviews the evaluation with the AT student. Both AT student and preceptor sign the evaluation form, which is submitted to the ATP Director or Clinical Coordinator in a timely fashion. These evaluations are intended as constructive criticism, and are part of the student’s educational records, which are protected by the FERPA. AT students are expected to consider input from these evaluations and seek to improve their performance under the direction of preceptors.

At the completion of each clinical course, the AT student completes an evaluation of the preceptor and the clinical site. These evaluations are used to provide feedback AT faculty use to improve the clinical education components of the ATP.

NATA Membership

Athletic training students are strongly encouraged to become members of the NATA during their second (Jr.) year in the ATP. Iota Tau Alpha (ITA) may pay NATA dues for students ($73 for the year, prorated dues can be viewed at http://www.nata.org/membership/dues.htm). Benefits of becoming an NATA member include SCATA membership, NATA News, online access to the Journal of Athletic Training and NATA Career Center, eligibility for scholarships, among others. The list of benefits can be viewed at http://www.nata.org/membership/benefits.htm.

ATP POLICIES AND PROCEDURES

Code of Conduct

AT students are representatives of the AT Program at all times, whether on- or off-campus, and must conduct themselves in a professional manner at all times. They are expected to abide by the NATA Code of Ethics, available online at http://www.nata.org/codeofethics/code_of_ethics.pdf (see Appendix A).

AT student/Patient

At no time should they engage in conduct that would undermine patients’ confidence or cause a conflict of interest in patient care. This includes questionable social interaction with patients, during clinical rotations or at any other time. Inappropriate comments, whether made to the patient or to a peer about a patient, will not be tolerated and will result in disciplinary action. In addition, AT students may not contact patients or minors via cell phone, email, or social media (see social media policy). When in doubt, the student should ask “will my actions strengthen or weaken the patient’s professional opinion of me?” The answer should guide student conduct.
While it is discouraged, it is foreseeable that students may have significant social/romantic relationships with Erskine College student-athletes. It would be a clear conflict of interest for an AT student to serve in a clinical rotation providing care to a student-athlete with whom s/he has such a relationship. Therefore, athletic training students should notify the Program Director or Clinical Coordinator in the event of such a situation. Romantic relationships with athletes in the clinical setting are strongly discouraged and may warrant disciplinary action and possible removal from your clinical site. Disciplinary action will be taken in the event that an AT student’s decisions regarding relationships with student-athletes contribute to issues in the clinical setting, such as complaints being lodged to preceptors, coaches, or other athletics personnel. Preceptors reserve the right to send an AT student away from the clinical site and to refuse to sign clinical hours if s/he feels an AT student is exhibiting inappropriate behavior with or toward a student-athlete. Such events must be reported to the Clinical Coordinator and/or Program Director. AT students are expected to immediately report any incident of inappropriate behavior towards them by a student athlete or other athletic department personnel.

AT student/Coach
It is important that athletic training students develop professional relationships with the coaches of teams with which they work. Romantic involvement with a coach violates College policy, is prohibited and will result in disciplinary action, including, but not limited to, removal from the clinical site.

Generally, the preceptor is responsible for communicating with the coaches, although athletic training students may be required to do so on occasion. The AT student should discuss how to handle coaches’ questions with his/her preceptor. Generally, athletic training students’ interaction with coaches should increase with their clinical experience. Occasionally such interactions can present difficulties. If an AT student has difficulty with a coach or athlete, s/he should make this known to the preceptor immediately. Most problems can be resolved if approached early and appropriately.

AT student/Medical Personnel
AT students must behave professionally when interacting with physicians and other medical professionals. Students are encouraged to ask questions when appropriate and to use appropriate medical and athletic training terminology.

General Behavior
The athletic training student should behave in an appropriate, professional manner at all times and view his/her clinical time as a part of his/her education. Clinical time should be utilized as effectively as possible, and students should plan to be active, rather than idle. The AT student should be involved at all times, maintain a positive attitude, and take initiative in the care of the patients. Some general guidelines include but are not limited to:

1. Treatment and taping tables as well as rehabilitative equipment are for student-athlete use only. The AT student should not use these areas for personal use, including sitting or lying on tables.
2. No electronic devices (laptops, cell phones, iPods, etc.) may be used in the Athletic Training Room or elsewhere in the clinical setting without the preceptor’s approval. A preceptor will complete an incident report form in the event that an AT student repeatedly violates this policy.
3. Upperclassmen are expected to delegate to underclassmen, and underclassmen are expected to take respectful and appropriate direction from upperclassmen.
4. All daily tasks (laundry, water bottles/cooler clean-up, golf cart locked up, etc.) must be completed before leaving for the day.
5. AT students are not to loiter in the AT Room. In general, the AT student should be involved in patient care or active observation of patient care or other daily ATR tasks. If no such opportunities are available, the AT student should study the weekly review topics with a preceptor or other AT students. There is always something useful to do, and AT students should not regularly be idle or participating in idle conversation.

6. Professional behavior mandates that students not lie down, use cell phones or tablet devices, or sit idly on taping tables in the AT Room when patients are present.

7. AT students should communicate with preceptors regarding events that may warrant an excuse from clinical responsibilities, including family events, academic responsibilities (labs, more than one test on one day, etc.).

Preceptors reserve the right to send an AT student from the clinical site and to refuse to sign clinical hours if s/he feels an AT student is exhibiting inappropriate behavior.

**HIPAA/FERPA Confidentiality**

There are strict regulations regarding confidentiality in an academic and medical setting. These regulations are set forth by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). All AT students will be required to sign a Clinical Confidentiality Agreement upon initiating observation or clinical hours.

**Alcohol Policy**

AT students are expected to abide by Federal and State law and College regulations. AT students who are under the age of 21 are expected to abstain from alcohol. AT students who are 21 or older, if they choose to consume alcohol, are expected to do so responsibly. This includes NOT consuming alcohol on campus, in accordance with College policy. AT students should not participate in dangerous alcohol consumption, which includes excessive consumption, impaired operation of a vehicle, etc. AT students are not permitted to consume alcohol with, or be in the presence of alcohol consumption by patients they are responsible for caring for as part of their assigned clinical rotation. This includes fellow students who are student-athletes at Erskine College. Any AT student who is present when student-athletes were known to be violating College or athletic department policy will be considered guilty of the same violation, and are subject to the ATP discipline process.

**Drug Testing**

AT students are subject to the same drug testing policy that student-athletes are subject to, and may be included in random drug testing at any time during the academic year. More information is provided in the Student-Athlete Handbook.

**Social Media Policy**

Athletic training students are representatives for the AT Program, and are expected to behave in a way that represents the values and professionalism of the program at all times, including using social media. This means nothing (including text, pictures, or videos) containing drugs, references to drugs, drug abuse, foul language, disrespect to others, or generally inappropriate or intimidating comments may be posted on social media. In addition, specific care must be made to uphold the requirements of the HIPAA (no medical or personal information of any kind may be disclosed). Students at off campus clinical sites may not contact patients or minors using social media. Any violations of social media policy may count as two or more code of conduct violations, including: 1. misuse of social media 2. General code of conduct violation, such as inappropriate or intimidating language, and 3. Drug or alcohol related posts may be counted as a positive drug test, resulting in the penalties student-athletes are subject to (a seven day suspension from clinical rotations and drug tested weekly for the rest of the year).
Attendance and Punctuality
Athletic training students are expected to attend every class meeting for all courses, within and outside the department. Regular attendance is vital for success in the ATP Curriculum. Absences due to Erskine College-sponsored activities, medical emergency, death in the family, etc will be given special consideration with proper notification. Students are responsible for timely communication with the instructor in the event that class attendance is not possible.

**Erskine College ATP Attendance Policy:** Each unexcused absence beyond one will result in a half letter grade deduction in the final grade. Three tardies equals one unexcused absence, and will be subject to the same penalty stated above. Six absences of any kind will result in failure of the course.

Scheduling Classes
Athletic training students should avoid scheduling courses if possible from 1:00 PM- 6:00 PM (labs are generally excluded from this). If a course is only offered during this time slot, please discuss this with the ATP Director prior to registration.

Dress Code/Personal Appearance
All AT students are expected to present themselves in a professional manner at all times. Personal conduct and appearance are considered to be an important aspect of preparing for a professional career in athletic training. All AT students are to follow the dress code policies below, unless otherwise specified by the preceptor. The preceptor(s) at each clinical site have the final say on what is appropriate attire and personal appearance/hygiene.

- All AT students must practice good hygiene and be concerned with personal appearance.
- The following rules are to be followed:
  a. Hair should be kept neat, at a sensible length and/or style, and out of the face/eyes.
  b. AT students are expected to use discretion to avoid being socially offensive with hairstyle, make-up, and jewelry. Heavy use of or strongly scented lotions, colognes, and perfumes are not to be worn in the ATR.
  c. Appropriate attire for the ATR or affiliated site is Erskine athletic training T-shirts or other Erskine shirts, polos, sweatshirts, and khaki pants or shorts (khaki does not necessarily mean a beige color). Athletic Training shirts provided by affiliate sites may also be appropriate at those sites. All clothing must also be in good repair and free of holes, ripped/worn seams, stains, and excessive wrinkles. Furthermore, all clothing must be of an appropriate and professional fit.
    1. Jeans and gym clothes are not acceptable.
    2. All shorts must be appropriate, meaning not too short in length or too tight. AT students are advised to ask a preceptor for clarification of what is appropriate.
  d. All shirts must be tucked into the pants or shorts at all times. If polo shirts are not of a length to allow them to be tucked, then the AT student must wear a shirt underneath the polo that is to be tucked into the pants or shorts. Under no circumstances should the midriff be seen while the while performing ATR duties.
  e. Body piercing, other than in the lower earlobes, is not acceptable. This includes tongue rings, eye rings, and any other type of visible body piercing. Choice of earrings worn in the ATR and at events should be subtle in nature. Male and female jewelry appropriateness is at the discretion of the preceptor.
  f. Closed-toe shoes must be worn at all times, unless otherwise specified. No sandals, flip flops, or slippers.
  g. All male AT students must be clean-shaven or keep facial hair neatly groomed.
  h. Game/event dress code will be at the discretion of the preceptor.
i. Hats/caps/other fashion headgear are not appropriate for the ATR but may be worn outdoors at the discretion of the preceptor.

Differing Opinions

It is foreseeable that athletic training students will have differences of opinion with other students or a preceptor/CI regarding patient/athlete care. In such cases, AT students are encouraged to discuss the difference privately with the involved party. AT students should never argue in the presence of patients because this will only serve to undermine the patient’s confidence in the athletic training staff and students.

**AT Student Welfare**

The welfare of every AT student is of paramount concern to ATP Faculty. If an AT student finds him/herself in a situation in which s/he is uncomfortable, s/he should contact the Clinical Coordinator (CC) or Program Director (PD) immediately. Whether the situation involves a conflict with a preceptor, AT student, coach, or patient, or whether the AT student believes his/her physical or mental well being are in jeopardy, the CC and PD will work to resolve the situation to ensure that the welfare of the AT student is protected.

**AT Student Health Needs**

AT students have the same options for obtaining health care as all other Erskine students. They may utilize Due West Family Medicine during normal business hours. If a student wishes to see a DWFM physician, s/he should arrive at DWFM between 8:00 and 8:30 a.m. Otherwise, the student may see a health care provider other than a physician. All students may also contact the Office of Student Services in order to schedule a counseling session with Cameron Hipp of DWFM. AT students also have the option of seeing Dr. Divilbiss on a day when he visits campus to see patients.

**AT Student Health Policy**

Each AT student is required to read the ATP Communicable Disease Policy (Appendix E) prior to participating in clinical hours. The purpose of the Erskine College Communicable Disease Policy is to protect the safety of all parties, and to ensure the welfare of the students enrolled in the ATP as well as all patients they may come in contact with during clinical courses. The Erskine College ATP does not discriminate against any persons who have or is suspected of having a communicable disease. All medical information is maintained in accordance with the HIPAA and FERPA. The AT student must remember to remove him/herself from situations in which s/he could be in danger or could endanger patients.

It is strongly suggested that each AT student receive the HBV vaccination (a series of 3 injections). Without this vaccination, students will not be permitted to observe surgeries at orthopedic clinical sites. The HBV vaccination is administered free of charge at the Abbeville County Health department (1-866-450-2024) for any AT student under the age of 19. Any AT student who is over 19 will be billed $56 per injection (3 injections) for the vaccine. An AT student who has not been vaccinated will be required to sign a waiver indicating that the potential risks for contracting HBV are understood while working as an AT student (see next section). Documentation of HBV vaccination or refusal must be submitted to the ATP Director upon acceptance into the ATP.

Bloodborne Pathogen (BBP) Training is completed annually by every AT student and ATP Faculty member. All AT students must complete BBP Training prior to participating in clinical courses OR observation hours. For this reason, this training is provided for all AT students and for freshmen observation students annually in September. If an AT student or observation student did not participate in the September, s/he must contact the Clinical Coordinator to complete the training.
Bloodborne Pathogen Policy

The Erskine College ATP is committed to providing a safe and healthful work environment for staff and AT students. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.” See the Communicable Disease Policy for more information (Appendix E).

The Erskine ATP provides and maintains all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red biohazard bags as required by OSHA standards. The ATP ensures that adequate supplies of the aforementioned equipment are available in the appropriate sizes. The Program Director and Head Athletic Trainer are responsible for ensuring that all medical actions are in accordance with OSHA standards. The ATP is responsible for annual bloodborne pathogen training of all athletic training students. In the event of a possible exposure, the athletic training student is to refer to the Communicable Disease Policy (see Appendix E). All staff and AT students are required to utilize universal precautions. Personal Protective Equipment (PPE) is provided to staff and AT students at no cost to them. PPE is located in the drawers under the taping table closest to the hallway and to the right of the sink, on the side of the cabinet, and in all athletic training kits. Additional PPE is stored under the sink in the AT Room. All staff and AT students must follow the following procedures:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in trash cans unless soiled, in which case they must be sealed in biohazard bags, and placed in a red biohazard container.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other potentially infectious materials (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The ATP Director reviews the BBP policy and Communicable Disease Policy with the Medical Director annually to determine if changes are necessary. All clinical sites are required to utilize appropriate BBP Procedures, including the provision of easy access to appropriate PPE and properly labeled and located storage of biohazardous materials. If an AT student believes at any point that the BBP procedures of the clinical site are lacking, or creating an unsafe environment, s/he should alert the Program Director or Clinical Coordinator immediately.

Hepatitis B Vaccination

Most AT students have already been vaccinated for HBV upon enrollment at Erskine College. Those who have not are strongly encouraged to begin the three-injection series as soon as possible (see previous section: AT student Health Policy – for information on where to obtain the vaccine and associated cost). In the event that an AT student elects NOT to be vaccinated against HBV, s/he must sign the statement below.

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been encouraged to obtain a hepatitis B vaccination, but I decline it at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. I also understand that I may not be
permitted to participate in certain clinical activities, such as surgery observation, without the HBV vaccination. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I will contact the ATP Director for information on where to receive the vaccination.

AT student Name: ___________________ Signed: ___________________ Date: __________

Continued Training

AT students must maintain current and up-to-date Professional Rescuer certification through the American Red Cross. Initial certification is provided through AT 216 Emergency Response, and recertification is conducted at the beginning of each school year.

AT students annually attend a mandatory Blood Borne Pathogen Training course, which is conducted at the beginning of the fall semester. If an AT student misses this course, s/he must contact the Clinical Coordinator immediately to schedule a time to complete the BBP Training course.

Requirements for the Athletic Training Field Experience

Prior to participation in a field experience at any high school or college, AT students are required to submit documentation of a recent (within two months) negative tuberculosis test and clear criminal background check to the ATP Director.

Discipline Process

Violations of any policy that applies to AT students are taken very seriously by the ATP faculty and staff. Should an AT student be found in violation of a policy, including, but not limited to, personal misconduct, discipline problems, repeated tardiness, absenteeism, inappropriate dress, and poor communication with preceptors, it will be documented on an incident report form, which will be stored in the AT student portfolio, and the following will occur:

1st Offense: The AT student meets with the preceptor and receives a verbal warning.
2nd Offense: The AT student has a formal meeting with the ATP Director, and may be suspended from the clinical setting for up to one week.
3rd Offense: The AT student has a formal meeting with the ATP Director and a letter grade deduction in the course for which the clinical hours are being recorded. The AT student may be suspended from the clinical setting for up to two weeks.
4th Offense: The AT student is removed from the ATP.

The preceptor and ATP Director will determine if any offense requires that the AT student be removed from the clinical assignment until a formal meeting can be held. Offenses will be cumulative over the academic career of the AT student. The beginning date of any suspension will be at the discretion of the preceptor and the ATP Director. Such a decision may be appealed according to the appeal process outlined in The Pilot (Erskine College student handbook).

Academic Misconduct

All AT students are expected to follow the Erskine College Honor Code. Academic misconduct of any kind, including cheating, lying (including logging clinical hours that were not performed), stealing, and plagiarism, will not be tolerated, and may result in a failing grade on an assignment or for the entire course. Any student expected of violating the honor code may be referred to the Administrative Dean of the College, according to the procedures found in The Pilot. The Administrative Dean may refer the case to The Judicial Council, whose standard recommendation
for a student found guilty of academic misconduct includes failure of the course. The Erskine College Honor Code and more information on the Judicial Council can be found in The Pilot. AT students must also maintain favorable evaluations from ATP faculty and staff, as well as preceptors. Any evaluation which identifies violation of ATP policies and/or procedures is grounds for discipline. Violations will follow the processes outlined in this manual.

Grievance Process
As is the case with academic grievances (Retention, page 9), any AT student may appeal decisions according to The Pilot (Erskine College student handbook, page 48). The first appeal will be directed to the Academic Regulations Committee. Any student who needs to file an appeal should communicate with the Administrative Dean of the College and/or the Registrar.

Liability Insurance
Erskine College provides and maintains, at no cost to the student, personal liability insurance coverage for each AT student in the ATP, while they are participating in clinical hours required as part of their education. Coverage specifics:

- Individual Limit: $1,000,000
- Individual Deductible: $0

The insurance policy specifies, “any student enrolled in a training program in connection with the Named Insured Professional Services solely when acting within the scope of his/her duties as such and at the Named Insured’s direction.” “Athletic training students” are specifically named in the policy

Policy on Participation in Intercollegiate Athletics
Athletic training students who wish to participate in NCAA Intercollegiate Athletics at Erskine College must review and sign the Policy on Participation in Intercollegiate Athletics document which may be found in the appendix of this manual. The sport’s head coach must also sign the form, and submit it to the ATP Director upon AT student acceptance to the ATP.

Post-Graduation Expectations
Each AT student is expected to represent the Athletic Training Education Program by presenting him/herself as a qualified healthcare professional. The AT student should keep the ATP informed of employment status, available employment openings, and current personal contact information. Any recruiting information for potential athletic training students should be passed along to the ATP Director.
ERSKINE ATHLETIC TRAINING POLICIES AND PROCEDURES

MISSION STATEMENT

The Erskine College Athletic Training Department exists to provide the best available medical care to the student-athletes of Erskine College. In doing this, we will strive to exemplify and glorify Christ in all that we do.

INTRODUCTION

The following document is meant to outline the policies and procedures that the Erskine College Athletic Training Department will implement in treating athletic injuries and resolving administration concerns. Every member of the Erskine College Athletic Training Staff (certified athletic trainers and athletic training students) will be trained, and then evaluated on their abilities to properly initiate and implement the appropriate actions. However, it is important to remember that each situation that occurs is unique and there will be times when the medical training of the athletic trainer will supersede those procedures as outlined in this document. This document is not intended to be an all-inclusive list of athletic injuries that will occur, but rather to outline the treatment of those injuries that are more severe and/or catastrophic in nature.

Any questions about this document or the treatment procedures outlined in the document should be directed to Rebecca Magee, M.S., ATC, Head Athletic Trainer.
ATHLETIC TRAINING CENTER HOURS

The Erskine College Athletic Training Center will be open based on the following schedule:

**Monday – Friday**

AM -Post-surgical rehabilitation and by appointment only

12:30 PM – 5:30 PM -Open hours

**Saturday and Sunday**

Practice and event coverage only

**Event and Practice Coverage**

The Erskine College Athletic Training Center will be open two hours before and one hour after events that are scheduled outside of the normal operating hours of the athletic training room.

The Erskine College Athletic Training Center will be open one hour before and one hour after practices that are scheduled outside of the normal operating hours of the athletic training room.

**PRACTICE COVERAGE**

**In-Season Sports**

All practices will be covered, regardless of the time of the practice. By using the term “in-season”, the athletic training (AT) staff are referring to the actual competitive season of the respective sport. The AT staff asks for practice schedules as far in advance as possible. The AT staff realizes that sometimes situations arise that call for the last minute changing of practice times. However, as a rule the AT staff expects at least 24 hour notification of a practice time. Also, the AT staff expects the same window of time if a practice time is changed. If a practice time is changed, coaches must notify the AT staff of the change rather than relying on a student-athlete to tell us of the change.

The AT staff does not plan on covering Wednesday night practice in order to attend church functions. If there is an occasional Wednesday night and you must practice, the AT staff will understand these situations. However, coaches might not have the services of an athletic trainer before, during, or after such a practice. Coaches will be expected to use 911 if an emergency arises.
The AT staff asks that coaches do not schedule Sunday afternoon practice earlier than 1:30 PM so that the AT staff can have plenty of time to return from Sunday worship service. No member of the AT staff will be in the athletic training room before 1:30 PM on Sunday afternoon.

**Out of Season Sports**

The AT staff will not cover practices of out of season sports, but will provide water and a radio if notified of the practice more than 24 hours before the practice and the practice begins and ends between the open hours of the athletic training center.

If the AT staff is notified at least one week in advance of out of season competitions, every effort will be made to provide coverage. However, if there are multiple home events, in-season sports will have priority in regards to coverage by an athletic trainer

**TREATMENT AND EVALUATION PROCEDURES**

**New Injury Evaluations**

Coaches are to inform student-athletes that if they have a new injury they must come to the athletic training center at least 2 hours before the practice is scheduled to begin, or as soon as the athletic training room opens. This will provide adequate time to evaluate the injury, begin treatment, and determine playing status for that practice. This will give the AT staff enough time to inform coaches if the athlete is available for practice or the game. If the student-athlete’s arrival does not allow adequate time for evaluation and treatment, there is a chance that he/she will not be available for practice for that day.

**Treatments**

Athletes are expected to attend all treatments in the athletic training room as instructed by the AT staff. Being late for treatment may cause them to be late for practice. Treatments of athletic injuries are important and will not be “cut short” or skipped because the athlete arrived late for treatment. The AT staff will inform a member of the respective athlete’s coaching staff if an athlete is not reporting for treatments and will allow you to take appropriate disciplinary actions.
Athletes are asked to be in the athletic training room at least 45 minutes before the beginning of their practice. The athletic training room will be closed 15 minutes before the beginning of practice. The athletic training staff is not a valid reason for the athlete to be late for practice and the athlete may not be treated if he/she arrives late for treatment.

**ATHLETIC TRAINER TRAVEL**

A member of the athletic training staff will travel with soccer, volleyball, basketball, and women’s lacrosse teams for in-season competitions due to their “high risk” nature, unless other responsibilities do not allow us to do so. Whenever such situations arise, you will be notified within 48 hours of departure. A member of the AT staff will travel with baseball, softball, and tennis for the respective conference tournaments and Division I opponents when our schedule allows us to do so. Whenever one of our athletic training staff does travel, the respective athletic training student(s) will also travel. It is expected that members of our athletic teams treat our students with respect. If situations arise where a student is not being respected, neither an AT staff member or student will travel with that respective team for the remainder of that season.

If a situation arises, where a member of an Erskine College intercollegiate athletic team needs to remain at a hospital during a road game, it is the responsibility of the athletic trainer to remain with the student-athlete and if necessary provide transportation for that student-athlete back to campus at a later time. At no time, will a member of the Erskine College Athletic Training staff transport a student-athlete from another institution either to a hospital or back to their campus.

**ATHLETIC TRAINING STUDENT RESPONSIBILITIES**

Athletic training students are a part of our AT staff, however, they are not a replacement for a certified athletic trainer. They will not make decisions based on their own knowledge without consulting a certified athletic trainer. They cannot perform the duties of a certified athletic trainer without being supervised. If instances arise to where they are on the field by themselves, they are able to act as first-responders only. In this case, they basically have the ability to provide first-aid skills only.
**DRESS AND APPEARANCE**

At all times, members of the Erskine College athletic training staff will be dressed in a professional and appropriate manner. Athletic trainers are trained medical professionals and all members of the AT staff will portray themselves as such. Expected dress includes no less than a collared shirt and khaki pants in the athletic training room. Shorts are appropriate when covering outdoor practices and/or events only. When covering indoor events, proper attire is business professional.

**ATHLETIC TRAINING SYSTEMS AND INJURY REPORTING**

The Erskine College Athletic Training Department utilizes Athletic Training Systems (ATS) as our injury tracking software. ATS is located on the main athletic training room computer as well on the laptop of each certified athletic trainer. All treatments need to be reported both on the treatment log and in ATS. The only things that do not have to be recorded in ATS are ice bags, heat packs, and taping. Everything else must be recorded.

**REFERRAL POLICY**

Whenever the need arises to refer a student-athlete to a physician, the athlete needs to take with them the following documents:

1. Erskine College Athletic Training referral form
2. Insurance letter explaining secondary insurance policy
3. Copy of student-athlete’s primary insurance form and insurance card.

**EQUIPMENT CALIBRATION**

All of the therapeutic modality equipment that is located in the Erskine College Athletic Training Room will be calibrated and checked for electrical safety each year. Currently, Doug Colvin of Carolina Biomedical Services performs these services.
INSURANCE AND OTHER PAPERWORK

All student-athletes at Erskine are required to have primary health insurance. Several medical and insurance forms are required for every student-athlete to have filled out and signed. These forms cover insurance, consent to treat, physician referral policy, and a medical release form, and can be found on the Erskine College Athletics website (www.erskinecollegesports.com). **Student-athletes will not be allowed to participate in intercollegiate athletic until ALL forms have been signed and returned.** Some forms require a parent signature.

PRE-PARTICIPATION PHYSICAL EXAMINATIONS

It is a requirement that all student-athletes have a physical examination completed by a member of the Erskine College Medical Staff upon entering Erskine College. The physical will be conducted either at the beginning of their athletic career at Erskine College. In subsequent years, returning student-athletes will complete a returning student-athlete health form. After completing this form, it might be necessary for the student-athlete to be evaluated and cleared by our team physician before being allowed to participate in athletic activities. **Student-athletes will not be allowed to participate in intercollegiate athletics until they have an updated physical examination or returning student-athlete health form on file.**

ATHLETIC TRAINING STAFF EVALUATIONS

Each member of the Erskine College Athletic Training Staff will undergo a yearly evaluation by both the Head Athletic Trainer and the Athletic Training Education Program Director. The purpose of this evaluation is to highlight both strengths and weaknesses of the AT staff member.
CLEANING SCHEDULE

The Erskine College Athletic Training staff maintains a clean athletic training room at all times. To insure this, the following schedule will be maintained.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Frequency</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Tables</td>
<td>Wiped down between treatments</td>
<td>Alcohol</td>
</tr>
<tr>
<td></td>
<td>Cleaned at end of day</td>
<td>Sanizide</td>
</tr>
<tr>
<td>Taping Tables</td>
<td>Cleaned at end of day</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Whirlpools</td>
<td>Drained and cleaned at end of day</td>
<td>Super Cleaner (mix per bottle instructions)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Whizzer if no Super Cleaner)</td>
</tr>
<tr>
<td>Hydrocollator</td>
<td>Drained and cleaned on Fridays</td>
<td>Wipe outside surfaces with alcohol</td>
</tr>
<tr>
<td>Hydrocollator Covers</td>
<td>Washed every 2 weeks</td>
<td>Laundry Detergent</td>
</tr>
<tr>
<td>Rehab Equipment</td>
<td>Cleaned at end of day</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Coolers</td>
<td>Cleaned at end of day</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Water Bottles</td>
<td>Cleaned at end of day</td>
<td>Alcohol</td>
</tr>
</tbody>
</table>
MANAGEMENT OF SOILED LINENS

The following procedure will be followed when cleaning linens that are soiled with blood or any other potentially hazardous material.

1. Soiled linens will be placed in a separate container that is marked “Biohazard”.
2. All personnel that handle the linens will wear gloves.
3. Linens will be washed separately with hot water.

MANAGEMENT OF EXPOSURE INCIDENTS

The following procedure will be followed should an athletic training staff member or student-athlete become exposed to any potentially hazardous material or bodily fluids.

1. The incident will be reported to the Erskine College Infirmary.
2. If the individual was known or suspected to have an infectious disease, appropriate individual testing for that disease will be conducted.
3. If the individual is not known to have an infectious disease or suspected of an infectious disease, the individual will be tested for Hepatitis B, syphilis, and HIV viral infection. The individual involved in the accident will additionally be tested.
4. If the individual is found to be reactive for Hepatitis B, appropriate administration of Hepatitis B immune globulin and Hepatitis B vaccine will be made to the individual involved in the accident.
PHYSICIAN CONTACT INFORMATION

Erskine College Athletics have an outstanding team of doctors that aid in our provision of medical care to our student-athletes. Included on our team of doctors are: 1 orthopedic surgeon, 1 general medical doctor, and 1 dentist. Whenever possible, we utilize these doctors for all referrals.

Orthopedic Surgeons
Dr. Todd Swathwood, MD, Orthopedic Surgeon, Blue Ridge Orthopedics, Anderson, SC
   Cell # - 864-314-2315
   Pager # - 864-262-1081
   Contact – Lori Harmon – 864-328-2404
      Cell # - 864-593-7932
      E-mail – lharmon@broa.com
   Other contact phone numbers:
      Main line – 864-260-9910
      Fax – 864-260-0209
   Secondary doctor: Dr. Kirk Hensarling, MD

General Medical Doctors
Dr. Dan Divilbiss, MD, Primary General Medical Physician
   Montgomery Center for Family Medicine, Greenwood, SC
   Cell # - 785-639-3580
   Office Contact – Claudia-864-725-7085
Drs. Brian Henry and Alanna Angel
   Due West Family Medicine – 864-379-2345
Erskine College Infirmary – Nurse Kelly Mitchell– 864-379-2345
   Doctor is there from 8 AM – 9 AM.
   Nurse is there from normal Due West Family Medicine hours.
   Free for students.

Dentist
Dr. James Burch, DDS – Greenwood, SC
   Office # - 864-229-1199
   Cell # - 864-992-5737
MANAGEMENT OF FRACTURES AND DISLOCATIONS

Any injury that is a suspected fracture will be referred to one of our team physicians as soon as possible. The method of transportation to the physician or hospital varies depending on the situation. If the fracture is not open and there are no other serious medical threats, the student-athlete will be transported via automobile by either a member of the athletic training staff or a member of the student-athlete’s team. If the fracture is open and/or there are other medical threats, EMS will be notified and the student-athlete will be transported via ambulance to the nearest hospital. This decision is a judgment call on the part of the athletic trainer on the scene.

All dislocations will be referred for a follow-up x-ray to ensure that there are not complicating factors such as a fracture, cartilage defect, or neurological or vascular damage.

MANAGEMENT OF SPINE INJURIES

If a student-athlete sustains a possible injury to the spine, the following procedures will be put into play. The first staff member on the scene will maintain inline cervical stabilization until:

1. Student-athlete shows no sign of cervical vertebrae fracture/dislocation.
2. Emergency medical technicians arrive and assume control of the situation.

While inline cervical stabilization is maintained, another member of the athletic training staff will activate the emergency medical system and wait for the ambulance to arrive and direct them to the scene of the injury.

If deemed necessary for the athlete to be transported to the hospital via the ambulance, a member of the athletic training staff will accompany the student-athlete to the hospital. Parents of the injured student-athlete and the Office of Student Services will be notified as soon as possible after the incident.
MANAGEMENT OF CONCUSSIONS

A concussion is defined as, “a clinical syndrome characterized by immediate and transient post-traumatic impairment of neural functions, such as alteration of consciousness, disturbance of vision, equilibrium, etc... due to brain stem(connects cerebral hemispheres with the spinal cord) involvement.” A sports concussion is defined as, “complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.” Concussions are life, threatening injuries that we handle very conservatively and seriously.

Per the new legislation adopted by the National Collegiate Athletic Association (NCAA) in April of 2010, any athlete who sustains a concussion during a practice or a game will not be allowed to return to that practice or game. All student-athletes have signed the concussion statement at the beginning of the year stating that they understand the signs and symptoms of a concussion and will report any of those symptoms.

We will utilize the following tools in the diagnosis of a concussion on the field: standardized assessment of concussion (SAC) score and symptom report. Once the athlete is diagnosed with a concussion, he/she is no longer able to compete that day. The student-athlete will be taken to the athletic training room to undergo further neuropsychological and balance assessment. Our athletic training department utilizes ImPACT, a computer-based neuropsychological assessment tool and the Balance Error Scoring System (BESS). Every student-athlete will have baseline ImPact and BESS scores that will be recorded before he/she begins practice.

Once the athlete sustains a concussion, the following procedure will occur:

1. If the athlete is unconscious, he/she will be transported via ambulance to Self Regional Hospital in Greenwood, SC and Dr. Dan Divilbiss, MD, Erskine College team physician, will be notified immediately. Dr. Robyn Agnew, Vice President for Student Services, and/or Dr. Bryan Rush, Dean of Students, will be notified as well.

2. If the athlete is conscious, he/she will be taken to the athletic training room for further testing. This testing will include:
   - Self report of symptoms
   - Standardized Assessment of Concussion (SAC)

3. The athlete will be sent home with a take home sheet with care information and phone numbers of their respective athletic trainer. (See following page.)
4. Dr. Robyn Agnew, Vice President for Student Services, and/or Dr. Bryan Rush, Dean of Students, will be notified of the injury. The resident director or student life assistant of the student-athlete’s dorm will be notified so they can monitor the student-athlete’s progress throughout the night.

5. The student-athlete will report to the athletic training room everyday for follow-up. Included in this follow-up will be:

- Daily self report of symptoms
- ImPact test at 48 hours after concussion
- BESS test at 48 hours after concussion
- Follow-up with Dr. Dan Divilbiss, MD at the next available opportunity

Once the student-athlete reports no symptoms of concussion, he/she will take another ImPACT test. The student-athlete will not be allowed to participate in any athletic activities until he/she has no symptoms of concussion, equaled their baseline ImPACT and BESS scores, and passed exertional tests (see exertional testing guidelines on next page). The student-athlete has to be cleared by a member of the athletic training or medical staff before being allowed to return to sport. This return to sport will be a gradual return to sport. The student-athlete and coach must realize that this might take a couple of weeks depending on the severity of the concussion.

Per NCAA regulations, any concussion that is considered to be a grade III concussion requires clearance by Dr. Dan Divilbiss, MD before he/she can begin exertional activity.
Exertional Testing Protocol Following Concussion

Symptom checklist, BESS and IMPACT testing WNL

↓

**Exertional Testing Protocol**

1. 10 min on stationary bike; exercise intensity <70% maximum predicted heart rate
2. 10 min continuous jogging on treadmill; exercise intensity <70% maximum predicted heart rate
3. Strength training: (i.e. push-ups, sit-ups, squats thrusts)
4. Advanced cardiovascular training: sprint activities
5. Advanced strength training: weight lifting exercises
6. Sport specific agility drills (no risk of contact)

**If no change or increase in symptoms, move to next step.**

↓

Non-contact practice following completion of exertional protocol

**If no change or increase in symptoms, move to next step.**

↓

Limited to full contact practice

**If no change or increase in symptoms, final return to play decision made by medical staff.**
Concussion Take Home Sheet

Name: _______________________________  Date: ___________

You have sustained a head injury or concussion and need to be monitored for the next 24-48 hours.

**WATCH FOR ANY OF THE FOLLOWING SYMPTOMS**

- Worsening Headache
- Vomiting
- Decreased Level of Consciousness
- Dilated Pupils
- Increased Confusion
- Stumbling/Loss of Balance
- Weakness in One Arm/Leg
- Blurred Vision
- Increased Irritability

If any of these problems occur, call your athletic trainer IMMEDIATELY!

Athletic Trainer ___________________________  Phone _______________________

You need to be evaluated TOMORROW in the Athletic Training Room at _________ AM/PM.

By signing this you understand the instructions as indicated above:

Injured Student-Athlete _______________________________

Individual agreeing to monitor student-athlete _______________________________

Providing Athletic Trainer _______________________________

<table>
<thead>
<tr>
<th>You can:</th>
<th>There is no need to:</th>
<th>DO NOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Tylenol (acetaminophen)</td>
<td>Wake up every hour</td>
<td>Drink Alcohol</td>
</tr>
<tr>
<td>Use an ice pack for head/neck</td>
<td>Stay in bed</td>
<td>Drive a car</td>
</tr>
<tr>
<td>Eat a light meal</td>
<td></td>
<td>Take Aleve, Advil, or ibuprofen</td>
</tr>
<tr>
<td>Go to sleep</td>
<td></td>
<td>Take Aspirin</td>
</tr>
</tbody>
</table>

You can:

- Use Tylenol (acetaminophen)
- Use an ice pack for head/neck
- Eat a light meal
- Go to sleep

There is no need to:

- Wake up every hour
- Stay in bed

DO NOT:

- Drink Alcohol
- Drive a car
- Take Aleve, Advil, or ibuprofen
- Take Aspirin

ERSKINE
ATHLETIC TRAINING
Concussion Awareness Letter

The Erskine College Athletic Training Staff would like to inform you that ___________________________ sustained a concussion during ________on __/__/___. He/she was evaluated by ______________________, MD, team physician or ______________________, ATC. __________________________ will undergo additional concussion testing today. A concussion or mild traumatic brain injury can cause a variety of physical, cognitive, and emotional symptoms. Concussions range in significance from minor to major, but they all share one common factor — they temporarily interfere with the way your brain works. We would like to inform you that during the next few weeks this athlete may experience one or more of these signs and symptoms.

- Headache
- Nausea
- Balance Problems
- Dizziness
- Diplopia - Double Vision
- Confusion
- Photophobia – Light Sensitivity
- Difficulty Sleeping
- Misophonia – Noise Sensitivity
- Blurred Vision
- Feeling Sluggish or Groggy
- Memory Problems
- Difficulty Concentrating

As a department, we wanted to make you aware of this injury and the related symptoms that the student athlete may experience. Although the student is attending class, please be aware that the side effects of the concussion may adversely impact his/her academic performance. Any consideration you may provide academically during this time would be greatly appreciated. We will continue to monitor the progress of this athlete and anticipate a full recovery. Should you have any questions or require further information, please do not hesitate to contact us.

Rebecca Magee, M.Ed., ATC
Head Athletic Trainer
Assistant Professor in Athletic Training
864.379.8890
magee@erskine.edu

Thank you in advance for your time and understanding with this circumstance.
MANAGEMENT OF HEAT ILLNESS

Heat illnesses are significant injuries that are often overlooked. The best way to treat heat illness is prevention. Due to the fact that we play and practice in a hot, humid environment, it is critical for us to monitor the weather conditions, especially during the month of August. Therefore, before every practice session, both the outside temperature and the relative humidity will be measured using a sling psychrometer. The readings that are retrieved from the measurement will determine practice based on the following scale:

<table>
<thead>
<tr>
<th>Readings</th>
<th>Activity Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;90 degrees</td>
<td>None</td>
</tr>
<tr>
<td>90-100 degrees and &lt;80% humidity</td>
<td>Modify activities</td>
</tr>
<tr>
<td>&gt;90 degrees and &gt;80% humidity</td>
<td>No outside activities</td>
</tr>
</tbody>
</table>

Another preventative method is the use of a weight chart. This tool is used only during pre-season practices. Every athlete is required to weigh in and out before every session. If an athlete loses more than 3-5% of their body weight during a session, he/she must be back within the 3-5% range before the next practice. If they are not, they are not able to practice until their weight is within the 3-5% range. For example, if player A weighs 100 lbs before practice and weighs 92 lbs after practice, player A must weigh more than 95 lbs before he can practice again.

Despite our preventative measure, there are going to be heat illnesses that occur throughout the course of the season. The primary method of treatment is immediate lowering of the body temperature. To aid in this process, we utilize a 50 gallon tub on the field filled with ice water, a water mist fan, towels with ice ammonia water, Gatorade and water. We use water only on the field and use Gatorade as a replenishing fluid for after and between practices. We do not mix the Gatorade per the package; we dilute the Gatorade so that a 6 gallon package makes 9 gallons.

When we suspect a heat illness, we will measure body temperature via a rectal thermometer. We re-measure body temperature as they are receiving treatment to make sure that the temperature is dropping. If temperature does not return to normal within 5-7 minutes, the EMS will be notified and the athlete will be transported to the hospital for fluids. If at any time, the temperature is greater than 104 degrees, the athlete will be transported to the hospital.
MANAGEMENT OF OPEN WOUNDS

With the recent emergence of MRSA, a policy has been implemented by the AT staff in the treatment of all open wounds. All open wounds will be cleansed and debrided by a sterile saline solution first. Second, they will be washed with an anti-microbial soap, Hibiclens. Third, they will be covered and dressed for all practices and games.

Methicillin-resistant Staphylococcus Aureus (MRSA) is a type of bacteria that is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin.

The AT staff recommends that the following precautions be taken by all student-athletes to avoid the spreading of the virus.

1. No sharing of towels in shower rooms.
2. No sharing of razors.
3. Always wash hands after using the restroom.
4. Shower soon after practices or games.
5. Wash uniforms between games.

MANAGEMENT OF SKIN CONDITIONS

Due to the recent outbreak of MRSA, any suspicious looking skin lesion will be referred to a member of the Erskine College Athletic Training Department’s medical staff for a more thorough examination. It is the responsibility of the student-athlete to notify a member of the AT staff when he/she feels that they have a suspicious looking lesion. All student-athletes will receive educational material on what suspicious looking skin lesions are during the annual meeting of the student-athletes that occurs at the beginning of each academic year.
Eating disorders are a common physical and psychological problem among student-athletes. As a result, the following policy has been developed to help the student-athlete in his/her recovery. If at any time, we are notified by a coach of the suspicion of an eating disorder, the following steps will be put into play.

1. Meeting with coach, staff athletic trainer, and head athletic trainer to discuss events that have lead the coach to this suspicion.
2. If after the meeting, it is felt that further investigation is necessary, the student-athlete will undergo a body-type evaluation, which will include at the minimum: height, weight, and the measurement of body fat percentage.
3. If there is still a concern, a meeting will be set-up with a member of the Erskine College medical staff, the head athletic trainer, staff athletic trainer and the student-athlete. During this meeting, the concern will be voiced to the student-athlete. We will also request that we be allowed to contact the parent(s) of the student-athlete to express our concerns as well as to inform them of the need for further medical testing to be conducted. The expenses of the medical testing is the responsibility of the parent(s) of the student-athlete. After this meeting, the Office of Student Services will be contacted to inform them of the nature of the meeting and the follow-up that is going to occur.

In addition, beginning the 2011-2012 academic year, all student-athletes will be required to complete the Eating Attitude Test-26 (EAT-26) to assess any possible eating disorders. The EAT-26 has been recognized as a reliable tool in the assessment of potential eating disorders. The EAT-26 is comprised of statements about the student-athletes attitude towards food and eating and then their responses are graded. Any student-athlete who scores above 20 on the assessment will require a meeting with the head athletic trainer, Dr. Dan Divilbiss, and the student-athlete’s head coach. If after that meeting, it is determined that additional counseling/testing is necessary, the student-athlete will be required to undergo said testing at their own expense.

All other psychological disorders will be referred to Dr. Dan Divilbiss for further evaluation. If Dr. Divilbiss feels that follow-up consultation with a psychologist is needed, the Office of Student Services will be contacted and an attempt will be made to secure an evaluation with Ms. Cameron Hipp. After that initial evaluation, further decisions will be made in regards to the management of the psychological disorder. Parents will only be notified when the situation could potentially be life-threatening and expenses will be incurred.
Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

**Part A: Complete the following questions:**

<table>
<thead>
<tr>
<th>1) Birth Date</th>
<th>Month:</th>
<th>Day:</th>
<th>Year:</th>
<th>2) Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Height</td>
<td>Feet:</td>
<td>Inches:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4) Current Weight (lbs.):</td>
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<tr>
<td>5) Highest Weight (excluding pregnancy):</td>
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<tr>
<td>6) Lowest Adult Weight:</td>
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<tr>
<td>7) Ideal Weight:</td>
<td></td>
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</tbody>
</table>

**Part B: Check a response for each of the following statements:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Some times</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Am terrified about being overweight.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Avoid eating when I am hungry.</td>
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<tr>
<td>3. Find myself preoccupied with food.</td>
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<td></td>
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<tr>
<td>4. Have gone on eating binges where I feel that I may not be able to stop.</td>
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<tr>
<td>5. Cut my food into small pieces.</td>
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<tr>
<td>6. Aware of the calorie content of foods that I eat.</td>
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<tr>
<td>7. Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)</td>
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<tr>
<td>8. Feel that others would prefer if I ate more.</td>
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</tr>
<tr>
<td>9. Vomit after I have eaten.</td>
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</tr>
<tr>
<td>10. Feel extremely guilty after eating.</td>
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</tr>
<tr>
<td>11. Am preoccupied with a desire to be thinner.</td>
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</tr>
<tr>
<td>12. Think about burning up calories when I exercise.</td>
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</tr>
<tr>
<td>13. Other people think that I am too thin.</td>
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</tr>
<tr>
<td>14. Am preoccupied with the thought of having fat on my body.</td>
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<td></td>
</tr>
<tr>
<td>15. Take longer than others to eat my meals.</td>
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</tr>
<tr>
<td>16. Avoid foods with sugar in them.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>17. Eat diet foods.</td>
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</tr>
<tr>
<td>18. Feel that food controls my life.</td>
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</tr>
<tr>
<td>19. Display self-control around food.</td>
<td></td>
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</tr>
<tr>
<td>20. Feel that others pressure me to eat.</td>
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</tr>
<tr>
<td>21. Give too much time and thought to food.</td>
<td></td>
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</tr>
<tr>
<td>22. Feel uncomfortable after eating sweets.</td>
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</tr>
<tr>
<td>23. Engage in dieting behavior.</td>
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<td></td>
</tr>
<tr>
<td>24. Like my stomach to be empty.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>25. Have the impulse to vomit after meals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part C: Behavioral Questions:**

**In the past 6 months have you:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Once a month or less</th>
<th>2-3 times a month</th>
<th>Once a week</th>
<th>2-6 times a week</th>
<th>Once a day or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Gone on eating binges where you feel that you may not be able to stop?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Ever made yourself sick (vomited) to control your weight or shape?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Exercised more than 60 minutes a day to lose or to control your weight?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E Lost 20 pounds or more in the past 6 months</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Defined as eating pounds more than most people would under the same circumstances and feeling that eating is out of control

© Copyright: EAT-26: (Garner et al. 1982, Psychological Medicine, 12, 871-878), adapted by D. Garner with permission.
## Eating Attitudes Test (EAT-26) Item Scoring

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

### Part A: Complete the following questions:

1. **Birth Date:** Month: Day: Year: 2. **Gender:** Male Female
3. **Height:** Feet: Inches: 4. **Current Weight:** (lbs): 5. **Highest Weight:** (excluding pregnancy):
6. **Lowest Adult Weight:** 7. **Ideal Weight:**

### Part B: Check a response for each of the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Some times</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Am terrified about being overweight.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Avoid eating when I am hungry.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Find myself preoccupied with food.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Have gone on eating binges where I feel that I may not be able to stop.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Cut my food into small pieces.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Aware of the calorie content of foods that I eat.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Particularly avoid food with a high carbohydrate content (i.e. bread,</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>rice, potatoes, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Feel that others would prefer if I ate more.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Vomit after I have eaten.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Feel extremely guilty after eating.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. Am preoccupied with a desire to be thinner.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Think about burning up calories when I exercise.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13. Other people think that I am too thin.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14. Am preoccupied with the thought of having fat on my body.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. Take longer than others to eat my meals.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16. Avoid foods with sugar in them.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17. Eat diet foods.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18. Feel that food controls my life.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19. Display self-control around food.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20. Feel that others pressure me to eat.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21. Give too much time and thought to food.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22. Feel uncomfortable after eating sweets.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23. Engage in dieting behavior.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24. Like my stomach to be empty.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25. Have the impulse to vomit after meals.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26. Enjoy trying new rich foods.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### Part C: Behavioral Questions:

**In the past 6 months have you:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Once a month or less</th>
<th>2-3 times a month</th>
<th>Once a week</th>
<th>2-6 times a week</th>
<th>Once a day or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Gone on eating binges where you feel that you may not be able to stop?</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Ever made yourself sick (vomited) to control your weight or shape?</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Ever used laxatives, diet pills or diuretics (water pills) to control</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>your weight or shape?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Exercised more than 60 minutes a day to lose or to control your weight?</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E Lost 20 pounds or more in the past 6 months</td>
<td>Yes</td>
<td>√</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control*

© Copyright: EAT-26: (Garner et al. 1982, Psychological Medicine, 12, 871-878); adapted by D. Garner with permission.
USE OF AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

An AED is defined by the American Heart Association as a portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient, and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

All of the AT staff are trained in the proper use of AED’s. The AT staff reserves the right to make the decision when an AED is utilized. The Erskine College Athletic Training Department has three AED’s. They are stored in the athletic training room and are transported by members of the AT staff out to practices and games.

EMERGENCY ACTION PLANS

The Erskine College Athletic Training Department has emergency action plans (EAP) for each venue on campus where an intercollegiate practice, conditioning session, or event takes place. These EAP’s are available for review in the office of the head athletic trainer.

MEDICATIONS

The Erskine College Athletic Training Department does not provide over the counter (OTC) medications to student-athletes. Also, the AT staff does not dispense prescription medications at any time.

MANAGEMENT OF THE PREGNANT STUDENT-ATHLETE

Should a student-athlete become pregnant while at Erskine College, the following policy will be followed. The National Collegiate Athletic Association recommends the participation in all sports that have the potential for bodily contact be ceased after the first trimester (12 weeks). If the pregnant student-athlete participates in golf, she can continue to participate as long as she is not experiencing any of the following symptoms: vaginal bleeding, shortness of breath before exercise, dizziness, headache, chest pain, calf pain or swelling, pre-term labor, decreased fetal movement, amniotic fluid leakage, and muscle weakness. If the student-athlete experiences any of these symptoms, she is to report them to a member of the Erskine College athletic training staff immediately.
It is the responsibility of the student-athlete to inform the Erskine College medical staff should they become pregnant. Once the student-athlete notifies the medical staff; the athletic director, the respective head coach, and the Office of Student Services will be notified. If the student-athlete does not have a physician, the Erskine College medical staff will refer her to the appropriate medical personnel. The student-athlete can not participate in intercollegiate athletics after delivery until cleared by her physician. The pregnant student-athlete is also required to sign the informed consent form.
Pregnant Student-Athlete Informed Consent

I, _________________________________, acknowledge that I have sought medical attention and advisement for my pregnancy and school/sport related issues, according to the Erskine College Athletic Department Pregnancy Policy. I understand that according to the NCAA, I am entitled to continue my athletic and academic careers, and may apply, if I wish for a sixth year of athletic eligibility. I recognize that any treatment or limitation listed below is for the protection of myself and my unborn child, and I will adhere to the specific guidelines set forth by my physicians. I will provide to the Erskine College Athletic Training Staff all doctor notes that are relative to my participation in intercollegiate athletics.

EC Team Physician Notes/guidelines:_________________________________________
___________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____________________________ ____________________________
(EC team physician print) (EC team physician signature) (date)
____________________________ ____________________________
(student-athlete print) (student-athlete signature) (date)
____________________________ ____________________________
(EC athletic administration print) (EC athletic administration signature) (date)
TREATMENT OF NON-ATHLETIC INJURIES

The Erskine College Athletic Training Department will evaluate, treat, and rehabilitate non-athletic injuries that could be sustained by a student-athlete. However, any bills that are incurred due to this injury are not the responsibility of Erskine College. The AT staff reserves the right to refuse to treat or rehabilitate such injuries.

TREATMENT OF NON-STUDENT-ATHLETES

The Erskine College Athletic Training staff will perform an injury evaluation for an Erskine College student who does not participate in intercollegiate athletics when asked by the student or the office of Student Services. This service will only be provided to injuries that are orthopedic in nature. All non-orthopedic conditions will be referred to the Erskine College Infirmary.

If a student comes to the athletic training room seeking medical advice in regards to an orthopedic injury, the student will be required to fill out the Consent to Evaluate form provided to them by a member of the Athletic Training staff. Once this is completed, the staff member will evaluate the injury. Following the evaluation, the student will be instructed to seek further medical attention as we are just making recommendations to the student. The staff member may, at his or her discretion, treat the injury once and then recommend a further plan of care. The student may be instructed on an at-home rehabilitation program and may, if necessary, follow-up with the staff member at a later date.
SEVERE WEATHER POLICY

The Erskine College Athletic Training Department utilizes many tools in the identification of severe weather. The AT staff reserves the right to suspend practice based on the threat of severe weather, including: heat indexes, thunderstorm warnings/watches, and tornado warnings/watches. The AT staff will use all methods of measurement available to us including, but not limited to: the weather channel, internet, weather radios, lightning detectors, and the flash-to-bang method.

The AT staff is utilizing a lightning and storm detection instrument called ThunderBolt. This instrument will notify us of approaching storms and lightning. As a result, a situation may arise when we instruct coaches and student-athletes to leave the field while the sky looks blue. 30% of all lightning strikes occur from a blue sky because lightning can strike from as far away as 10 miles. Once the decision that it is dangerous to continue activity outside is made by a member of the AT staff, coaches are expected to comply. An air horn will be used for notification. If you hear three consecutive air horn blasts, coaches are expected to move all student-athletes indoors immediately.

The ThunderBolt will also notify the AT staff when the storm has cleared the range of danger. Using that in conjunction with no sight of lightning of sound of thunder for 30 minutes from the time of vacating fields, a decision to return to activity will be made. Neither coaches nor student-athletes are allowed back on to any athletic fields until personally notified by a member of the Erskine College Athletic Training Staff.

The flash-to-bang method is counting the seconds between the lightning flash and the thunder. The number of seconds is then divided by five. Once the flash to bang gets to thirty seconds or less, all activity will be suspended. Activity can not resume until there have been thirty minutes since the last flash of lightning or sound of thunder.
DRUG TESTING POLICY AND PROCEDURE

Institutional Drug Testing

All drug tests will be self-tests. This means that a member of the Erskine College AT staff will administer the tests. An athletic training student is permitted to administer the test, but only one of our athletic training staff members is allowed to read the results. There will be no advance notice of a drug test. A member of the athletic training staff will inform the selected student-athlete before, during, or after practice that he/she has been selected for an institutional drug test. The testing procedure is as follows:

1. Student-athlete is informed by a member of the athletic training staff.
2. A same-sex member of the athletic training staff will accompany the student-athlete into the restrooms that are adjacent to the athletic training room.
3. The student-athlete will sign the drug testing form.
4. The student-athlete will enter a stall, leaving the door open, and provide a sample.
5. Once a sample is provided, the sample will be sealed using the provided security tape and initialed by the collector. The student-athlete must remain in the restroom until the test is complete.
6. A temperature reading is taken immediately and recorded.
7. The sample will then sit for 2-3 minutes to allow the test to be recorded.
8. The results are then read and recorded by an ATC.
9. If the results are negative, the test is over. Open and discard the sample and the collection container.
10. If the results are positive, the student-athlete must sign a chain of custody form so the sample can be sent to the lab for confirmatory testing.

Obviously, results of drug tests are confidential. All positive tests must be reported to the head athletic trainer who will then begin the process of getting further testing performed on the sample. If the head athletic trainer is unavailable, he must be contacted via cell phone, and the sealed sample must be placed in the refrigerator in the athletic training room.
Each student-athlete will be tested once a semester. The test is a 5-panel screen. It tests for marijuana, cocaine, barbiturates, PCP, and stimulants (ephedra).

At the beginning of this school year, each student-athlete must provide a valid phone number and e-mail address. It is the responsibility of the athlete to notify the athletic training staff if the phone number or e-mail address changes. Failure to show to the drug testing site is considered a positive test.

The ramifications for failing a drug test are as follows:

1st Offense – letter of positive test in athlete’s file, meeting with AD and head ATC and respective coach, suspension lasting 7 days of which at least one event needs to be included, coach notification, subject to being selected for every test for the remainder of the school year, athlete is placed on probation within the athletic department

2nd Offense – removal from athletic program

**NCAA Drug Testing**

The notification for NCAA drug testing is different. The athlete will be given minimal notice when the NCAA administers the drug test. When the NCAA began drug testing Division II institutions, they stated that every one will be subject to at least one test every two years. The NCAA will notify the Head Athletic Trainer of a team that has been selected for testing, and request a roster of that team. The NCAA will then notify the Head Athletic Trainer of the athlete’s selected for testing, and arrange a time within the next 24hrs to test the student-athletes on campus. The Head Athletic Trainer is then responsible for notifying the student-athlete of their test. If the student-athlete fails to appear for the test, it is counted as a positive test, and the student-athlete will be to the NCAA guidelines for positive drug tests.

**Important Phone Numbers**

**Dr. Dan Divilbiss (The Montgomery Center for Family Medicine)**
*Team Physician, General Medicine*
785-639-3580 (cell)
864-725-7085 (Sports Med) (ask for Claudia)

**Nurse Kelly Mitchell (Erskine College Infirmary located at DWFM)**
864-379-2345
Free for students – the doctor sees students from 8:00 AM – 9:00 AM

**Dr. Brian Henry and Alanna Angel (Due West Family Medicine)**
864-379-2345
*General medical needs for Erskine students*
Dr. Todd Swathwood (Blue Ridge Orthopedics)
Team Orthopedist
Office: (864) 260-9910
Cell: (864) 314-2315
Pager: (864) 262-1081
Primary Contact: Lori Harmon
Office: (864) 328-2404
Cell: (864) 593-7932
E-mail: lharmon@broa.com

Dr. James Burch, Team Dentist
864-229-1199 (Nurse-Nancy)

Abbeville Area Medical Center
864-366-5011

Self Regional Medical Center
864-227-4111

Express Medical Care (Urgent Care- Greenwood)
864-227-5020 (9:30-8 M-Sat, 1:30-6 Sun)

Scott DeCiantsis, MS, ATC (Athletic Training Education Program Director)
864-479-8899 Office 803-439-1677 Cell

Rebecca Magee, MS, ATC (Head Athletic Trainer)
864-379-8890 Office 864-993-9171 Cell

Bobby Bonser, MA, ATC (Clinical Coordinator)
864-379-6614 Office 864-828-2455 Cell

Ryan Kroskie, MS, ATC (Athletic Trainer)
864-379-6614 Office 812-320-1919 Cell

Athletic Training Center
864-379-6603

Randy Estep (Chief of Erskine Police)
864-379-8869 Office 864-378-1650 Cell

Matthew Busby (Due West Police)
864-379-8869 Office 864-378-1650 Cell

Mark Peeler (Director of Athletics, Men’s Basketball)
864-379-8850 Office

Robert Daschille (Lacrosse)
864-379-6646 Office

Jason Allen (Golf)
864-379-8706 Office

Vardon Cox (Men’s Tennis)
864-379-8846 Office

Russ Gregg (Women’s Basketball)
864-379-6645 Office

Alleen Hawkins (Softball)
864-379-6685 Office

Thomas Holland (Asst. Baseball)
864-979-7515 Cell

Tasha James (Cross Country)
864-379-6574 Office

Kevin Nichols (Baseball)
864-379-8777 Office 864-940-0868 Cell
Calhoun Parr (Women’s Tennis)
864-379-8767 Office  803-924-0040 Cell

Derek Schmitt (Men’s Volleyball)
864-379-8844 Office

Warren Turner (Men’s Soccer)
864-379-8895 Office

Heather Vahjen (Women’s Volleyball)
864-379-6688 Office

Bart Walker (Senior Assistant Athletic Director for Compliance)
864-379-8859

Drew Wallace (Asst. Men’s Basketball)
864-379-6663 Office

Gary Winchester (Women’s Soccer)
864-379-8706 Office

September 28, 2005
PREAMBLE
The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:
Members shall respect the rights, welfare and dignity of all.
1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care without a release unless required by law.

PRINCIPLE 2:
Members shall comply with the laws and regulations governing the practice of athletic training.
2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations.
2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
3.5 Members shall educate those whom they supervise in the practice of athletic
training about the Code of Ethics and stress the importance of adherence.
3.6 Members who are researchers or educators should maintain and promote
ethical conduct in research and educational activities.

PRINCIPLE 4:
Members shall not engage in conduct that could be construed as a conflict of interest or
that reflects negatively on the profession.
4.1 Members should conduct themselves personally and professionally in a manner
that does not compromise their professional responsibilities or the practice of
athletic training.
4.2 National Athletic Trainers’ Association current or past volunteer leaders shall
not use the NATA logo in the endorsement of products or services or exploit
their affiliation with the NATA in a manner that reflects badly upon the
profession.
4.3 Members shall not place financial gain above the patient’s welfare and shall not
participate in any arrangement that exploits the patient.
4.4 Members shall not, through direct or indirect means, use information obtained
in the course of the practice of athletic training to try to influence the score or
outcome of an athletic event, or attempt to induce financial gain through
gambling.
APPENDIX B

BOC Standards of Professional Practice

Implemented January 1, 2006

Introduction
The mission of the National Athletic Trainers' Association Board of Certification Inc. (BOC) is to certify athletic trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC has been responsible for the certification of athletic trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation. Accordingly the BOC provides a certification program for the entry-level athletic trainer that confers the ATC® credential and establishes requirements for maintaining status as a certified athletic trainer, ATC® (to be known as “athletic trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director. The BOC is the only accredited certification program for athletic trainers in the United States. Every five years the BOC must undergo review and re-accreditation by the National Commission for Certifying agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:
I. Practice Standards
II. Code of Professional Responsibility

I. Practice Standards

Preamble
The Practice Standards (Standards) establish essential practice expectations for all athletic trainers. Compliance with the Standards is mandatory. The Standards are intended to:
- assist the public in understanding what to expect from an athletic trainer
- assist the athletic trainer in evaluating the quality of patient care
- assist the athletic trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:
- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

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

Standard 1: Direction
The athletic trainer renders service or treatment under the direction of a physician.
Standard 2: Prevention
The athletic trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care
The athletic trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis
Prior to treatment, the athletic trainer assesses the patient’s level of function. The patient’s input is considered an integral part of the initial assessment. The athletic trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

Standard 5: Treatment, Rehabilitation and Reconditioning
In development of a treatment program, the athletic trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation
The athletic trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The athletic trainer, at the time of discontinuation, notes the final assessment of the patient’s status.

Standard 7: Organization & Administration
All services are documented in writing by the athletic trainer and are part of the patient’s permanent records. The athletic trainer accepts responsibility for recording details of the patient’s health status.

II. Code of Professional Responsibility

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

Code 1: Patient Responsibility
The BOC certified athletic trainer or applicant:
   1.1 Renders quality patient care regardless of the patient’s race, religion, age, sex, nationality, disability, social, economic status, or any other characteristic protected by law.
   1.2 Protects the patient from harm, acts always in the patient’s best interests, and is an advocate for the patient’s welfare.
1.3 Takes appropriate action to protect patients from athletic trainers, other healthcare providers or athletic training students who are incompetent, impaired, or engaged in illegal or unethical practice.
1.4 Maintains the confidentiality of patient information in accordance with applicable law.
1.5 Communicates clearly and truthfully with patients and other persons involved in the patient’s program, including, but not limited to, appropriate discussion of assessment results, program plans and progress.
1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain.
1.7 Exercises reasonable care, skill and judgment in all professional work.

Code 2: Competency
The BOC certified athletic trainer or applicant:
2.1 Engages in lifelong, professional and continuing educational activities.
2.2 Participates in continuous quality improvement activities.
2.3 Complies with the most current BOC recertification policies and requirements.

Code 3: Professional Responsibility
The BOC certified athletic trainer or applicant:
3.1 Practices in accordance with the most current BOC Practice Standards.
3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
3.3 Collaborates and cooperates with other healthcare providers involved in a patient’s care.
3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient’s care.
3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another athletic trainer that is related to the practice of athletic training, public health, patient care or education.
3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another athletic trainer that is related to athletic training, public health, patient care or education.
3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful.
3.8 Does not, without proper authority, possess, use, copy, access, distribute, or discuss certification examinations, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials.
3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public.
3.10 Complies with all confidentiality and disclosure requirements of the BOC.
3.11 Does not participate in activities that lead, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony, or to a misdemeanor related to public health, patient care, athletics or education. This includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent...
to distribute; or the use of the position of an athletic trainer to improperly influence the
outcome or score of an athletic contest or event or in connection with any gambling activity.
3.12 Cooperates with BOC investigations into alleged illegal or unethical activities. This includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion.
3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.

Code 4: Research
The BOC certified athletic trainer or applicant who engages in research:
4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions.
4.2 Protects the rights and well-being of research subjects.
4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

Code 5: Social Responsibility
The BOC certified athletic trainer or applicant:
5.1 Uses professional skills and knowledge to positively impact the community.

Code 6: Business Practices
The BOC certified athletic trainer or applicant:
6.1 Refrains from deceptive or fraudulent business practices.
6.2 Maintains adequate and customary professional liability insurance.
APPENDIX C

South Carolina Code of Laws
(Unannotated)
Current through the end of the 2006 Regular Session

DISCLAIMER

The South Carolina Legislative Council is offering access to the unannotated South Carolina Code of Laws on the Internet as a service to the public. The unannotated South Carolina Code on the General Assembly's website is now current through the 2006 regular session. The unannotated South Carolina Code, consisting only of Code text and numbering, may be copied from this website at the reader's expense and effort without need for permission.

The Legislative Council is unable to assist users of this service with legal questions. Also, legislative staff cannot respond to requests for legal advice or the application of the law to specific facts. Therefore, to understand and protect your legal rights, you should consult your own private lawyer regarding all legal questions.

While every effort was made to ensure the accuracy and completeness of the unannotated South Carolina Code available on the South Carolina General Assembly's website, the unannotated South Carolina Code is not official, and the state agencies preparing this website and the General Assembly are not responsible for any errors or omissions which may occur in these files. Only the current published volumes of the South Carolina Code of Laws Annotated and any pertinent acts and joint resolutions contain the official version.

Please note that the Legislative Council is not able to respond to individual inquiries regarding research or the features, format, or use of this website. However, you may notify Legislative Printing, Information and Technology Systems at LPITS@scstatehouse.net regarding any apparent errors or omissions in content of Code sections on this website, in which case LPITS will relay the information to appropriate staff members of the South Carolina Legislative Council for investigation.

Title 44 - Health
CHAPTER 75.
ATHLETIC TRAINERS' ACT OF SOUTH CAROLINA

SECTION 44-75-10. Short title.

This chapter may be cited as "The Athletic Trainers' Act of South Carolina".

SECTION 44-75-20. Definitions.

As used in this chapter:

(a) "Athletic trainer" means a person with specific qualifications as set forth in Section 44-75-50 who, upon the advice and consent of a licensed physician, carries out the practice of care, prevention, and physical rehabilitation of athletic injuries, and who, in carrying out these
functions, may use physical modalities, including, but not limited to, heat, light, sound, cold, electricity, or mechanical devices related to rehabilitation and treatment.

(b) "Certificate" means official acknowledgment by the department that an individual has successfully completed educational and other requirements referred to in this act which entitle that individual to perform the functions and duties of an athletic trainer.

(c) "Department" means the Department of Health and Environmental Control.

(d) "Board" means the Board of Health and Environmental Control.

SECTION 44-75-30. Promulgation of regulations; establishment of Athletic Trainers' Advisory Committee.

(a) The department, with the advice of the Athletic Trainers' Advisory Committee, must develop standards and prescribe regulations for the improvement of athletic training services in the State. All administrative responsibility for this program is vested in the department.

(b) An Athletic Trainers' Advisory Committee is created consisting of nine members appointed by the board. Two members must be from the department, one must be from the State Board of Medical Examiners, four must be certified athletic trainers, and two must be from the general public who are not certified or licensed in any health care field and are not connected in any way with athletic trainers.

Membership on the committee is by appointment by the board. The terms of the members are for four years or until successors are appointed except that of those first appointed four are appointed to a term of two years.

The committee must meet at least once each year to review the standards and regulations for improving athletic training services and make recommendations to the department.

SECTION 44-75-40. Necessity of certification; application; administrative procedures.

(a) No person may hold himself out as an athletic trainer or perform, for compensation, any activities of an athletic trainer as defined in Section 44-75-20 without obtaining certification.

(b) Any person desiring certification as an athletic trainer must apply to the department. The department must make a determination of the applicant's qualifications and issue the appropriate certificate to the applicant.

(c) A certificate so issued is valid for a period not to exceed two years from the date of issuance and may be renewed subject to any requirements of this chapter.

(d) The department must suspend or revoke a certificate so issued at any time it is determined that the holder no longer meets the prescribed qualifications set forth by the department or has failed to provide athletic training services of a quality acceptable by the department.

(e) Any person whose application is denied, suspended, or revoked is entitled to a hearing before the board if he submits a written request to the board. Proceedings for denial, revocation, or
suspension of a certificate must be conducted consistent with Act 176 of 1977 (Administrative Procedures Act).

SECTION 44-75-50. Requirements for certification.

An applicant for an athletic trainer certification must pass the National Athletic Trainers' Association Board of Certification, Inc., (BOC) examination and have met the athletic training curriculum requirements of a college or university and give proof by means of a certified transcript.

SECTION 44-75-60. Reciprocity with other states.

A certificate may be issued to any qualified athletic trainer holding certification in any other state if such other state recognizes the certificate of this State in the same manner.

SECTION 44-75-70. Fees.

The department may levy fees in an amount sufficient to administer the requirements of this chapter.

SECTION 44-75-80. Exemption from certification.

Nothing in this chapter prevents:

(a) Licensed, registered, or certified professionals such as physicians, nurses, physical therapists, and chiropractors from practicing their professions if they do not hold themselves out to the public by any title or description as being athletic trainers.

(b) A person from rendering services that are the same as or similar to those within the scope of practice provided for in this chapter so long as he is otherwise now employed or employed in the future as a faculty or staff member at the school in question and does not represent himself to be an athletic trainer.

(c) The continued employment of persons employed on the effective date of this chapter by the State Department of Education, local boards of education, or private secondary or elementary schools for the treatment of injuries received by students participating in school sports activities.

(d) Any person from serving as a student-trainer or in any similar position if service is carried out under the supervision of a physician or certified athletic trainer.

SECTION 44-75-90. Grandfather provision.

Any person actively engaged as an athletic trainer on the effective date of this chapter must be issued a certificate if he submits proof of two years' experience as an athletic trainer within the preceding five-year period, is approved by the department, and pays any required fee.

SECTION 44-75-100. Applicability to employee of athletic organization.
For purposes of this chapter, a person is engaged as an athletic trainer if the person is employed on a salary or contractual basis by an educational institution, a hospital, rehabilitation clinic, professional athletic organization, or other bona fide athletic organization and performs the duties of athletic trainer as a major responsibility of this employment.

SECTION 44-75-110. Hiring of certified athletic trainers by school districts.

Nothing in this chapter may be construed to require school districts to hire certified athletic trainers.

SECTION 44-75-120. Penalties.

Any person violating the provisions of this chapter is guilty of a misdemeanor and upon conviction must be punished by a fine of not less than twenty-five nor more than two hundred dollars.
APPENDIX D

POLICY ON ATHLETIC TRAINING STUDENT PARTICIPATION IN INTERCOLLEGIATE ATHLETICS

Athletic Training Student (AT student): _____________________ Sport: __________________

Student athletes are eligible to apply for admittance into the Athletic Training Education Program (ATP), however, it will not be possible to complete the program requirements without the full cooperation from the coaching staff. Since the ATP has a significant clinical component which often requires AT student commitment during afternoons, evenings, and on weekends, time conflicts between sport demands and clinical requirements can occur. The ATP faculty is committed to making sure that the AT student can graduate on time, fulfill all of the requirements for the ATP, and have quality clinical experiences to prepare them for successful careers as certified athletic trainers. The following guidelines are designed to ensure that the AT student/student athlete is given the opportunity to complete the ATP and participate in intercollegiate athletics:

1) Applicants to the ATP will be provided with a copy of this policy statement. The intention on the part of a prospective student to participate in intercollegiate athletics shall not factor into the admissions decision for the ATP.

2) The AT student will limit their participation to one intercollegiate team.

3) An AT student who is a member of an intercollegiate team will participate fully during their team’s traditional season ONLY. The AT student will not be permitted to participate in non-traditional season activities (games or practice) which conflict with his or her responsibilities to the ATP.

4) An AT student who participates in intercollegiate athletics must fulfill all the didactic and clinical program requirements before they may graduate. All such AT student are strongly encouraged to consult the ATP Director early in their program since effective planning is crucial to on-time graduation.

5) The AT student is required to have an "equipment intensive" clinical experience (football) in the fall semester during their third year in the program. An AT student who participates in a fall sport will be required to return for a ninth semester to complete the "equipment intensive" clinical experience.

6) No exceptions will be made to the course sequencing for student athletes who are admitted to the program.

7) Persons with questions regarding this policy are encouraged to speak with the ATP Director for clarification of their concerns.

I have read and agree to these terms concerning my participation as an AT student in intercollegiate athletics.

AT student Signature: ________________________________ Date: __________________

I have read and agree to these terms concerning this student-athlete’s participation in the Athletic Training Education Program.

Head Coach Signature: ________________________________ Date: __________________
Appendix E
Erskine College Athletic Training Program (ATP)
Communicable Disease Policy

Purpose:
The purpose of the Erskine College Communicable Disease Policy is to protect the safety of all parties, and to ensure the welfare of the students enrolled in the ATP as well as all patients they may come in contact with during clinical courses. The Erskine College ATP does not discriminate against any persons who have or is suspected of having a communicable disease. All medical information maintains in accordance with the HIPAA.

Definition:
A communicable disease can be transmitted from one person to another through one or more of the following means; direct physical contact, particles in the air, a vehicle (ingested or injected), and a vector (via animals or insects).

Communicable diseases include, but are not limited to:
1. Bloodborne pathogens
2. Conjunctivitis
3. Cytomegalovirus infections
4. Diarrheal Diseases
5. Diphtheria
6. Entroviral infections
7. Hepatitis viruses
8. Herpes simplex
9. Human Immunodeficiency Virus
10. Measles Rubella
11. Meningococcal infections
12. Mumps Streptococcal infection
13. Pertussis
14. Rubella
15. Scabies
16. Streptococcal infection
17. Tuberculosis
18. Varicella
19. Viral respiratory infections
20. Zoster
21. Any other communicable disease

Prevention Measures Taken by the ATP
1. AT students must successfully complete annual Bloodborne pathogens training prior to participating in clinical courses.
2. AT students are required to use proper hand washing techniques and practice good hygiene at all times.
3. All Erskine College preceptors use and ensure AT student use of universal precautions at all times.
4. An AT student with symptoms of a communicable disease should excuse him/herself from clinical settings.

Additional Guidelines:
1. An AT student should not report to his/her clinical site if s/he has signs or symptoms of one or more of the above communicable diseases. An AT student must immediately notify the ATP Director and the assigned preceptor of his/her status, including an estimate of how long s/he will need to be absent from the clinical rotation. The AT student should be prepared to provide written documentation from a physician or nurse prior to being permitted to return to clinical sites.
2. An AT student who has signs/symptoms of a communicable disease can either visit the Erskine College Infirmary at 8:00 a.m. M-F, may ask the ATP Director to schedule an appointment for him/her with the ATP Medical Director, Dan Divilbiss, MD, or may decide to schedule an appointment with a physician of his/her choice.
3. In the event that a preceptor believes the AT student assigned to his/her site would be missing an inordinate amount of time due to adherence to the communicable disease policy, s/he should contact the Erskine College ATP Director.
4. Any AT student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to the ATP Director and his/her preceptor immediately. The ATP Director will assist the AT student in getting the appropriate diagnostic testing and treatment.

I certify that I have read and understand the ATP Communicable Diseases Policy described above. I further agree to abide by the Communicable Diseases Policy described above.

Student Name __________________________ Student Signature __________________________ Date __________

Faculty Witness Signature __________________________ Date __________
Appendix F

Erskine College Athletic Training Program

Athletic Training Student Clinical Supervision Policy

Appropriate levels of supervision of Athletic Training Student (AT student) on campus and off campus by preceptors must be strictly adhered to, in order to meet accreditation standards. Students are assigned to a preceptor or for all clinical courses, and the standards applying to appropriate supervision are thus:

**J1.1** A preceptor must be physically present and have the ability to intervene on behalf of the athletic training student to provide on-going and consistent education.

**J1.2** A preceptor must consistently and physically interact with the athletic training student at the site of the clinical experience.

In addition to adhering to these standards, the preceptor must provide on-going and consistent education and feedback, and for this to happen, s/he must be present with the AT student constantly. AT students, preceptors, coaches, and the athletic director must understand that it is unacceptable for an AT student to perform athletic training skills unless properly supervised by the preceptor.

AT students must master clinical competencies and progress properly through the Athletic Training Education Program in order to perform athletic training skills under the supervision of a preceptor. AT students may not utilize clinical skills or techniques until they have demonstrated competence in performing them. It is the preceptor’s responsibility to help students seize opportunities to practice skills in real life situations, but only those skills in which they have demonstrated proficiency.

At no time during the clinical education component shall students be used as replacements for regular clinical staff. Under no circumstance should an AT student travel with a team unless a preceptor, who is a certified athletic trainer, is also traveling.

By signing my name below, I am stating that I have read and will comply with the policies outlined in the preceptor manual and the Erskine College athletic training student supervision policy:

<table>
<thead>
<tr>
<th>AT student Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
ATHLETIC TRAINING STUDENT SIGNATURE AND AGREEMENT

I, ________________________________, an athletic training student or directed observer at Erskine College, have received and read this entire manual. I also state that I agree to abide by the rules, regulations, standards, and expectations of the Erskine College Athletic Training Education Program. I also agree that any violation of these rules, regulations, standards, and expectations may result in dismissal from the ATP according to the procedures discussed herein.

_______________________________________
Student Signature

_______________________________________
ATP Director Signature

__________________________
Date

__________________________
Date