



University of Utah
Athletic Training Program &
Master of Science in Sports Medicine
Student Handbook
Updated July 2019

During the course of your time with us, we hope that you will have a positive educational, professional, and social experience. Your education will focus on clinical and didactic experiences with certified athletic trainers, team physicians, other health care professionals, coaches, athletic training students, instructors, athletes, and others. Please take advantage of your time; it will help you in more ways than just athletic training.

Students in the graduate and undergraduate programs are a vital part of the University of Utah. Students work with the Department of Athletics, University Health Care, professional sports, and many other entities on and off campus. You will be exposed to many different personalities, situations, and settings. All of these experiences are potential learning opportunities and a chance to represent your school and the field of athletic training. In addition, these experiences are an important part of the educational experience.

The following information has been compiled to help you understand the responsibilities and procedures expected of staff as well as the policies and procedures enforced by the Athletic Training Program (ATP) and the Master of Science in Sports Medicine (MSSM). Please read each page carefully and ask questions if you do not understand any of the material.

This handbook is available online on the ATP and MSSM websites. It is your responsibility to review the handbook each January for any adjustments or policy changes. If a major or consequential change is made, you will be provided written documentation of this change and you will verify your understanding and compliance with the change.

Table of Contents

ATP Description	5
Vision Statement	5
Program Mission.....	5
Program Purpose.....	5
Program Objectives.....	5
Student Learning Outcomes	6
Program Goals	6
MSSM Mission.....	6
MSSM Description	6
Program Admission	6
Clothing.....	6
Lockers.....	7
Certifications	7
FERPA/HIPPA Training.....	7
Immunizations	7
Driving	7
Relationships	8
SMERC – HPER E 203.....	8
Disbursement of Funds (Reimbursement).....	8
Accommodations	9
Medical Request and Leave of Absence (ATP students only).....	9
U-mail and other Communication.....	10
ATrack, Competencies and Hours	10
Background Check and Drug Screening	10
Criminal Actions.....	11
Substance Use and Abuse.....	11
Disciplinary/Performance Action and Infractions.....	12
Program Withdrawal.....	13
Financial Considerations and Outside Work (ATP students only)	13
ATP Academic Progress.....	13
MSSM Academic Standards.....	16
Employment	16
Annual Practical Exams	17
Clinical Hours.....	17
Clinical Assignment.....	18
Cancelling a Clinical Placement	19
Withdrawing from a Clinical Placement.....	19
Professional Behavior	19
Clinical Behavior Expectations	20
Dress Code	21
Academic/Clinical Scheduling	21
Essential Requirements for Completion of the Athletic Training Bachelor of Science Degree	22
Transfer Policy	23
Program Fee.....	23
ATP Course Tests	23
Student Exchange or Study Abroad	23
Petition Policy.....	24
Safety and Wellness.....	24
Title IX.....	24

Rubric for Professional Behaviors..... 26
Student Contract 32
Student Contract for Professional Responsibility 38
Exposure Control Plan..... 40
Hepatitis B Vaccine Declination..... 14
Date Signature Print Name 14
Sharps Injury Log..... 15
Laboratory Name: Year 2..... 15
Infectious Disease Policy Athletic Training Program University of Utah 1
PetitionforExceptiontoPolicy 3

ATP Description

The Commission for Accreditation of Athletic Training Education (CAATE) accredited Athletic Training Education Program (ATP) provides students with an integrated knowledge and clinical understanding of athletic training techniques and their application within sports medicine. Through a cooperative effort of disciplines, a curriculum has been designed that will provide didactic and hands-on learning opportunities leading to a mastery of athletic training skills. Additionally, a variety of clinical settings within University of Utah athletic teams, SLC area sports medicine clinics, high schools, general medicine settings, and professional sport teams prepare the students for a career in athletic training. The Athletic Training Education Program at the University of Utah prepares students for the Board of Certification (BOC) exam. Students who successfully complete the ATP and pass the BOC exam are eligible to be licensed in the state of Utah.

Vision Statement

A student-focused professional health care major distinguished by professionalism, board certification, clinical expertise, academic excellence, and collaboration.

Program Mission

The mission of the University of Utah Athletic Training Education Program (ATP) is to supply the health care field with distinctive, certified athletic trainers that can effectively operate with other health care providers as critical partners in the health care field.

Program Purpose

The purpose of the Athletic Training Education Program is to provide a comprehensive health care education that focuses on the physically active while preparing students for successful completion of the Board of Certification exam through formal instruction in prevention, evaluation, rehabilitation, and management of injuries with clinical experiences in a variety of settings.

Program Objectives

- i) To provide an environment that fosters the development of critical thinking and problem solving skills.
- ii) To provide students with a diverse clinical and quality didactic experience that promotes a well-rounded education.
- iii) To promote professionalism, particularly through the National Athletic Trainer's Association Code of Ethics and interaction with other allied health care professions.
- iv) To provide an athletic training education program that is Commission on Accreditation of Athletic Training Education accredited.
- v) Prepare students for successful completion of the national Board of Certification exam.

Student Learning Outcomes

- i) Students demonstrate proficiency and knowledge in the eight content areas of competency as outlined by the National Athletic Trainers' Association.
- ii) Students leave the program as distinctive, well-prepared, and experienced athletic training students.
- iii) Students value the program and the unique learning experience provided at the University of Utah.
- iv) Post-graduation, students find jobs in the field or appropriate continuing education program.

Program Goals

- i. The Athletic Training Education Program will improve the quality of entering and graduating students.
- ii. The Athletic Training Education Program will employ faculty who are effective instructors.
- iii. The Athletic Training Education Program will offer courses that are effective
- iv. The Athletic Training Education Program is a valuable contributor to the Department of Physical Therapy and Athletic Training, the College of Health, and the University of Utah.
- v. Students enrolled in the Athletic Training Education Program will have exposure to a variety of health care professionals each semester.
- vi. Within six months of graduation, students enrolled in the Athletic Training Education Program will be employed in a health care related occupation or education.

MSSM Mission

The mission of the program is to provide the advancement of evidence based practice through education, research, and clinical experiences with the objective of developing well rounded professionals who can contribute to the field through the understanding of current literature, trends, equipment, and practices within sports medicine.

MSSM Description

The program offers a MS in Sports Medicine. It is a 2-year program offering a Thesis or Project option. All students offered assistantship positions by the program receive a tuition waiver and an 11-month stipend each year in the program.

Program Admission

Admission to the ATP occurs through an application process that includes the completion of course prerequisites and application requirements. These may change from year to year. The application requirements can be found on the ATP web site and the most current ATP brochure publication. ATP has the final word in deciding what requirements are necessary for application and will make every effort to disseminate this information in a timely and useful manner. If you have any questions about prerequisites or requirements, either the ATP Manager or Director can provide information on this process. These two individuals will have the final word on application processes. All prerequisites are required unless otherwise specified and documentation of an exclusion is presented. At this time, only two courses have a standard exemption exam that will allow the course to be waived as a prerequisite. The exemption exam must be passed with a minimum score of 80%. Currently, this exam is available for ATSM 3300 and 3310 only.

Clothing

Students may be provided clothing as part of admission and enrollment in the program. All clothing, whether purchased by the program or other entity, is a privilege. The amount, style, or type of clothing provided is at the program's discretion. If the distribution of clothing becomes problematic, the program may discontinue or severely limit clothing distribution. At no time can clothing provided by the University of Utah (ATP, Athletics, individual sports, or any other University entity) be exchanged, refunded, or returned to any person other than

ATP Administration.

Lockers

There are lockers in the hallway outside HPER E 203 that are available for student use. These lockers are provided on a first come, first serve basis. At returning student orientation, all locks will need to be removed. Any lock that is not removed will be cut. If there is an available locker, any ATP or MSSM student may use the locker.

Certifications

Students are required to participate in annual health care certifications that may include Emergency Medical Responder, Basic Life Support, Advanced First Aid, Blood Borne Pathogen, Administering Emergency Oxygen, Asthma, or Epinephrine. Regardless of a student's current level of certification, these trainings are mandatory. If you are unable to attend an annual training or are unable to pass a training, you may be required to be recertified in any or all of the above certifications at your expense. If you have a higher certification than is listed here, the program may reimburse you up to \$35 for continued certification; see the manager for more information.

The annual certification trainings will require you to study and prepare for both practical and written exams. Failure to pass a written or practical exam may result in removal from a clinical assignment, additional time for remediation, and potential additional fees. If you are not successful in recertifying or do not attend the certification trainings, you must continue to seek recertification (through the program or otherwise) to stay in the program, and you may be required to pay the costs of that effort.

FERPA/HIPPA Training

1. All students are required to complete a Federal Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) training and test. Students must pass a written test at 80%.
2. This must be completed prior to the start of clinical assignments. MSSM students will be tested as part of preceptor training. Information will be provided for these tests during orientation.

Immunizations

Upon acceptance into the program, students are required to provide evidence of completed vaccinations for Hepatitis B (three successive shots), TB test (within one year), MMR, and TDAP (within last 10 years). If you have begun the process of receiving these immunizations and are following a timeline prescribed by a health care provider, you will be required to submit verification according to the timeline outlined by the health care provider. Students who do not have these turned in and verified appropriately may be restricted or removed from a clinical assignment. As health care providers, this is required in all settings and is part of your professional responsibility. If you are requesting a waiver from any immunization, please see the Manager for the appropriate paperwork and documentation.

Driving

Students are advised not to transport a patient or client for any reason unless driving a state vehicle, and have passed the required driving test for driving vehicles for University Business. If a student chooses to drive a patient/client, the student and the vehicle being used for transportation may be liable for all damages or incidents that occur during transportation. A student is not required to drive or use his/her own vehicle for transporting athletes as part of a clinical assignment or responsibility. If a student has a question about this policy or has been

asked to transport against his/her wishes, please contact the Clinical Education Coordinator.

Relationships

Students are not allowed to engage in non-clinical, personal relationships (intimate or otherwise) with clients/patients. Any relationship with these persons that encompasses more than patient care or program/health care requirements must be communicated to the Clinical Education Coordinator (ATP) or Clinical Supervisor (MSSM). If a relationship exists prior to admittance to the program or if a student perceives the development of a relationship, the student must speak to an ATP administrator as soon as possible. If a student is unclear about any aspect of a relationship with one of these groups or person, **the student is obligated to speak to the Clinical Education Coordinator (CEC) or Clinical Supervisor (CS) immediately.** Violation of this policy may result in disciplinary action that could include immediate dismissal from the program.

A relationship may consist of any of the following: Friends on Facebook, Instagram, Snapchat, or other social media site; Texting or calling a patient/client or receiving a text or call from a patient/client that is not required in the delivery of health care; attending parties or other social functions of patient's/client's that are not University sponsored or sanctioned. This list is not exhaustive.

This policy is intended to protect both health care provider and client/patient. Violations of this policy could result in physical and mental harm at its worst but may erode trust in health care providers and the professional generally if the highest ethical standard is not maintained.

SMERC – HPER E 203

HPER E 203 is a classroom, meeting space, and a clinic. Please be conscientious about this multi-use space when you are in the SMERC. Unless otherwise specified by a staff or faculty member, all supplies in the room are the programs and are not available for use by students. Also, if a class is occurring in another part of the room, please be aware of your interactions and noise level. The teaching of courses, faculty/staff meetings, and clinical usage are the primary purpose of the space and, as such, are a priority. Students do not have priority in the space. Students may be provided independent use of the space for studying or for practicing clinical skills but it will not take priority over program business or courses.

Students may be provided access to the room through the use of their UNID card and c-cure access. Obtaining this access is the responsibility of the student. Forms should be turned into the ATP office, HPER E 208. Gaining c-cure access may take longer than 2 weeks. HPER E 203 should only be propped open during class meeting times. If a student uses the space outside of a class meeting time, it is the responsibility of that student to be sure the doors are closed (not propped open) and the clinical supply room door is closed.

Disbursement of Funds (Reimbursement)

To be reimbursed for an expenditure of funds, **a student must provide an original receipt**, have the transaction approved by the manager, director of ATP, or MSSM director, must be available to be reimbursed in person, and available to sign necessary paperwork. It is up to the reimbursee to schedule an appointment or make accommodations for the reimbursement to occur. A student has 90 days from the date of transaction shown on the receipt to request a reimbursement. Once the student has been notified that s/he will receive a reimbursement, a student has 90 days from that date to sign and complete all necessary paperwork. After 90 days, the request for reimbursement is no longer valid. Finally, no reimbursement can violate University or program policy.

19a. BOC Referral and Reimbursement:

If a student has successfully completed all ATP requirements, s/he may be eligible to take the Board of

Certification (BOC) exam. After registering for the BOC, the program will be asked to recommend you for eligibility. Among other requirements, this requires verification of academic progress. Recommendation may take up to two weeks. Students in their final semester will not be recommended for a test date prior to March (without prior permission). A student may be reimbursed up to \$300 for the BOC exam. To receive reimbursement, a student must submit a copy of his/her first-time results (no other results will be reimbursed) and a receipt of payment.

19b. Research and Publication:

Any student that engages in the creation of original research or is part of a team engaging in original research may receive up to \$175 per research project for research supplies. Any student that publishes original material related to the field of Athletic Training may receive up to \$175 in funds for publication. No more than \$2000 for all ATP and MSSM students will be disbursed for research and publication annually. To receive funds for research, the sponsoring faculty member must request reimbursement from the program manager on behalf of the student.

19c. Conference Support: UATA, RMATA, NATA, ATEC, etc.

Athletic Training related conference fees are eligible for reimbursement. Any student who is scheduled to present, may also receive reimbursement of supplies (<\$100). All presenting students are eligible for travel reimbursement for professional development. The program will reimburse a maximum of \$2000 for travel and presentation expenses each year.

Accommodations

ATP and MSSM seek to provide equal access to its programs, services, and activities. If accommodations are necessary for a person to engage in the ATP or MSSM, reasonable prior notice is needed to arrange such accommodations. If an ATP or MSSM student requires or requests an accommodation for an academic course, the instructor for the course must be notified and accommodation may be provided under the recommendation of the University Disability Center. If accommodations are necessary at a clinical site, MSSM students will need to discuss accommodation with a Human Resources representative and ATP students will need to discuss clinical accommodation with the Academic Advisor and CEC. If applicable, the accommodation must be noted in the technical standards and a record will be kept in a non-academic file. Failure to discuss the accommodation could result in the accommodation not being provided for the BOC exam and other disciplinary action. Requesting accommodation and receiving accommodation are the responsibility of the student. This includes informing the advisor or manager of a program required accommodation.

The University of Utah is fully committed to affirmative action and to the principle of nondiscrimination and equal opportunity in all programs, activities, and employment practices and decisions are made without discrimination, harassment or prejudicial treatment because of race/ethnicity, color, religion, national origin, sex, sexual orientation, gender identity/expression, age, disability, or protected veteran's status. Evidence of practices not consistent with these policies should be reported to the Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (V/TDD). Upon request, this information is available in alternative formats, such as cassette, Braille, or large print.

Medical Request and Leave of Absence (ATP students only)

If a student has or foresees the inability to continue with the program or has difficulty satisfying program requirements (clinical assignments, for instance) due to medical reasons, adjustments may be made for the student. In general, the student must first meet with the Athletic Training Education Program Director or Manager, to discuss the issue. The second step will be for the student to write a proposal that outlines the time needed to remedy the issue, the clinical assignments or other program requirements that will be missed or

postponed, and a description of what will take place during the absence. An explanation of how the absence will fix or remedy the issue and what will be done to make up for the missed requirements should also be included.

Students who request a Leave of Absence from the U of U must meet with the ATP Manager and meet the following University of Utah Leave of Absence requirements (students should verify the current leave of absence requirements through the registrar's office. The information provided below is a courtesy to students and may not be up-to-date).

“Officially admitted undergraduate students who have registered for and completed university credit classes may request a leave of absence for an "official assignment" usually served with a nonprofit or governmental organization and normally without compensation (i.e. military duty, Peace Corps, VISTA, church service). Leaves are only approved for an "official assignment.” International students on a F1 or J1 visa taking a vacation semester must obtain permission from the International Center prior to submitting a Leave of Absence. Leaves for international students will only be approved for one semester (U of U Leave of Absence).

Students are responsible for registration for the semester following the leave of absence. For more information, please visit the University of Utah's policy on leave of absence located at <http://registrar.utah.edu/handbook/leave.php>

U-mail and other Communication

Students are required to use their Umail account. All program information and University information will be sent to the Umail address. Students are required to respond to program and University emails. This includes mail sent from the University of Utah, any program faculty, staff, or preceptors. Umail is required to ensure that private information is secure. As a health care provider, privacy and security is a high priority. Information that is intentionally or unintentionally shared, lost, or stolen from a non-Umail account may result in civil or criminal penalties and dismissal from the program.

ATrack, Competencies and Hours

ATrack is an electronic tracking system used by the program to monitor student progress and to track clinical sites and clinical education. Preceptors and Undergraduate students are required to use, reply, and maintain records within ATrack. All outstanding materials within ATrack which include but are not limited to hours, competencies, immunizations, certifications, and evaluations must be completed and up-to-date by the first day of finals week each semester. Failure to update these records may result in disciplinary action.

Background Check and Drug Screening

ATP & MSSM require that all students receive a criminal background check due to the nature and setting of the clinical sites in which you will receive a portion of your clinical and educational training. The program is only interested in this information to ensure that you are not placed at a clinical site that could be potentially harmful or negative to you or others because of your criminal background. However, if criminal information is found that was not reported on your application, you may be subject to an infraction or other disciplinary action. If the report is returned with criminal information or other information that will affect your clinical placement, you will be given a copy of the report and will be given 30 to 45 days to appeal or investigate the information on the report. If you have questions or concerns, please contact the program manager as soon as possible.

ATP & MSSM Drug Screening

The ATP prospective student will establish an account with Certified Background (CB) for pre-admission drug screening at a certified laboratory convenient to the student. All drug test costs will be paid by the program. CB will report testing results directly to the student and the ATP. Students that do not pass the drug test are required to meet with the Program Director and one other Program Administrator. Students that fail a drug test may be removed from the program. Students have the right to appeal the drug test.

Criminal Actions

As a condition of continued enrollment in ATP or MSSM, students must notify the Program Director of a guilty plea, a plea of no contest, or conviction of any charge other than a minor traffic violation that occurs between acceptance and graduation. This notification must be made no later than five (5) calendar days after any guilty plea, plea of no contest, or conviction of any charge other than a minor traffic violation. Within thirty (30) calendar days of the notification, the program will notify you and take appropriate/necessary actions.

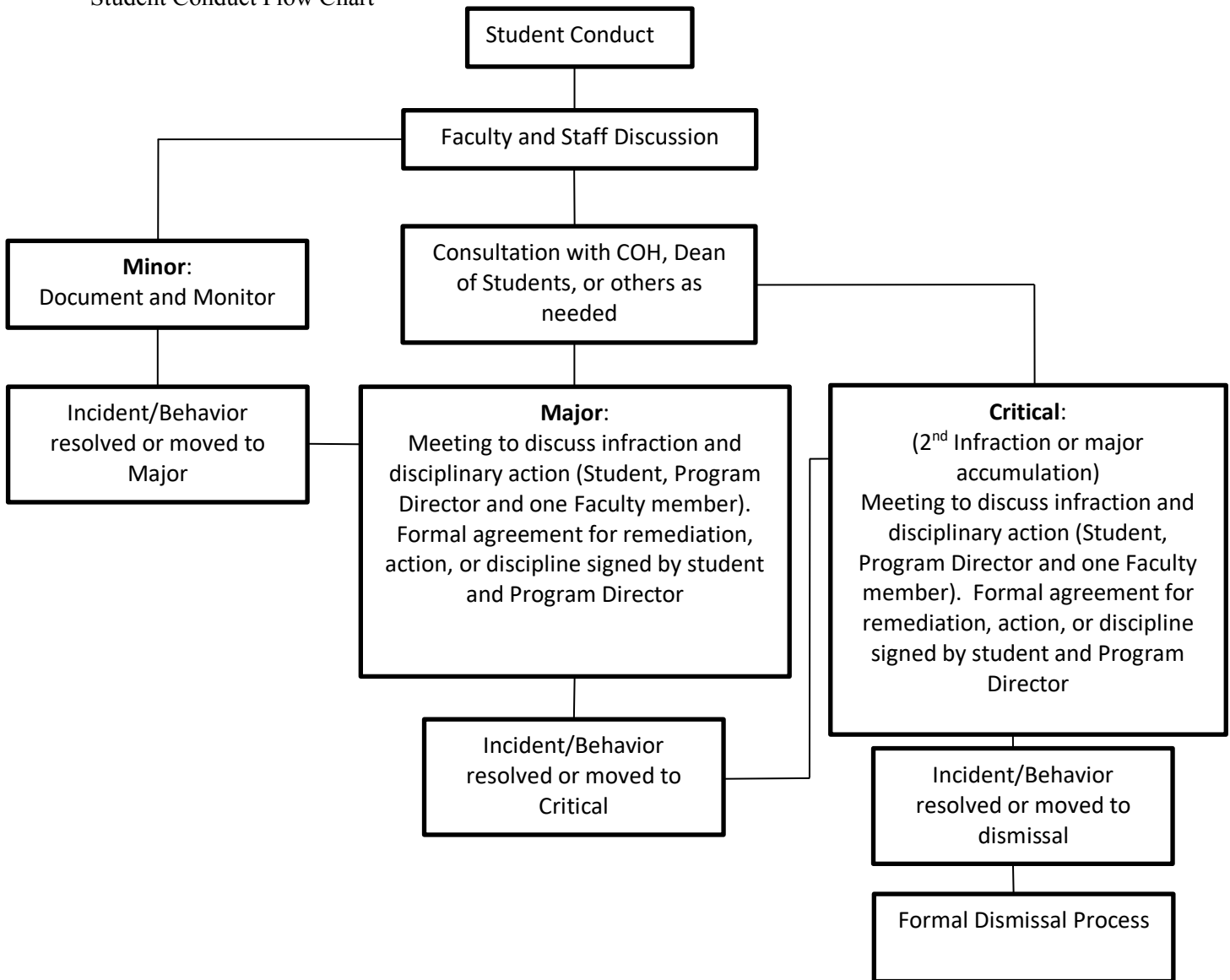
Substance Use and Abuse

- i. Use, possession or distribution of any narcotic or other controlled substances on University premises or at University activities (ex. off-campus assignments and team travel) except as expressly permitted by law and University regulations is not acceptable.
- ii. Use, possession or distribution of alcoholic beverages on University premises or at University activities (ex. off-campus assignments and team travel) except as expressly permitted by law and University regulations is not acceptable.
- iii. Any student whose clinical assignment requires a drug test will be required to take a drug test as well. The same policies and rules apply to this test as the criminal background check.
- iv. The policy of the University Health Sciences Center is to maintain a safe and drug-free workplace to establish, promote and maintain a safe and healthy environment for patients, and a safe, healthy, working and learning environment for employees, students and volunteers. Faculty, students or staff working in a patient-sensitive area may be subjected to a test for drugs if there is reasonable suspicion of a drug loss or diversion event. Students may also be required to submit to a drug test at any of the affiliated clinical assignment sites. (Refer to the University of Utah Health Sciences *Policy and Procedures Manual* for a more detailed description of this policy: www.med.utah.edu/policy).
- v. Policy violations and/or convictions will be referred to the administration for informal resolution or presentation as academic misconduct, and may result in disciplinary action. Program administration will conduct an investigation, as it deems necessary and appropriate in accordance with the policy.
- vi. It shall be a violation of this policy for any student to engage in the unlawful manufacture, distribution, dispensation, possession and/or use of a controlled substance. This includes being under the influence or impaired in activities anywhere in the educational environment, (e.g. the University of Utah campus, and affiliated clinical sites) or in any manner that violates criminal drug statutes. Unauthorized use or possession of alcohol anywhere in the educational environment is also prohibited.
- vii. When appropriate, students may be referred to local substance abuse experts for evaluation and/or treatment. In these cases, compliance with evaluation and treatment protocols may be established as a precondition to continue enrollment in the Department. **If a student fails to follow the established evaluation or treatment protocol, the case will be re-examined by the administration and appropriate sanctions, including disciplinary measures or dismissal, may ensue.**
- viii. Students are encouraged to self-identify to the Program Director or any faculty member when they have problems with chemical or alcohol abuse. Students who self-identify may be granted a leave of absence to secure treatment without prejudice to their academic standing. In such cases, the ATP will maintain confidentiality, to the extent possible.

Disciplinary/Performance Action and Infractions

Except as otherwise noted, performance or disciplinary issues will be addressed in accordance with University Policy 6-309. The College of Health and the Department of Physical Therapy and Athletic Training may have additional policies and guidelines to address performance. In brief, violations of policy will include actions outlined in Policy 6-309, may warrant an Infraction Letter, or may include removal from clinical assignments, dismissal from the program, or remediation, among other options. If a student is to receive an Infraction Letter, a meeting with the student, a program administrator, and a third person will occur to discuss the infraction and the purpose of the infraction. In general, a timeline for addressing the reason for the infraction will be discussed. All parties will sign the infraction and a follow-up meeting will be scheduled to discuss the outcome of the infraction meeting/letter. **Two infractions** are an automatic dismissal from the program. Students have the right to appeal/petition the dismissal or an infraction.

Student Conduct Flow Chart



Program Withdrawal

Students that wish to withdraw from the ATP are not restricted from doing so at any time but a specific procedure must be followed to maintain satisfactory academic progress. In general, a student may withdraw or drop courses and discontinue with the program at any time. However, if a student is enrolled in ATP courses, immediate action may impact a student's grade in those courses. To withdraw from the program without consequence, it is recommended you follow the following procedure.

1. Discuss your intention with either the academic advisor, program director, or clinical education coordinator. No action will be taken at this time. The ATP staff will discuss the withdrawal to ensure that no outstanding items need to be addressed and that no negative consequences may impact the student if the student withdraws.
2. The student may be asked to meet with one or more persons to understand the reasoning for withdrawal and to verify that it is in the best interest of the student at this time and to assist with a transition.
3. A timeline for withdrawal and steps to complete courses or other duties within ATP will be outlined for the student.
4. The student and the program director will sign the steps for withdrawal.
5. If a student elects to re-enter the ATP, a leave of absence must be filed or the student will need to officially re-apply with all other applicants.

Financial Considerations and Outside Work (ATP students only)

If a student has or foresees the inability to continue in the program or has difficulty satisfying program requirements (i.e. clinical assignments) due to financial or work requirements, adjustments may be made for the student. In general, the student must first meet with the Athletic Training Program Manager, to discuss the issue. The second step will be for the student to write a proposal that outlines the time needed to remedy the financial problem or work requirement. It should also include the clinical assignments or other program requirements that will be missed or/ postponed, a description of what will take place during the absence, an explanation of how the absence will fix or remedy the financial difficulty or work requirement, and what will be done to make up for the missed requirements. Depending on this initial meeting, a follow-up meeting may be scheduled with the Director and Clinical Education Coordinator. Students are not excused from clinical assignments, courses, or other ATP requirements for financial reasons unless they have met with ATP staff and have received a written agreement about the issues discussed.\

ATP Academic Progress

You are expected to make "normal" academic progress while in the program and while completing all assigned responsibilities.

ATP Grades

- a. One marker of normal progress is to pass all ATP Core Courses with a minimum letter grade of C. If you are unable to do so, you will need to retake the course in which you received an unsatisfactory grade prior to enrolling in additional Core Courses.
- b. All ATP required major courses must be passed with a C or better. Failure to obtain a minimum letter grade of C will require a retake of the course.
- c. All course requirements must be completed by a student. Failure to complete a course requirement may result in the use of the General Abilities Multiplier and a failing grade in the course.

ATP GPA

d. The Athletic Training Program has two GPA requirements, cumulative and major. Both GPA requirements must be satisfied to graduate with an Athletic Training Bachelor's of Science (ATHLBS). *If you are accepted into the program with a GPA that does not meet the standard listed below, you start the program on probation. *

- i) Cumulative GPA: All students majoring in ATHLBS must maintain a 2.8 cumulative Grade Point Average (GPA). Failure to meet this standard will result in Scholastic Standards Probation.
- ii) Major GPA: All students majoring in ATHLBS must maintain a cumulative 3.0 GPA in all required major courses. Required courses are all courses required to obtain the Athletic Training Bachelor Degree, excluding General Education and Bachelor Degree requirements, regardless of which department offers the course. (A GPA that is less than .01 from meeting the requirement will be rounded up. **This is not automatic and the advisor must be informed or graduation will be denied. **) Failure to meet this standard will result in Scholastic Standards Probation.

e. Failure to Meet GPA standards:

A student who falls below the required GPA will be put on probation. The student must follow the policies for ATP Scholastic Standards Probation. If the student does not follow this policy or is unable to obtain a cumulative and major GPA that satisfies the standard, the student will be dismissed from the program. Students who do not meet both minimum GPA requirements cannot graduate with a degree from Athletic Training.

f. Credits Toward Major GPA:

All ATP prerequisite, Core, and Co-Requisite courses count towards a student's major GPA. In addition, no more than six credits from each of the following ATP elective courses can be counted towards a student's ATP GPA: ESS 4880, ESS 3406, ESS 5850. If a student wishes to have other courses applied towards the ATP GPA, the student must petition for an exception to policy

g. Scholastic Standards Probation

Any student who is in probationary status must follow the policies listed below. If a student does not follow the policy as outlined or does not obtain a cumulative and major GPA that satisfies the standard, the student will be dismissed from the program. Students who do not meet both minimum GPA requirements cannot graduate with a degree from Athletic Training.

Semester 1 - Probation Semester

- a. A student is required to notify the ATP advisor as soon as the student knows his/her GPA is below the standard or will be below the standard.
- b. A student whose GPA falls below the GPA standard will be notified that s/he is on probation starting the semester immediately following the semester in which the standard was not met. **(Probation can be retroactive if a student does not notify the advisor and did not meet with the advisor.)**
- c. The student will have two semesters to obtain a *semester* GPA that meets the ATHLBS GPA requirements. The student will remain on probation and must follow all the procedures listed here until the student meets the minimum ATHLBS GPA requirement.
- d. During the first semester of probation the student must meet with the advisor during and after the semester.
- e. The advisor and student will complete necessary GPA calculations to raise the semester GPA to the standard required. These calculations will serve as a roadmap for obtaining the necessary GPA(s). Any downward deviation in grades from this roadmap must immediately be communicated to the

ATP advisor. The schedule and roadmap must be followed.

- f. If a student successfully meets the semester GPA requirement, the student will remain on probation but the two-semester time requirement will reset. The student will continue to receive two semesters to obtain semester GPAs that meet the minimum standard. This will continue until the cumulative GPAs are met.

Semester 2 - Removed from Clinical Rotation and Program Dismissal Warning

- i) A student who is below the GPA standard of the ATP and after one semester of probation fails to have a semester GPA that meets the ATP standard will not be allowed to attend more than 20 hours at an assigned clinical site until the semester GPA meets the ATHLBS minimum requirement (students may petition this requirement). The student is not allowed to register for clinical courses ATSM 5401-5405.
- ii) The student will be warned that if s/he does not have a semester GPA that meets the ATP standard, s/he will be removed from the program at the end of the semester.
- iii) The student must follow all the procedures from Probation Semester 1.
- iv) The student may be required to obtain/make-up this clinical assignment or clinical hours at another time prior to graduation.

Dismissed from Program

- i) A student who does not meet the ATHLBS GPA requirement and has failed during his/her previous two semesters to have a semester GPA that meets the ATP standard will be removed from the program.
- ii) A letter will be sent to the Department of Physical Therapy and Athletic Training and to the College of Health explaining the reasons for dismissal.
- iii) As with all ATP policies, a student may file a "Petition for Exception to Policy," if a student feels that extenuating circumstances or a unique set of circumstances should be taken into consideration.

h. GPA, Scholastic Standards, or Course Grade Appeal Process beyond the ATP petition process

Students choosing to engage in the appeals process should review Section IV of the University of Utah Student Code (<http://www.regulations.utah.edu/academics/6-400.html>). The following information has been taken from the Code:

Faculty members are qualified as professionals to observe and judge all aspects of a student's academic performance, including demonstrated knowledge, technical and interpersonal skills, attitudes and professional character, and ability to master the required curriculum. An academic action, as defined in the Student Code, may be overturned on appeal only if the academic action was arbitrary or capricious.

A student who believes that an action taken in connection with academic performance is arbitrary or capricious should, within twenty (20) business days of notification of the academic action, discuss the academic action with the involved faculty member and attempt to resolve the disagreement. If the faculty member does not respond within ten (10) business days, the student and faculty member are unable to resolve the disagreement, or the faculty member fails to take the agreed upon action within ten (10) business days, the student may appeal the academic action in accordance with the following procedures. It is understood that all appeals and proceedings regarding academic actions will initiate with the faculty and administrators in the college or program offering the course in question. If the course is cross-listed, appeals and proceedings shall take place with the faculty and administrators offering the section for which the student is registered.

1. Appeal to Chair of the Department or Dean's Designee: Within forty (40) business days of notification

of the academic action, the student shall appeal the academic action in writing to, and consult with, the chair of the relevant department regarding such academic action. Within fifteen (15) business days of consulting with the student, the chair shall notify the student and faculty member, in writing, of his/her determination of whether the academic action was arbitrary or capricious and of the basis for that decision. If the chair determines that the academic action was arbitrary or capricious, the chair shall take appropriate action to implement his/her decision unless the faculty member appeals the decision. If the chair fails to respond in fifteen (15) business days, the student may appeal to the Academic Appeals Committee.

2. Appeal to Academic Appeals Committee: If either party disagrees with the chair's decision that party may appeal to the college's Academic Appeals Committee within fifteen (15) business days of notification of the chair's decision in accordance with the procedures set forth in Student Code. Guidelines for appeal to Academic Appeals Committee are outlined in the Student Code.

MSSM Academic Standards

Grading policies and standards are determined by the University of Utah Graduate School. Graduate Students should refer to the Grading and Credit Policies in the Graduate Catalog. The information below highlights some aspects of this policy.

a. Grades

A grade below C- is not accepted for credit toward a graduate degree and may require a comprehensive exam. Some departments further restrict C grades.

b. GPA

You must maintain a 3.0 GPA in all course work counted toward a degree.

c. Failure to meet these standards may result in additional requirements, inability to obtain a graduate degree, or other requirements. Graduate students receiving a tuition waiver and stipend that fail to meet these standards will lose the tuition waiver and stipend, and may be required to pay tuition.

d. Normal Progress

You are expected to make "normal progress" toward obtaining the M.S. If, in the judgment of your supervisory committee, in consultation with the Department Chair and/or the Director of Graduate Studies, you are judged not to be making reasonable academic progress, the assistantship will be terminated at the end of the semester in which the committee makes such determination and may not be renewed for the next academic year.

Employment

ATP and MSSM do not specifically restrict employment. However, a student's employment that extends beyond the program requirements is not a top priority for the program and some employment may impact a student's academic and program progress. Additional employment should not impact a student's ability to progress academically or inhibit participation in clinical placements.

We highly recommend students do not maintain employment during clinical placements, but realize that may not be possible or realistic. Depending on the location and/or hours of the clinical placement,

the student may need to adjust employment hours or not be able to continue employment. If employment hours conflict with clinical hours, the student will be expected to forfeit or change employment hours. A student may request time off for employment obligations but should NEVER expect or demand a clinical site to alter clinical placement hours as a result of employment demands!

Graduate School policy stipulates that a graduate assistant may not hold another job on campus. If you obtain another position on campus, you will forfeit your tuition waiver for as long as you hold the additional position and will be required to repay all tuition fees for that semester.

Annual Practical Exams

Students from both programs participate in annual practical exams. MSSM students are expected to function as exam proctors and may perform other functions to assist in administering the exam. ATP students will participate in up to three exams annually.

30a. Testing may occur prior to the beginning of fall term, and the end of fall and spring term.

30b. Topics are based on a selected list of model patient cases and the cases that you will be tested on will be based on the material that you have covered up to your current point in the program. You will be provided all cases and the clinical presentation or scenario will remain the same for all three tests.

30c. Scoring will be done according to the rubrics on ATrack and provided during courses. Each student is required to pass all practical tests administered each academic year the student is in the program. Failure of a practical test will require that the student repeat the failed practical. Failure of a second practical will result in an infraction letter and will require enrollment in ATSM 3406 to remediate clinical skills and decision-making. Failure of a third practical will result in a second infraction letter, which is an automatic dismissal from ATP.

Clinical Hours

Students in the University of Utah ATP are required to participate in a minimum of 1200 and a maximum of 2000 clinical hours. During the academic year, students may not average more than 25 hours a week per clinical assignment, and no more than 30 hours per week during preseason (August 1 until the beginning of the semester).

If a student requests a clinical assignment not assigned by the Athletic Training Program, this may exempt the student from the maximum clinical hour policy. Likewise, any clinical assignment not assigned or required by the program cannot be counted towards the Hours policy.

If a student is currently enrolled in the program, the student is required to complete no less than 20 clinically assigned hours each semester, regardless of the student's status or approved requests or accommodations.

Students are required to continue at all clinical assignments unless s/he has reached the maximum hour requirement.

If a student reaches the maximum clinical hour requirement, the program will release a student from clinical requirements after meeting with the CEC to verify completion and compliance with the hour policy. Any student who has or is near the maximum hour requirement is required to remain at his/her clinical assignment unless s/he communicates to the Clinical Preceptor and Clinical Education Coordinator no less than 3 and no more than 4 weeks prior to reaching the maximum hours. A student who fails to do so

will be required to stay at the site for at least 2 weeks but no more than 3 weeks from the date of notification.

While preceptors are aware of the hour policy, it is the student's responsibility to communicate with the preceptor if the policy is violated or likely to be violated in the future.

You may acquire more hours than outlined in this policy, but that is a personal decision, and those hours will not count toward the 1200 minimum or 2000 maximum. In addition, volunteer hours cannot be changed at a later or earlier date.

ALL students **MUST** receive one day off within a 7-day period from clinical assignments (this is not optional for the student or the preceptor). A student cannot be present or participate in any activity at or for a clinical assignment during the one day off (no volunteering).

Students are required to track, record, and verify all clinical hours in a timely manner during their clinical placements.

Clinical Assignment

Clinical education is the key integrative aspect for Athletic Training practice! This is an exciting opportunity to seek learning in a variety of practice settings. *Take advantage of these opportunities to learn as much as you can!*

A student may not begin a clinical placement without completing the following requirements. In addition, the requirements below are required prior to the start of each academic year while in the ATP.

- (1) Pass a Blood Borne Pathogen Exam
- (2) Receive and review Blood Borne Pathogen education and exposure information
- (3) Pass a HIPPA Exam
- (4) Pass a FERPA Exam
- (5) Sign the Infectious Disease Policy
- (6) Complete Orientation
- (7) Sign Student Contract

Clinical assignments are *awarded* to students by the program primarily through the Clinical Education Coordinator and MSSM Director. Clinical assignments are a privilege and can be removed or revoked as deemed necessary or prudent. This is rarely done, but may be done for the following reasons:

1. a student's actions may harm the program, clinical site, personnel, or students;
2. a student has violated or intends to violate a standard of care, a program policy, privacy laws, or acts in a way that is not consistent with NATA professional standards or the University of Utah standards
3. a student violates any portion of his/her student/MSSM contract
4. a student fails to report a violation of another student, person, or entity as outlined above
5. a student fails to appropriately communicate with his/her preceptor, CEC, clinical supervisor, or other clinical personnel
6. a student is on academic probation
7. a student fails to achieve normal academic progress
8. this list is not exhaustive

Clinical experiences for ATP students must include, but should not be limited to:

- i) Individual and team sports
- ii) Sports requiring protective equipment (e.g. helmet and shoulder pads)
- iii) Patients of different sexes
- iv) Non-sport patient populations (e.g. outpatient clinic, emergency room, primary care office, industrial, performing arts, military)
- v) A variety of conditions other than orthopedics (e.g. primary care, internal medicine, dermatology).

Cancelling a Clinical Placement

A clinical placement will not be changed once it is confirmed with a clinical site! Students should discuss the situation with the program (CEC, Graduate Director) as soon as possible if they feel a need to cancel or change a Clinical Assignment for any reason. If significant extenuating circumstances arise, the student may have the option to cancel/alter the placement. Extenuating circumstances may include student illness or injury, family issues impacting the student's ability to participate, an alteration in the student's ability to progress within the program, or a problem at the clinical site (identified by the program(s)). **An approved cancelation of a placement may result in the student completing the placement at a later time –and may therefore delaying graduation.** Under no circumstances should a student directly contact a clinical site to negotiate a change or cancel a planned clinical placement without discussing this with the CEC/Graduate Director first.

Withdrawing from a Clinical Placement

At any time during the clinical experience or Clinical Assignment, after consultation with the clinical preceptor, the clinical site supervisor, the CEC, and/or ATP faculty may withdraw a student from a Clinical Assignment if, in their judgment, the student is performing incompetently, unprofessionally, or poses a safety threat to patients, the staff of the facility, or him/herself. The clinical preceptor may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical facility's disciplinary policy. "The student shall be required to follow all the rules, regulations, and procedures of the facility" (as per contract). These rules, regulations, and procedures should be introduced to the student during orientation to the facility or prior to the Clinical Assignment/experience.

Professional Behavior

As a student learning to become a professional in the area of athletic training or as a certified Athletic Trainer, it is expected that you demonstrate appropriate professional behavior in all contexts of your education. Students must comply with the code of conduct described in this handbook, the content of your contract, the student code of the University of Utah (<http://regulations.utah.edu/academics/6-400.php>), and the NATA Code of Ethics (<http://www.nata.org/codeofethics>).

In addition to the codes of conduct mentioned above, it is the program's belief that students are responsible to: Learn and review, as necessary, classroom and laboratory material; apply classroom material and laboratory practice in the clinic; identify questions and needs as they occur in the clinic; meet objectives for professional conduct (Professionalism Core Values & Professional Behaviors); meet course requirements; meet departmental policies and procedures; independently assess his/her own performance; assess the clinical education experience; and, provide feedback to the clinical instructor.

Students are expected to demonstrate the same academic zeal they had prior to admission. Ongoing review of students by the core faculty will occur to assess progress and performance. Tardiness will not be tolerated.

Students who are determined to have deficiencies in their ability to become an Athletic Trainer or in practicing as an Athletic Trainer will be reviewed by administration to determine if they should be retained in the program. This review is generally conducted by a Clinical Supervisor, an Academic Program Director, and often by one other person such as the Program Manager. However, individual instructors may suggest other performance criteria if necessary. Students will be evaluated against the criteria outlined in this handbook, outlined in course syllabi, University Student Code, and as described in the student's contract.

Clinical Behavior Expectations

It is important to note that each clinical site will have its own professional requirements, guidelines, and professional norms. It is the responsibility of the student to know, understand, and implement these professional behaviors. In general, when a question arises about professional behavior, the more professional, stringent policy is generally the most appropriate and will be the policy used by the program.

It is the student's responsibility to seek all the information needed to comply with the clinical site's departmental and organizational policies. Students should ask for additional information or seek clarification of information provided. Such policies will concern lunch, breaks, smoking regulations, dress code, fire and emergency procedures, departmental hours, and holidays, etc. **Orientation is a shared responsibility for the student and the preceptor.**

The list of considerations for professional clinical behavior below is only provided as an aide or guideline for professional behavior. While these suggestions may seem common sense, they are printed here because of specific past student situations and have been requested by clinical preceptors and sites.

- i. Abide by departmental regulations of the clinical site.
- ii. Arrive on time (early is considered "on time"), keep appointments, and leave at a time agreed upon (in advance) by the preceptor. Do not leave "early."
- iii. Use free time constructively and wisely as mutually agreed upon with the clinical preceptor.
- iv. Demonstrate initiative in patient care, departmental functions and in your own learning.
- v. Accept and contribute constructive suggestions/communications in a professional manner.
- vi. Any gifts or gratuities exceeding \$15 value should be reported to the preceptor or clinical supervisor and handled in a manner in accordance with site policies.
- vii. Students should avoid chewing gum while treating patients. According to OSHA standards, no food should be in patient care areas or eaten while treating patients.
- viii. Students should obtain permission of the clinical preceptor before visiting patients after departmental hours. In some facilities, this may be an acceptable practice; in others, it is not. Check beforehand, and comply with those procedures.
- ix. Relationships with patients that extend beyond patient care or that occur outside of the clinical setting are prohibited (see Relationships Policy).
- x. Asking questions of the clinical preceptor will not only facilitate learning, but will ensure patient safety and quality care. Be discrete about questions asked in front of the patient, and reserve all questions regarding prognosis for when the patient is not present. Be aware of the clinical preceptor's time constraints in answering questions as well as your obligation to ask those questions.
- xi. Strict adherence to the ethical standards, which protect the patients' confidence, is required. Do not discuss your patients' condition(s) outside the clinical setting and with anyone who does not have a "need to know." Patients may be discussed with classmates or faculty for educational purposes only but avoid identifying them by name.
- xii. Attention to common courtesy is essential in the clinical setting. Communication of respect, your

- display of good listening skills and sensitive verbal communications will be helpful in promoting productive working relationships with your clinical supervisors and peers.
- xiii. Students are obligated to report back to the school any ethical or legal compromises noted at their clinical sites.
 - xiv. Personal cell phones or other electronic communication devices not used for reasonable accommodations of a documented disability must be silenced and not used during class or clinic times.
 - xv. Clinical Preceptors plan experiences for the student based on the school's and student's objectives; demonstrates effective use of skills identified as objectives for the student as well as facilitate these same skills in the student; assesses student performance and provides feedback to the student on an ongoing basis and completes a midterm and final assessment of the student's professional behaviors (if requested by the program); contact the school if s/he has any issues or concerns at any time regarding student performance, attendance, professionalism, or obligation.
 - xvi. The purpose of the preceptor student relationship is to work together to create the best environment for the student to learn.
 - xvii. It is the student's responsibility to communicate with a student, patient, preceptor, faculty, staff, clinical supervisor, or other administrator to discuss or report any behavior which creates an inappropriate learning environment in any athletic training setting. If a student observes any unacceptable behavior in any athletic training setting, s/he is obligated to inform a supervisor or a program administrator. If the student cannot speak to an immediate supervisor, the student must contact a program administrator.
 - xviii. No horseplay, profanity or unprofessional conduct will be tolerated.
 - xix. Professional attire is mandatory. Keep in mind that you are representing the University of Utah, your dress and appearance is a direct reflection on your academic program.
 - xx. Professional and discrete conduct is required when providing health care.
 - xxi. Complete any job-related duty requested by a staff athletic trainer / preceptor, a team physician, another healthcare provider, supervisor, or an athletic administrator.
 - xxii. Remember that we are a staff of individuals working towards a similar goal. Work together and do not embarrass each other. Be positive and constructive. All athletic training room policies and procedures are to be followed.
 - xxiii. ATP students must be directly supervised at all times and will carry out the treatment, rehabilitation and care of the athletes under the supervision of an athletic trainer / preceptor.
 - xxiv. If communication to a staff athletic trainer / preceptor, team physician, or supervisor is necessary and one is not available, notification of any problem in a timely fashion is absolutely necessary.
 - xxv. Athletic training students will never carry or administer any prescription medications.
 - xxvi. All clinical assignments are determined by program staff. These assignments are assigned and no alterations or changes can be made without permission from the CEC for ATP or the Graduate Coordinator for MSSM.
 - xxvii. Any issues an athletic training student has with a coach or student athlete should be handled by a staff athletic trainer / preceptor, or clinical supervisor.
 - xxviii. Any issues an athletic training student has with a coach or student athlete should be handled by a staff athletic trainer / preceptor, or clinical supervisor
 - xxix. Unless you are certified, you cannot provide health care advice.
 - xxx. Any information you obtain about injuries or conditions of anyone under your care or witnessed by you must remain in the athletic training room or health care setting; it is not for public release. This may be reason for dismissal from the program if a violation occurs. Any release of information about any student, patient, or other participant in a health care setting may be a HIPAA or FERPA violation and can be prosecuted as such.
 - xxxi. Your experience within the University of Utah athletic training rooms and clinical settings outside the University will be a learning situation; however, you will have to show interest and self-motivation. Do not be afraid to ask for help.

xxxii. The telephones and computers in the clinical settings are to be used only for official business.

Dress Code

1. Clothing provided to students by or for any clinical assignment may not be returned, exchanged, traded or altered in any way without permission from the ATP Manager. Any concerns or issues with clothing must be communicated to the Manager. A violation of this policy may result in immediate dismissal.
2. All students will be expected to dress in the appropriate clothing for lab work, class, clinic, or when representing the University in a clinical setting. In general, that should be interpreted to mean the following:
3. The attire for clinical practice labs that require physical assessment includes shorts for the men, shorts and bathing suit/halter top for the women.
4. When activities are conducted in a specific clinical setting, the students should dress professionally in clothing appropriate to the dress code. The patients and clients with whom you interact expect and deserve a certain degree of professionalism. Students generally should present a neat and clean appearance. Examples of non-professional appearance in the clinical setting include, but are not limited to, jewelry worn in tongues, noses and eyebrows, unnatural hair coloring and revealing clothing. Faculty and clinical site personnel may identify other examples of nonprofessional appearance or unsafe clothing, attire, etc.
5. Students are required to wear the U of U health sciences vertical name badge in all patient encounters.
6. Dress code is determined by the preceptor and policies of the clinical site. The program's preference is that students dress professionally. If you have any questions, please refer to the University of Utah Health Care Dress Code (with the exception that you are allowed to wear professional/appropriate shorts).
7. Badge/Identification must be worn at all times during clinical assignments (on or off campus). All students will receive or be reimbursed for a new UNID card after acceptance. All students are required to wear a UNID card above the waist and visible while at a clinical site or providing care. If a student loses his/her card the student will be required to replace the card (current price is \$20). You will be provided one badge holder. Replacements are the responsibility of the student.
8. Grooming is essential for the overall professional appearance of all students. In a hospital environment, including all clinical and non-clinical areas, it is important for students to be clean and well groomed. Co-workers are also affected when working with students who have bad breath, dirty hair and body odor, etc.

Academic/Clinical Scheduling

The Athletic Training Program considers the didactic/academic portion of a student's education to be its first priority. In general, you will be excused from any clinical or other ATP requirement if it conflicts with a scheduled University of Utah academic or course requirement. **However**, it is important that if a student foresees a regular and substantial conflict with a clinical assignment that s/he contact his/her preceptor immediately as well as the Clinical Education Coordinator. Placing academics first does not allow a student to schedule a course that will conflict with an entire clinical assignment.

A student's clinical assignment is the program's second priority. A student will not be excused from a scheduled clinical assignment for any reason other than a scheduled University of Utah academic or course

requirement, unless the student obtains prior approval from the Clinical Education Coordinator or the clinical preceptor. To be approved for any short term or regular absence, speak to the CEC or preceptor. The consequences or the requirement to make-up for the absence will be determined by the Clinical Education Coordinator and the preceptor at the clinical site. Students requesting an absence may be required to formally request, in writing, absence from the clinical experience. This will be kept in the student's academic/clinic file.

All students must provide documentation to be excused from a class. This includes all program or non-program classes. If you fail to present a letter or contact a professor in advance about an absence, your grade or progress in that course may suffer. **Students may not miss an ATP or non-ATP course for a clinical assignment unless excused by the instructor. An instructor must be notified at least 24 hours in advance.** If a student plans to miss any University course for an internship or any clinical placement/assignment, a letter must be provided for the absence to be excused. The program may not support an absence if this procedure is not followed. **A written or emailed letter prior to the start of class is expected for all academic absences.**

A student who desires to miss a University course for other reasons related to a clinical assignment or other opportunity (e.g., a conference) may receive a letter from the Manager or Clinical Education Coordinator to substantiate the absence. A request for a letter must be made 48 hours in advance and may require an in-person meeting.

Students may not miss a course and then attend a clinical assignment. If you are too ill to attend a course, you are too ill to provide patient care. Students that miss courses and then attend a clinical assignment will be penalized for abuse of this policy.

Any time missed due to illness or emergency must be reported to the clinical preceptor or the CEC and may need to be replaced. Time off for appointments for medical and dental care – either for the student or the student's dependents, should be discussed with the clinical preceptor prior to making the appointment. The student is expected to schedule appointments outside of clinical time and attempt to minimize the disruption to the clinical assignment and the functioning of the facility.

Often holidays such as New Year's, Easter, Memorial Day, Independence Day, (Pioneer Day in UT), and others occur during the course of a clinical placement. Students will follow the same holiday schedule as their preceptor; therefore, students may be in clinic on the holiday and may be separated from family / friends on that day. Closure of the University does not excuse the student from participating in the scheduled clinical placement.

Essential Requirements for Completion of the Athletic Training Bachelor of Science Degree

1. Complete all required courses (See catalog or major page for current information on ATP requirements. Your requirements are "locked" based on the year you are declared. View your Degree Audit with the correct catalog year for these requirements).
2. Minimum grade of C in each ATP core course, and in all other major required courses.
3. A 2.8 cumulative GPA for all U of U courses and a 3.0 cumulative GPA for all ATP major courses
4. Completion of all University and College Requirements
5. Complete, accurate tracking, and timely reporting of clinically assigned hours (1200 minimum, 2000 maximum).
6. No pending infractions or other disciplinary action(s)
7. Infectious disease, HIPPA and FERPA training, and other safety trainings as required by the program
8. Technical Standards, accommodations, and criminal violations reported to the manager as well as any changes to these items or areas.

9. Required vaccination documentation
10. Complete all clinical assignments
11. ATP majors must show improvement on the practical exams provided each year. A final test less than proficient may result in dismissal or other academic remediation requirements (repeating a course or clinical assignment).
12. This is a general outline that highlights key requirements, other requirements may be enforced.

Transfer Policy

In general, ATP will consider all transfer work. All transfer work may require a petition to prove equivalency. In some instances, an exemption exam may also be required. All courses considered equivalent to the courses offered at the University of Utah or courses that meet the standards required by the ATP, will be waived or substituted in the student's academic plan. Students may or may not receive credit towards the major. For transfer work to be considered for the major, a petition must be filed with the academic advisor.

Program Fee

All students in the ATP are required to pay program fees. This fee began spring 2011 and was approved by the Board of Regents and the University of Utah. It was approved because of the unique requirements of clinical education and an understanding that the ATP could not exist without this additional source of funds. The rules regarding the fee require the program to use the fees to cover costs that benefit the program and/or all students within it. The majority of the fee is used to cover accreditation, licensure, and administration. After these expenses, the fee covers most Athletic Training Student specific expense requirements with a specific exclusion for mileage. Each year the program will provide an end of year report on how the fees were allocated in the prior fiscal year. For more information on this or to be a part of the budget and review process, speak to an ATSA representative. This information is included in the ATP/MSSM Annual Report published each January. The fee for the graduating class of 2018 is \$1000 per semester for 5 semesters and is billed through Income Accounting as part of a student's tuition bill. The program supports your Right To Know about the cost of your education. For more information, visit Right To Know: <http://financialaid.utah.edu/u-right-to-know/>.

ATP Course Tests

Students have the ability to review any test taken during the following academic year in an ATP Core Course, if requested. The test is kept for one year.

Student Exchange or Study Abroad

The ATP allows for student exchange or study abroad. To participate in a student exchange or study abroad the student must follow all University policies, meet with his/her advisor, and adhere to the ATP policies below. An exchange or study abroad experience will most likely be approved under the condition that the student will re-enter the program at the point where s/he left. In other words, most likely, no courses or credit obtained through the exchange or study abroad will be pre-approved to meet the current ATP major requirements. All study abroad and exchange opportunities are reviewed individually and decisions are made based on a student's proposal. For instance, the student's proposal and opportunity will dictate whether courses will be transferred and accepted by the ATP.

A student interested in an exchange with the University of Utah ATP or study abroad will need to provide a letter of recommendation, transcript, information and verification regarding their current program, and the

courses completed. They will also be required to pay a \$1000 per semester program fee (an exception to this may be provided for students who only participate in the clinical setting). Once these materials are provided and/or agreed to, the student must interview with the Program Director, Manager, and Clinical Coordinator. The student is required to sign a copy of the ATP student contract prior to arrival and to attend a 4-hour orientation. The ATP agrees to provide the exchangee's program with course syllabi and information on the skills and competencies satisfied while attending the University of Utah, but will not verify eligibility for the BOC. A student who completes an exchange with the University of Utah ATP is not automatically allowed entrance to the regular program if the student chooses to stay at the institution. All exchange students will need to officially apply for entrance to the program or petition for an exception to the policy.

Petition Policy

The Athletic Training Education Program allows a student to file a petition to resolve academic grievances, policy violations, or to satisfy an academic requirement. All petitions must be complete and understandable without additional explanation (the ATP may or may not meet with a student or contact a student for more information). The decision made regarding the petition is appealable to the Chair of the Department of Physical Therapy and Athletic Training, or in rare circumstances, to the Dean of the College of Health. The ATP has one month to respond to a complete petition. If you want to submit a petition, speak to the Manager for a petition form and instructions. You will discuss your petition at this meeting and a timeline and series of steps will be outlined.

Safety and Wellness

Your safety is our top priority. In an emergency, dial 911 or seek a nearby emergency phone (throughout campus). Report any crimes or suspicious people to 801-585-COPS; this number will get you to a dispatch officer at the University of Utah Department of Public Safety (DPS; dps.utah.edu). If at any time, you would like to be escorted by a security officer to or from areas on campus, DPS will help — just give a call.

The University of Utah seeks to provide a safe and healthy experience for students, employees, and others who make use of campus facilities. In support of this goal, the University has established confidential resources and support services to assist students who may have been affected by harassment, abusive relationships, or sexual misconduct. A detailed listing of University Resources for campus safety can be found at <https://registrar.utah.edu/handbook/campussafety.php>

Your well-being is key to your personal safety. If you are in crisis, call 801-587-3000; help is close. The university has additional excellent resources to promote emotional and physical wellness, including the Counseling Center (<https://counselingcenter.utah.edu>), the Wellness Center (<https://wellness.utah.edu>), and the Women's Resource Center (<https://womenscenter.utah.edu>). Counselors and advocates in these centers can help guide you to other resources to address a range of issues, including substance abuse and addiction.

Title IX

As students providing health care to other students, and as a trusted resource for students and those seeking health care, you play an important role in identifying and addressing difficult situations that these students and patients may encounter. As part of this role, you are required to report any and all incidences or reports of sexual misconduct. Sexual misconduct is a form of sex discrimination and, under university policy, is a broad term used to encompass a range of behaviors including sexual or gender-based harassment, intimate partner violence, sexual exploitation, stalking, nonconsensual sexual contact and nonconsensual sexual penetration. As a student, it is not your responsibility to enforce the university's policies prohibiting sexual misconduct, but it is your responsibility to document and report occurrences and information you may receive about discrimination and sexual misconduct. Your first resource for reporting or questions is your clinical supervisor/preceptor. However, you

may ask questions or report a potential violation to any person who has the authority to assist. These individuals include: Katie Woods, the CEC for ATP, Dr. Justin Rigby, Program Director, Josh Larson, Program Manager, or Dr. Karen Paisley, Associate Dean for the College of Health. No matter how you choose to handle the report or offense, be sure to document the incident and to whom you reported it to and to protect the individual's privacy that reported the incident.

You should have received training on Title IX and the University's nondiscrimination policies as part of ATP orientation. However, for more information please go to the following Office of Equal Opportunity website: <https://oeo.utah.edu/contact/>.

Knowing and following Title IX policy is critical to the success and health of everyone at the U. The first response a person who has experienced sexual misconduct receives when they disclose can be critical to their healing. Be supportive and listen to the individual. You don't need to investigate or ask questions. It is important that you report the situation to your clinical supervisor/preceptor or to a person who has authority to assist. Others will determine whether the incident is a violation.

Rubric for Professional Behaviors

Professional Behaviors are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten Professional Behaviors were identified through previous study of clinical education. The ten abilities and definitions developed are:

Generic Ability	Definition
1. Critical Thinking	The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.
2. Communication	The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. Problem Solving	The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.
4. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. Responsibility	The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
6. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. Use of Constructive Feedback	The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.
8. Effective Use of Time and Resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. Stress Management	The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. Commitment to Learning	The ability to self- direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Modified From:

May, W.W., Morgan, B.J., Lemke, J.C., Karst, G.M., & Stone, H.L. (1995). Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*, 9(1), 3-6.

Updated 2010, to be published.

PROFESSIONAL BEHAVIORS	Beginning Level:	Intermediate Level:	Entry Level:	Post-Entry Level:
<p>Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</p>	<ul style="list-style-type: none"> - Raise relevant questions - Considers all available information - Articulates ideas - Understands the scientific method - States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) - Recognizes holes in knowledge base - Demonstrates acceptance of limited knowledge and experience 	<ul style="list-style-type: none"> - Feels challenged to examine ideas - Critically analyzes the literature and applies it to patient management - Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas - Seeks alternative ideas - Formulates alternative hypotheses - Critiques hypotheses and ideas at a level consistent with knowledge base - Acknowledge presence of contradictions 	<ul style="list-style-type: none"> - Distinguishes relevant from irrelevant patient data - Readily formulates and critiques alternative hypotheses and ideas - Infers applicability of information across populations - Exhibit openness to contradictory ideas - Identifies appropriate measures and determines effectiveness and applied solutions efficiently - Justifies solutions selected 	<ul style="list-style-type: none"> - Develops new knowledge through research, professional writing and/or professional presentations - Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process - Weighs information value based on source and level of evidence - Identifies complex patterns of associations - Distinguishes when to think intuitively vs. analytically - Recognizes own biases and suspends judgmental thinking - Challenges others to think critically
<p>Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</p>	<ul style="list-style-type: none"> - Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting - Recognizes impact of non-verbal communication in self and others - Recognizes the verbal and non-verbal characteristics that portray confidence - Utilizes electronic communication appropriately 	<ul style="list-style-type: none"> - Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences - Restates, reflects and clarifies message(s) - Communicate collaboratively with both individuals and groups - Collects necessary information from all pertinent individuals in the patient/client management process - Provides effective education (verbal, non-verbal, written and electronic) 	<ul style="list-style-type: none"> - Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups - Presents persuasive and explanatory verbal, written or electronic messages with logical organizations and sequencing - Maintains open and constructive communication - Utilizes communication technology effectively and efficiently 	<ul style="list-style-type: none"> - Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning - Effectively delivers messages capable of influencing patients, the community and society - Provides education locally, regionally and/or nationally - Mediates conflict

<p>Problem Solving – The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.</p>	<ul style="list-style-type: none"> - Recognizes problems - States problems clearly - Describes known solutions to problems - Identifies resources needed to develop solutions - Uses technology to search for and locate resources - Identifies possible solutions and probable outcomes 	<ul style="list-style-type: none"> - Prioritizes problems - Identifies contributors to problems - Consults with others to clarify problems - Appropriately seeks input or guidance - Prioritizes recourse (analysis and critique of recourse) - Considers consequences of possible solutions 	<ul style="list-style-type: none"> - Independently locates, prioritizes and uses resources to solve problems - Accepts responsibility for implementing solutions - Implements solutions - Reassesses solutions - Evaluates outcomes - Modifies solutions based on the outcomes and current evidence - Evaluates generalizability of current evidence to a particular problem 	<ul style="list-style-type: none"> - Weighs advantages and disadvantages of a solution to a problem - Participates in outcome studies - Participates in formal quality assessment in work environment - Seeks solutions to community health-related problems - Considers second the third order effects of solutions chosen
<p>Interpersonal Skills – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</p>	<ul style="list-style-type: none"> - Maintains professional demeanor in all interactions - Demonstrates interest in patients as individuals - Communicates with others in a respectful and confident manner - Respects differences in personality, lifestyle and learning styles during interactions with all persons - Maintains confidentiality in all interactions - Recognizes the emotions and bias that one brings to all professional interactions 	<ul style="list-style-type: none"> - Recognizes the non-verbal communication and emotions that others bring to professional interactions - Establishes trust - Seeks to gain input from others - Respects role of others - Accommodates differences in learning styles as appropriate 	<ul style="list-style-type: none"> - Demonstrates active listening skills and reflects back to original concern to determine course of action - Responds effectively to unexpected situations - Demonstrates ability to build partnerships - Applies conflict management strategies when dealing with challenging interactions - Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them 	<ul style="list-style-type: none"> - Establishes mentor relationships - Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction
<p>Responsibility – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</p>	<ul style="list-style-type: none"> - Demonstrates punctuality - Provides a safe and secure environment for patients - Assumes responsibility for actions - Follows through on commitments - Articulates limitations and readiness to learn 	<ul style="list-style-type: none"> - Displays awareness of and sensitivity to diverse populations - Completes projects without prompting - Delegates tasks as needed - Collaborates with team members, patients and families - Provides evidence-based patient care 	<ul style="list-style-type: none"> - Educates patients as consumers of health care services - Encourages patient accountability - Directs patients to other health care professionals as needed - Acts as a patient advocate 	<ul style="list-style-type: none"> - Recognizes role as a leader - Encourages and displays leadership - Facilitates program development and modification - Promotes clinical training for students and coworkers - Monitors and adapts to changes in the health care system - Promotes service to the community

	<ul style="list-style-type: none"> - Abides by all policies of academic program and clinical facility 		<ul style="list-style-type: none"> - Promotes evidence-based practice in health care settings - Accepts responsibility for implementing solutions - Demonstrates accountability for all decisions and behaviors in academic and clinical settings 	
<p>Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Athletic Training profession.</p>	<ul style="list-style-type: none"> - Abides by all aspects of the academic program honor code and the NATA Code of Ethics - Demonstrates awareness of state licensure regulations - Projects professional image - Attends professional meetings - Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers 	<ul style="list-style-type: none"> - Identifies positive professional role models within the academic and clinical settings - Acts on moral commitment during all academic and clinical activities - Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making - Discusses societal expectations of the profession 	<ul style="list-style-type: none"> - Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary - Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity - Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development - Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices - Discusses role of athletic training within the healthcare system 	<ul style="list-style-type: none"> - Actively promotes and advocates for the profession - Pursues leadership roles - Supports research - Participates in program development - Participates in education of the community - Demonstrates the ability to practice effectively in multiple settings - Acts as a clinical instructor - Advocates for the patient, the community and society

			- Demonstrates leadership in collaboration with both individuals and groups	
<p>Use of Constructive Feedback – The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.</p>	<ul style="list-style-type: none"> - Demonstrates active listening skills - Assesses own performance - Actively seeks feedback from appropriate sources - Demonstrates receptive behavior and positive attitude toward feedback - Incorporates specific feedback into behaviors - Maintains two-way communication without defensiveness 	<ul style="list-style-type: none"> - Critiques own performance accurately - Responds effectively to constructive feedback - Utilizes feedback when establishing professional and patient related goals - Develops and implements a plan of action in response to feedback - Provides constructive and timely feedback 	<ul style="list-style-type: none"> - Independently engages in a continual process of self-evaluation of skills, knowledge and abilities - Seeks feedback from patients/clients and peers/mentors - Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities - Uses multiple approaches when responding to feedback - Reconciles differences with sensitivity - Modifies feedback given to patients/clients according to their learning styles 	<ul style="list-style-type: none"> - Engages in non-judgmental, constructive problem-solving discussions - Acts as conduit for feedback between multiple sources - Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients - Utilizes feedback when analyzing and updating professional goals
<p>Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.</p>	<ul style="list-style-type: none"> - Comes prepared for the day’s activities/responsibilities - Identifies resource limitations (i.e. information, time, experience) - <u>Determines</u> when and how much help/assistance is needed - Accesses current evidence in a timely manner - Verbalizes productivity standards and identifies barriers to meeting productivity standards - Self-identifies and initiates learning opportunities during unscheduled time 	<ul style="list-style-type: none"> - Utilizes effective methods of searching for evidence for practice decisions - Recognizes own resource contributions - Shares knowledge and collaborates with staff to utilize best current evidence - Discusses and implements strategies for meeting productivity standards - Identifies need for and seeks referrals to other disciplines 	<ul style="list-style-type: none"> - Uses current best evidence - Collaborates with members of the team to maximize the impact of treatment available - Has the ability to set boundaries, negotiate, compromise, and set realistic expectations - Gathers data and effectively interprets and assimilates the data to determine plan of care - Utilizes community resources in discharge planning - Adjusts plans, schedule etc. as patient needs and circumstances dictate - Meets productivity standards of facility while 	<ul style="list-style-type: none"> - Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.) - Applies best evidence considering available resources and constraints - Organizes and prioritizes effectively - Prioritizes multiple demands and situations that arise on a given day - Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

			providing quality care and completing non-productive work activities	
<p>Stress Management – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.</p>	<ul style="list-style-type: none"> - Recognizes own stressors - Recognizes distress or problems in others - Seeks assistance as needed - Maintains professional demeanor in all situations 	<ul style="list-style-type: none"> - Actively employs stress management techniques - Reconciles inconsistencies in the educational process - Maintains balance between professional and personal life - Accepts constructive feedback and clarifies expectations - Establishes outlets to cope with stressors 	<ul style="list-style-type: none"> - Demonstrates appropriate affective responses in all situations - Responds calmly to urgent situations with reflection and debriefing as needed - Prioritizes multiple commitments - Reconciles inconsistencies within professional, personal and work/life environments - Demonstrates ability to defuse potential stressors with self and others 	<ul style="list-style-type: none"> - Recognizes when problems are unsolvable - Assists others in recognizing and managing stressors - Demonstrates preventative approach to stress management - Establishes support networks for self and others - Offers solutions to the reduction of stress - Models work/life balance through health/wellness behaviors in professional and personal life
<p>Commitment to Learning – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.</p>	<ul style="list-style-type: none"> - Prioritizes information needs - Analyzes and subdivides large questions into components - Identifies own learning needs based on previous experiences - Welcomes and/or seeks new learning opportunities - Seeks out professional literature - Plans and presents an in-service, research or cases studies 	<ul style="list-style-type: none"> - Researches and studies areas where own knowledge base is lacking in order to augment learning and practice - Applies new information and re-evaluates performance - Accepts that there may be more than one answer to a problem - Recognizes the need to and is able to verify solutions to problems - Reads articles critically and understands limits of application to professional practice 	<ul style="list-style-type: none"> - Respectfully questions conventional wisdom - Formulates and re-evaluates position based on available evidence - Demonstrates confidence in sharing new knowledge with all staff levels - Modifies programs and treatments based on newly-learned skills and considerations - Consults with other health professionals and athletic trainers for treatment ideas 	<ul style="list-style-type: none"> - Acts as a mentor not only to other AT's, but to other health professionals - Utilizes mentors who have knowledge available to them - Continues to seek and review relevant literature - Works towards clinical specialty certifications - Seeks specialty training - Is committed to understanding the AT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine) - Pursues participation in clinical education as an educational opportunity

Student Contract

University of Utah Athletic Training Program

A. As an athletic training student in the Athletic Training Program (ATP) at the University of Utah, I agree to abide by the following expectations to retain my position in the program. I have been provided a copy of this contract for my records.

Student initials: _____

B. I understand that I must

provide verification to the Program Manager that I have Blood Borne Pathogen, BLS, Oxygen Administration, and First Aid (or EMR, EMT or equivalent) certification/training

Student initials: _____

and have signed the infectious disease policy.

Student initials: _____

If verification of these items is not complete, I may not participate in any clinical assignment until complete.

Student initials: _____

C. I understand that I am required to provide a current

copy/record of my final Hepatitis B, MMR, TB, and Tdap vaccinations

Student initials: _____

signed copy of the ATP Technical Standards.

Student initials: _____

If I request accommodation in any ATP course, I must document this accommodation with the Program Manager and follow the procedures requested of the program.

Student initials: _____

I understand that any accommodation request will be followed according to the Disability Services policies regarding the accommodation.

Student initials: _____

I understand that the Technical Standards may need to be modified based on the accommodation request and that I may need to sign the new Technical Standard document to receive accommodation.

Student initials: _____

D. I understand that I must

demonstrate responsibility and professionalism in my interactions with faculty, staff, and fellow students.

Student initials: _____

maintain a cumulative University of Utah GPA of 2.8 at all times

Student initials: _____

maintain a 3.0 or better GPA for the Athletic Training Major GPA,

Student initials: _____

graduate with a letter grade of C or higher in all Athletic Training and in all other Athletic Training major courses.

Student initials: _____

E. If I fail to obtain the academic requirements outlined by the program in the student handbook, I will be placed on academic probation from the ATP and my graduation may be delayed. I understand that if I continue to fail to maintain these academic standards for more than two consecutive semesters, I will be dismissed from the program.

Student initials: _____

F. I understand that I must report to my assigned clinical experience in the capacity as an athletic training student (ATS) each semester while in the ATP and demonstrate professional behaviors in all my interactions with the athletes I am treating, my preceptors, and my fellow students.

Student initials: _____

G. I understand that the length of my clinical experiences is consistent with comparable academic programs requiring a clinical or supervised component. I understand that I will participate in a minimum of 1200 and a maximum of 2000 clinical hours. During the academic year, I will not average more than 25 hours a

week per clinical assignment, and no more than 30 hours per week during preseason (August 1 until the beginning of the semester).

Student initials: _____

H. I understand that reaching the minimum clinical hours does not allow me to refuse, stop, or otherwise alter my clinical hours.

Student initials: _____

I. I understand that my volunteer hours are not part of my clinical hour requirement and cannot be converted to clinical hours at a later date.

Student initials: _____

J. I will report to my clinical assignments in the capacity as an athletic training student (ATS) regularly and on time after the schedule has been determined with the CEC and my assigned preceptor.

Student initials: _____

K. I understand that I must report for clinical experiences no earlier than August 1st while enrolled in the program.

Student initials: _____

L. If I have conflict with reporting at this time, I will inform the CEC and my preceptor by July 1st.

Student initials: _____

M. I understand that even if my absence is excused, I may be required to make up any missed hours, training, or other experiences covered during this time.

Student initials: _____

N. I may not create, or officially solicit a clinical assignment without the consent of the CEC or other program administrator.

Student initials: _____

O. I understand that I must provide my own transportation to and from my assigned clinical experience and that the University of Utah ATP or the Department of Physical Therapy and Athletic Training will not reimburse me for any travel expenses I incur.

Student initials: _____

P. I understand that I must have one day off within any 7-day period and that I may not be present or participate in a clinical assignment in any capacity during this one day off.

Student initials: _____

Q. During my final year in ATP

I will have a clinical assignment

Student initials: _____

I will provide my preceptor with written documentation of all my remaining clinical hours.

Student initials: _____

I will budget my remaining hours with my preceptor,

Student initials: _____

unless otherwise requested by my preceptor, I will report to my clinical experience as an athletic training student throughout an entire season (pre-season, in-season, post-season) with an assigned preceptor and athletic sports team and/or clinical affiliate.

Student initials: _____

R. I understand that the Program Director and the Clinical Education Coordinator will ask for my input on which clinical experiences I have each semester; but the Program Director and the Clinical Education Coordinator have the final determination on which clinical experience I receive.

Student initials: _____

S. I will abide by the University of Utah's ATP Dress Code while reporting to my clinical experiences as an athletic training student. If I have questions, it is my responsibility to clarify the code. I can be penalized for lack of knowledge because it is my responsibility to understand the policy.

Student initials: _____

T. I will abide by all policies within the University of Utah Athletic Training Student Handbook. I understand it is my responsibility to be aware of and abide by the policies in the handbook. I understand that the consequences for not understanding and following the policies can include being dismissed from the program.

Student initials: _____

U. I understand the absence request policy, and will give a minimum of 48 hours written notice to my preceptor when I need to miss a practice or event. I understand that taking a day off for academic reasons requires the 48-hour minimum notice.

Student initials: _____

V. I understand that if it becomes necessary to request an extended leave of absence I must request it in writing from the Program Director and it must be approved before my leave of absence begins.

Student initials: _____

W. I understand that a leave of absence may delay my date of graduation.

Student initials: _____

X. I understand that if I am employed, my employment must not conflict with my athletic training clinical responsibilities. If my employment conflicts with my athletic training clinical responsibilities, I will adjust my employment schedule around my athletic training clinical responsibilities.

Student initials: _____

Y. I understand that I may be given an infraction notice for violation of policies, procedures, or exhibiting inappropriate or unprofessional behavior.

Student initials: _____

Z. I understand that if I obtain any infraction as an athletic training student, I will have a meeting with one or all of the following people, the Program Director, the Clinical Education Coordinator, or the Program Manger. I understand that subsequent infractions have further consequences that may include being dismissed from the program. I understand that infraction notices accumulate throughout my education in the University of Utah's ATP and they are never removed from my record.

Student initials: _____

AA. I am required to meet with the ATP Academic Advisor once a year. Generally, this will be a prescheduled meeting with the Academic Advisor. I will be prepared for this meeting and complete all assignments related to this appointment.

Student initials: _____

AB. I understand that my preceptor will evaluate me, I will evaluate my preceptor, and I will evaluate myself, up to four times each semester.

Student initials: _____

AC. I understand that I may be put on probation or terminated from the ATP at any time for failure to progress academically or clinically and for accumulation of infraction notices, or for inappropriate or unprofessional behavior as outlined by the University of Utah's ATP Student Handbook. I understand that the University of Utah Policies and Procedures are recognized and enforced as part of the ATP Student Handbook.

Student initials: _____

AD. I acknowledge that a copy of the ATP Student Handbook has been provided to me, that it is available to me online through the ATP website, and that I must comply and follow The National Athletic Trainers' Association Code of Ethics found online at www.nata.org.

Student initials: _____

AE. I acknowledge that the Student Handbook is updated annually and it is my responsibility to know and understand the policies, even updated or new policies, each year.

Student initials: _____

AF. I understand that if I do not understand a policy or procedure in the ATP Student Handbook, if I experience or witness a violation of any policy or procedure, or if I have any questions academically, clinically, or otherwise that pertain to my ability to be successful in the Athletic Training Program that it is my responsibility to contact the Program Manager, Program Director, or Clinical Education Coordinator as soon as possible. I understand that failure to do so may affect the ATP's ability to successfully assist me in resolving my conflict, question, or concern.

Student initials: _____

AG. I will not receive any compensation for any duties I perform as an Athletic Training Students or for any program directed or assigned clinical assignment.

Student initials: _____

Student Name: _____

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Justin H. Rigby, PhD, LAT, ACT
Director, Athletic Training Program
Department of Physical Therapy and
Athletic Training
Justin.H.Rigby@health.utah.edu
(801) 213-1315

Student Contract for Professional Responsibility

University of Utah Athletic Training Program

While engaged in any Athletic Training Education Program activity, you shall demonstrate ethical practice behaviors that are in compliance with the standards of the University of Utah ATP and NATA Code of Ethics which states:

PRINCIPLE 1: Members shall respect the rights, welfare and dignity of all.

PRINCIPLE 2: Members shall comply with the laws and regulations governing the practice of athletic training.

PRINCIPLE 3: Members shall maintain and promote high standards in their provision of services.

PRINCIPLE 4: Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

- i. Abide by departmental regulations of the clinical site.
- ii. Arrive on time (early is considered “on time”), keep appointments, and leave at a time agreed upon (in advance) by the preceptor. Do not leave “early.”
- iii. Use free time constructively and wisely as mutually agreed upon with the clinical preceptor.
- iv. Demonstrate initiative in patient care, departmental functions and in your own learning.
- v. Accept and contribute constructive suggestions/communications in a professional manner.
- vi. Any gifts or gratuities exceeding \$15 value should be reported to the preceptor or clinical supervisor and handled in a manner in accordance with site policies.
- vii. Students should avoid chewing gum while treating patients. According to OSHA standards, no food should be in patient care areas or eaten while treating patients.
- viii. Students should obtain permission of the clinical preceptor before visiting patients after departmental hours. In some facilities, this may be an acceptable practice; in others, it is not. Check beforehand, and comply with those procedures.
- ix. Relationships with patients that extend beyond patient care or that occur outside of the clinical setting are prohibited (see Relationships Policy).
- x. Asking questions of the clinical preceptor will not only facilitate learning, but will ensure patient safety and quality care. Be discrete about questions asked in front of the patient, and reserve all questions regarding prognosis for when the patient is not present. Be aware of the clinical preceptor’s time constraints in answering questions as well as your obligation to ask those questions.
- xi. Strict adherence to the ethical standards, which protect the patients’ confidence, is required. Do not discuss your patients’ condition(s) outside the clinical setting and with anyone who does not have a “need to know.” Patients may be discussed with classmates or faculty for educational purposes only but avoid identifying them by name.
- xii. Attention to common courtesy is essential in the clinical setting. Communication of respect, your display of good listening skills and sensitive verbal communications will be helpful in promoting productive working relationships with your clinical supervisors and peers.
- xiii. Students are obligated to report back to the school any ethical or legal compromises noted at their clinical sites.
- xiv. Personal cell phones or other electronic communication devices not used for reasonable

accommodations of a documented disability must be silenced and not used during class or clinic times

- xv. Clinical Preceptors plan experiences for the student based on the school's and student's objectives; demonstrates effective use of skills identified as objectives for the student as well as facilitate these same skills in the student; assesses student performance and provides feedback to the student on an ongoing basis and completes a midterm and final assessment of the student's professional behaviors (if requested by the program); contact the school if s/he has any issues or concerns at any time regarding student performance, attendance, professionalism, or obligation.
- xvi. The purpose of the preceptor student relationship is to work together to create the best environment for the student to learn.
- xvii. It is the student's responsibility to communicate with a student, patient, preceptor, faculty, staff, clinical supervisor, or other administrator to discuss or report any behavior which creates an inappropriate learning environment in any athletic training setting. If a student observes any unacceptable behavior in any athletic training setting, s/he is obligated to inform a supervisor or a program administrator. If the student cannot speak to an immediate supervisor, the student must contact a program administrator.
- xxviii. No horseplay, profanity or unprofessional conduct will be tolerated.
- xix. Professional attire is mandatory. Keep in mind that you are representing the University of Utah, your dress and appearance is a direct reflection on your academic program.
- xx. Professional and discrete conduct is required when providing health care.
- xxi. Complete any job-related duty requested by a staff athletic trainer / preceptor, a team physician, another healthcare provider, supervisor, or an athletic administrator.
- xxii. Remember that we are a staff of individuals working towards a similar goal. Work together and do not embarrass each other. Be positive and constructive. All athletic training room policies and procedures are to be followed.
- xxiii. ATP students must be directly supervised at all times and will carry out the treatment, rehabilitation and care of the athletes under the supervision of an athletic trainer / preceptor.
- xxiv. If communication to a staff athletic trainer / preceptor, team physician, or supervisor is necessary and one is not available, notification of any problem in a timely fashion is absolutely necessary.
- xxv. Athletic training students will never carry or administer any prescription medications.
- xxvi. All clinical assignments are determined by program staff. These assignments are assigned and no alterations or changes can be made without permission from the CEC for ATP or the Graduate Coordinator for MSSM.
- xxvii. Any issues an athletic training student has with a coach or student athlete should be handled by a staff athletic trainer / preceptor, or clinical supervisor.
- xxviii. Any issues an athletic training student has with a coach or student athlete should be handled by a staff athletic trainer / preceptor, or clinical supervisor
- xxix. Unless you are certified, you cannot provide health care advice.
- xxx. Any information you obtain about injuries or conditions of anyone under your care or witnessed by you must remain in the athletic training room or health care setting; it is not for public release. This may be reason for dismissal from the program if a violation occurs. Any release of information about any student, patient, or other participant in a health care setting may be a HIPAA or FERPA violation and can be prosecuted as such.
- xxxi. Your experience within the University of Utah athletic training rooms and clinical settings outside the University will be a learning situation; however, you will have to show interest and self-motivation. Do not be afraid to ask for help.
- xxxii. The telephones and computers in the clinical settings are to be used only for official university business.

I have read and understand the above information and agree to fully comply with the above responsibilities:

Sign: _____

Date: _____

Exposure Control Plan

Athletic Training Education Program EXPOSURE CONTROL PLAN

1. Introduction.....	2
2. Roles & Responsibilities.....	3
3. Exposure Determination.....	3
4. Methods of Implementation & Control.....	3
5. Hepatitis B Vaccination.....	7
6. Post Exposure Evaluation & Follow-up.....	8
7. Incident Reporting.....	8
8. Training.....	9
9. Recordkeeping.....	10
Appendix A. Glossary of Terms.....	11
Appendix B. HBV Declination Form.....	14
Appendix C. Sharps Injury Log.....	15

1. INTRODUCTION

1.1 Purpose

This plan is designed to eliminate employee/student exposure to bloodborne pathogens. All human blood and other potentially infectious materials (OPIM) are considered to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV), and other bloodborne pathogens, and will be treated as if infectious, i.e. with universal precautions. Since animal blood is not readily distinguished from human blood by appearance, this document's guidance for handling and disposal of human blood and sharps is recommended for all blood. Definitions relevant to this document are found in Appendix A.

1.2 Scope

This exposure plan is mandatory for all University of Utah employees or students in an Athletic Training Program who have a potential for occupational exposure to human blood and OPIM. This plan must be customized so that it provides lab-specific provisions to identify and protect all personnel who may be at risk of exposure. This plan must be updated at least annually, and whenever there are changes in laboratory procedures that may change a worker's exposure. A copy of this plan must remain in the potential exposure areas, and must be accessible to personnel.

1.3 Policy

The Athletic Training Program (ATP) is committed to providing a safe and healthful environment. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist in implementing and ensuring compliance with the standard, thereby protecting our employees/students. This ECP includes:

- Exposure determination
- Methods of control to prevent exposure
- Hepatitis B vaccination requirements
- Post-exposure evaluation & follow-up
- Employee training and hazard communication
- Recordkeeping

Implementation of these elements of the ECP is discussed in the subsequent pages of this document.

2. ROLES AND RESPONSIBILITIES

- 2.1 Josh Larson is responsible for the implementation of this ECP.
- 2.2 Josh Larson will maintain, review, and update this ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- 2.3 Those employees or students who have occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in this ECP.
- 2.4 Josh Larson will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. This will include ensuring that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- 2.5 Josh Larson will be responsible for ensuring that all medical actions required are performed and that appropriate employee/student health and OSHA records are maintained.
- 2.6 Josh Larson will be responsible for training, documentation of training, and making the written ECP available to students, employees, OSHA, and NIOSH representatives.

3. EMPLOYEE EXPOSURE DETERMINATION

- 3.1 Following is a list of tasks or procedures where exposure to blood or OPIM may occur, and the names of those individuals who have real or potential exposure as a result of performing those tasks:

Task or Procedure	Employees with Real or Potential Exposure	Job Title(s)
Blood Glucose Test Lipid Panel Test Urinalysis	In HPER E 203 there are minimal risks to exposure. Students may be exposed through clinical practice or education while working with other students	Students

4. METHODS OF IMPLEMENTATION AND CONTROL

- 4.1 Universal Precautions

All employees will utilize universal precautions when handling blood and OPIM. For tasks in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

- 4.2 Exposure Control Plan

Employees and students covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during regular hours. A copy of the plan will be located in HPER E 203 in the following location: taped to the cabinets in a folder at the back of the classroom.

4.3 Engineering Controls, Work Practices, and Personal Protective Equipment (PPE)

4.3.1 Engineering Controls. Personnel will use engineering controls whenever possible to prevent exposure. All aerosol-producing tasks (i.e. sonicating or vortex mixing), or tasks that may result in splashing or spraying, will be conducted in a certified biological safety cabinet. Other engineering controls such as sharps disposal containers, self-sheathing needles, and non-glass capillary tubes will be used as needed depending on the task being performed.

4.3.2 Work Practice Controls. Work practice controls include policies and procedures to minimize exposure, and should be used in conjunction with engineering controls. Work practice controls include hand washing, safe needle practices (no recapping), no eating or drinking in the lab, and no mouth pipetting.

4.3.3 Personal Protective Equipment. PPE will be used to prevent or minimize exposure to bloodborne pathogens, but should only be used when exposure remains after all reasonable engineering controls and work practice controls are in place. PPE includes such items as gloves and lab coats. For procedures where splashing may occur (spill cleanup), eye protection and face protection (masks) must be used to prevent exposure. Face shields may be used as an alternative to the safety glasses / mask combination.

4.4 Following are the specific engineering controls and PPE that will be used by employees to minimize exposure to blood and OPIM for each task outlined in paragraph 3.1 above:

Task # (See 3.1 Above)	Engineering Control Measures							
	Bench Top Splash Shield	Biohazard Waste Bags	Biosafety Cabinet	HEPA Vacuum Filters	Plastic Transport Containers	Self- Sheathing Needles	Non-Glass Capillary Tubes	Other (Please Specify)
Disposing of infected materials		X						
Treating a wound		X						
Finger Stick								Sharps container

Task # Required Personal Protective Equipment

(See 3.1 Above)	Lab Coat	Gloves	Safety Glasses with Side Shields	Surgical Mask	Solid Front Gown	Sleeve Covers	Booties	Respiratory Protection (Contact EHS)	Face Shield	Other (Please Specify)
All tasks		X								

4.5 Specific Control Measures

If a need for Sharps containers is required, please inform Josh Larson.

Sharps disposal containers are inspected and maintained or replaced by Josh Larson whenever necessary to prevent overfilling.

This laboratory identifies the need for changes in engineering control and work practices through bi-weekly Athletic Training & Sports Medicine meetings.

If needles or syringes are used, we evaluate new procedures or new products regularly to improve safety by searching various vendors and asking for samples to try.

Both front line workers and management officials are involved in this process: Employees and students are involved through our bi-weekly meeting where there is an open forum to bring up any issues or potential issues in the lab.

PPE and spill kits are located in the Cabinets above the sink in HPER E 203.

All employees/students using PPE must observe the following precautions:

Wash hands immediately or as soon as feasible after removal of gloves or other PPE for at least 15 seconds.

Remove PPE after it becomes contaminated, and before leaving the work area.

Used PPE may be disposed of in the biohazard labeled trash can and sharps in the sharps containers. If any other material is to be disposed of Josh Larson must be notified.

Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, 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. Appropriate face and eye protection consists of mask & goggles or a face shield.

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.

4.6 Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharps containers will be disposed of by filling out the on-line pick up request at www.ehs.utah.edu. EHS personnel will pick up full containers and replace them with empty containers.

Other regulated waste must be autoclaved before being disposed of in the municipal waste stream. Alternatively, EHS can dispose of biohazard waste for the lab. EHS can be contacted using the on-line pick up request.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available through the EHS on-line pick up request at www.ehs.utah.edu.

Bins and pails (e.g., wash or emesis basins), countertops and tables should be cleaned and decontaminated as soon as feasible after visible contamination with a bleach and water solution: 1 part bleach to 9 parts water.

Soft tabletops should be sprayed with a disinfectant spray that is left standing for 10 minutes, and then wiped dry. If a barrier is used on the table, spray with disinfectant and wipe dry.

Broken glassware that may be contaminated is picked up using a mechanical device such as tongs, forceps, or a brush and dustpan.

4.7 Laundry

The following articles, if contaminated, will require laundering: Towels

4.8 Labels

The universal biohazard symbol will be used to mark regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, specimen containers, and specimen transport containers. The universal biohazard symbol must be located at the entrance to all laboratory rooms where blood or OPIM is used. Red bags can be used as a substitute for bags marked with the universal biohazard symbol for regulated waste only.

Josh Larson will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

5. Hepatitis B Vaccination

Information on hepatitis B vaccinations, including safety, benefits, efficacy, methods of administration, and availability, will be provided to employees and students during annual Bloodborne Pathogens Training.

The hepatitis B vaccination series is required prior to being admitted in to the Athletic Training Program. If the cycle is not complete when admitted, students are required to complete the cycle as soon as possible as directed by a health care provider. Employees may receive the Hepatitis B vaccination series at no cost after training and within 10 days of initial assignment. For employees and students identified in the exposure determination section of this plan (section 3.1).

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form (see Appendix B). Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept in HPER E 208, the ATP Manager's office.

Vaccination will be coordinated and paid for through EHS, as provided by the Student Health Clinic.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

6. Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, do the following:

Immediately wash affected areas with soap and water. If eye exposure occurred, immediately flush eyes with water for 10-15 minutes.

Notify Josh Larson and/or Justin Rigby immediately.

Go directly to the nearest medical facility for medical evaluation and follow-up. Source blood testing will be determined by the physician.

7. Incident Reporting

A student or employee who was exposed to a blood borne pathogen or other OPIM must complete paperwork required by Justin Rigby or Josh

Larson within 24 hours of reporting the incident. It must include the information below, and may include additional requirements:

Identify and document the source individual (unless it is established that the source is unknown).

After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

If the employee or student does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee or student elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

8. Training

All ATP employees and students who have occupational exposure to bloodborne pathogens receive training annually by EHS or the Athletic Training Program.

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

Training materials for this facility are available through EHS (bldg. 605) or Josh Larson, HPER E 208.

9. Recordkeeping

9.1 Training Records

Training records are completed for each employee and student upon completion of training. These documents will be kept for at least three

years at in the ATP office or in the student's file.

The training records include: Dates of the training sessions, content of the training sessions, the name of the person(s) conducting the training, and names of all persons attending the training sessions.

Training records are provided upon request within 15 working days. Such requests should be made to Josh Larson, HPER E 208.

9.2 Medical Records

Medical records are maintained for each employee or student with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." Medical records, under most circumstances, will be maintained with student/employees physician.

ATP maintains a vaccination record of HEP B, TB, Tdap, and MMR.

9.3 OSHA Recordkeeping

Human resources will evaluate all incident reports to determine if cases meet OSHA's Recordkeeping Requirements (29 CFR 1904). All percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log (Appendix C).

Glossary of Terms

Blood means human or non-human primate blood, blood components, and blood-based products.

Bloodborne Pathogens means pathogenic microorganisms that are present in human or non-human primate blood and can cause disease in humans. Examples include, but are not limited to, hepatitis B virus (HBV), and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, and broken capillary tubes.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of job duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Exposure Control Plan

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for:

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids;
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of job duties.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV; (4) All primary human and non-human primate cell explants from tissues and subsequent in vitro passages of human or primate tissue explant cultures, unless characterized by documented, reasonable laboratory testing to be free of HIV, HBV, HCV, and other bloodborne pathogens.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human/non-human primate bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Exposure Control Plan

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, research participants; hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV and HBV. It does not apply to feces, nasal secretions, sputum, sweat, tears, urine or vomitus unless they contain visible blood.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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

Date Signature

Print Name

Sharps Injury Log

Laboratory Name: _____

Year 2 _____

Infectious Disease Policy Athletic Training Program University of Utah

An athletic training student (ATS) must be familiar with the Infectious Disease Policy and must sign a copy of the policy. The purpose of the Infectious Disease Policy is to protect the health and safety of the ATS and patients.

Infectious Disease

An infectious disease, sometimes also known as a transmissible disease or a communicable disease, is a disease that results from the presence and growth of pathogenic biological agents in an individual host and can be transmitted from one person to another. There are four main types of transmission including direct physical contact (bodily fluids or contact with objects), air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects). Infectious diseases are sometimes called “contagious” when they are easily and quickly transmitted by contact with an ill person or their secretions (e.g., influenza). Thus, a contagious disease is an infectious disease that is especially infective or easily transmitted.

The following list includes common infectious diseases:

Blood Borne Pathogens; Diarrheal Diseases; Hepatitis Viruses; Measles; Pediculosis; Scabies; Varicella
Conjunctivitis; Diphtheria; Herpes Simplex; Meningococcal infections; Pertussis; Streptococcal infections;
Zoster Cytomegalovirus infections; Enteroviral infections; Human Immunodeficiency Virus; Mumps;
Rubella; Tuberculosis; Viral Respiratory Infections

Guidelines for Prevention of Exposure and Infection

1. ATSs must successfully complete annual blood borne pathogens training.
2. ATSs are required to use proper hand washing techniques and practice good hygiene at all times.
3. ATSs are required to use universal precautions at all times.
4. ATSs are not to provide patient care if they have active signs or symptoms of an infectious disease.
5. All ATSs must provide documentation of starting the Hepatitis B vaccination prior to participating in any clinical experience. All ATSs must provide evidence of completing the Hepatitis B vaccination series prior to graduation. If an ATS or prospective student chooses to decline the vaccination, he/she must sign the bottom portion of the Immunization Record form.

Guidelines for Managing Potential Infection

1. An ATS who has been exposed to a potential infection before, during or after a clinical experience should report that exposure to his/her clinical preceptor or supervisor immediately.
2. Any ATS who demonstrates signs or symptoms of an infectious disease that may place him/her and/or his/her patients at risk, should report that potential infectious disease immediately to appropriate health care providers.
3. The ATS is responsible for keeping his/her clinical instructor or supervisor informed of his/her conditions which require extended care and/or missed class/clinical time. If appropriate, the clinical

education coordinator should be notified. The ATS may be required to provide written documentation from a physician to return to class and/or clinical site.

4. If the ATS displays signs or symptoms of an illness, which may include a temperature up to 103 degrees, the ATS should refrain from participation in clinical activities. The ATS may be required to provide written documentation from a physician to return to clinical site.

Athletic Training Student: _____

Athletic Training Student Signature: _____

Date: _____

Adapted from Upper Iowa Athletic Training

8/20/15: <http://www.uiu.edu/academics/undergraduate/majors/atep/downloads/ATEP-Infectious-Disease-Policy-Athletic-Training-ALL.pdf>

Petition for Exception to Policy

Athletic Training Program

Name:

Unid:

Email: (U of U email address required)

Phone:

Reason for Petition:

(Some petition reasons may include: waive course requirement, substitute a course requirement, temporary withdrawal from the ATP, special admittance to the program, exception to a program policy.)

Please submit petition with the following information:

-A typed/written description of your request. Note email requests may delay the process, depending on the petition.

-Please include all supporting materials for the petition. This may include course syllabi, letters of verification, etc.

Date Received by ATP: _ _ _ _ _

Initial Appointment Information from ATP Advisor:

Date of Appointment

Approved Denied Pending

Reviewer Name:

Reviewer Signature:

Describe reason for approval, denial, pending: