



CALIFORNIA STATE UNIVERSITY
FULLERTON

**MASTER OF SCIENCE IN
ATHLETIC TRAINING**

**STUDENT HANDBOOK
2020-2021**



**DEPARTMENT OF KINESIOLOGY
CALIFORNIA STATE UNIVERSITY, FULLERTON**

CAL STATE FULLERTON MSAT HANDBOOK

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INTRODUCTION

Welcome to the Master of Science in Athletic Training Program (MSAT) at California State University, Fullerton. Thanks for your demonstrated high-quality work, continued dedication, and commitment to excellence. These traits are what the MSAT looks for in all of its associated stakeholders, including new and returning Athletic Training Students (ATS), physicians, preceptors, staff, and faculty. During the coming year, it is likely you will encounter many challenges. Our hope is that you maintain a passion to learn and improve, while our students mature into “exceptional evidence-based healthcare professionals and distinguished athletic trainers”.

The MSAT Program is accredited as a graduate professional program through the Commission on Accreditation of Athletic Training Education (CAATE) through 2026. Cal State Fullerton maintains a strong reputation for developing high quality, dedicated professionals. Since its initial program approval in 1978, over 250 Titan graduates became certified athletic trainers through the varied regulatory agencies. ***Our most recent 3-year average (2018-2020) first-time BOC pass-rate was 100% (20/20). In fact, our graduates have earned a 100% first-time pass rate over the past 6 years (2014-20).*** Thanks for being a significant part of our select family. We are proud to have you and believe you are a positive addition. Those associated with the MSAT vow to strive toward or remain exceptional professionals. As always, your ultimate successes depend primarily on you. Take responsibility for who you are and who you are becoming.

The MSAT Student Handbook summarizes our program and the MSAT degree. Although no resource completely answers all questions, this serves as the first reference for the ATS and preceptor alike. Its purpose is to generally educate and assist all MSAT stakeholders. ***This is not a Policies and Procedures Manual for the various clinical sites.*** Each of the clinical sites will provide their own operational guidelines.

The ATS and preceptor should become familiar with the Student Handbook. When in doubt, refer to this document. Please direct any ATP questions or concerns to the appropriate individual: Medical Director (***Dr. Chris Koutures***), Program Director (***Dr. Jason Bennett***), or Clinical Coordinators (***Drs. Melissa Montgomery & Tricia Kasamatsu***). Comments and suggestions are welcomed and encouraged. We too, are always striving to improve.

Once again, welcome to the California State University, Fullerton – Athletic Training Program family! We have high expectations for each and every one related to our MSAT program. Continue to pursue lofty goals for yourself, while always moving forward with character and professionalism.

MISSION STATEMENT

The mission of the Master of Science in Athletic Training program at California State University, Fullerton is to mentor students to become exceptional healthcare professionals and leaders within the athletic training profession. The program is dedicated to preparing students for employment as certified athletic trainers within a diverse community by emphasizing patient-centered care, evidence-based practice, and professionalism.

CORE PRINCIPLES

The MSAT culture is guided by our core principles and demonstrated by our long history of excellent faculty, clinicians, and alumni. These core principles guide our daily interactions and also assist in connecting our mission statement with our program goals and program learning outcomes:

- Respect - We embrace our diverse backgrounds and commit to a community dedicated to equity, diversity, and inclusion.
- Evidence - We value a culture of inquiry, assessment, research, and scholarship to promote quality healthcare and maximize patient outcomes.
- Aspire - We are committed to providing high impact practices that empower students to meet future healthcare challenges
- Leadership - We develop students to become thoughtful, compassionate, and professional individuals who influence the Athletic Training profession and the communities they serve.

Program Learning & Student Learning Outcomes

Program Learning Outcomes

1. Acquire the scientific and theoretic knowledge and clinical skills necessary for the delivery of patient-centered care.
2. Deliver contemporary health care using standard practices and professionalism, including a collaborative approach to patient care.
3. Apply a sound critical reasoning process to solve problems that impact the health and wellbeing of patients from diverse backgrounds.
4. Demonstrate effective oral and written communication to educate patients and communicate with other healthcare providers.
5. Meet or exceed a three-year aggregate of 90% first-time pass rate on the BOC certification examination.

Student Learning Outcomes

1. Perform a comprehensive examination on a patient to clinically diagnose a variety of musculoskeletal and general medical conditions.
2. Design a therapeutic intervention based on the patient's status and goals, using a disablement model.
3. Evaluate subjective and objective outcomes to determine readiness for progression for return-to-activity.
4. Appraise and synthesize the existing evidence to make clinical decisions that best meet patient needs.
5. Demonstrate effective communication skills as part of an inter-professional team to provide coordinated care.
6. Describe the importance of leadership activities that advance the athletic training profession

RELATED MISSION STATEMENTS

UNIVERSITY RELATED

CALIFORNIA STATE UNIVERSITY, FULLERTON

Learning is preeminent at California State University, Fullerton. We aspire to combine the best qualities of teaching and research universities where actively engaged students, faculty, and staff work in close collaboration to expand knowledge. Our affordable undergraduate and graduate programs provide students the best of current practice, theory and research and integrate professional studies with preparation in the arts and sciences. Through experiences in and out of the classroom, students develop the habit of intellectual inquiry, prepare for challenging professions, strengthen relationships to their communities and contribute productively to society.

We are a comprehensive, regional university with a global outlook, located in Orange County, a technologically rich and culturally vibrant area of metropolitan Los Angeles. Our expertise and diversity serve as a distinctive resource and catalyst for partnerships with public and private organizations. We strive to be a center of activity essential to the intellectual, cultural and economic development of our region.

COLLEGE OF HEALTH & HUMAN DEVELOPMENT

The mission of the College of Health and Human Development is to prepare students to thrive in a globalized era in their chosen field. We provide education, conduct research, and engage diverse communities to advance human health, development, and well-being.

DEPARTMENT OF KINESIOLOGY

The Department of Kinesiology advances the understanding and practice of human movement across the lifespan within the context of a diverse and changing society.

PROFESSION RELATED

NATIONAL ATHLETIC TRAINERS' ASSOCIATION

The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession.

COMMISSION ON ACCREDITATION OF ATHLETIC TRAINING EDUCATION

Defining, measuring, and continually improving AT Education.

BOARD OF CERTIFICATION

To provide exceptional credentialing programs for healthcare professionals to assure protection of the public.

NATIONAL ATHLETIC TRAINERS' ASSOCIATION – RESEARCH & EDUCATION FOUNDATION

Supporting and advancing the athletic training profession through research and education.

ATHLETIC TRAINING STUDENTS

Athletic Training Students (ATS) are those accepted into the Master of Science in Athletic Training. It is the expectation that all ATS desire to graduate and meet the Board of Certification (BOC) requirements as a Certified Athletic Trainer (ATC). Each ATS must meet and maintain Academic, Clinical, Technical, and Professional Standards.

The ATS must constantly remember health and safety is a primary concern. The success of the ATP relies on the understanding that we work as a team toward this common goal. Leave personal situations out of the professional environment. Each clinical venue is a place to learn and serve. ATS communication and cooperation is vital for an effective ATP. Every ATS should always help the others. Provide leadership, but do so in a positive and professional manner. Athletic training is a “people profession”. Cooperation, communication, and problem solving are crucial.

As a Titan ATS, you must fully comprehend that you ALWAYS represent the profession, the MSAT, and the University. However, most importantly, ***you always represent yourself***. You must maintain a professional demeanor. Carry yourself with honor, pride, professionalism, and a serving attitude. Be sure your actions reflect your words.

Dependability, integrity, honesty, sincerity, ingenuity, wisdom, initiative, persistence, passion, and patience are a few qualities the exceptional athletic trainer must possess. Over a lifetime, one continues to perfect these characteristics and CSUF personnel cannot necessarily teach them to you. These traits must be a priority for you, as you strive to better yourself.

ACADEMIC RESPONSIBILITIES

Academic Overview

CSUF through the Department of Kinesiology offers a Master of Science in Athletic Training (MSAT), which enables graduates to be Board of Certification eligible and become Athletic Trainers (AT). California State University, Fullerton is currently accredited by the CAATE as a professional graduate program. The MSAT degree requires 57 units of coursework to be delivered full-time over two academic years. Each academic year begins in the summer (approx. June 20th each year) and significant academic standards are required to remain in good standing.

The athletic training faculty at Cal State Fullerton promise to remain current and present information based on the best available evidence. Throughout their tenure, ATS must learn to seek evidence-based answers, to provide quality clinical solutions for their patients. The Titan MSAT strives to instill a philosophy of lifelong learning and continual reassessment/betterment of one's professional life.

ACADEMIC SUCCESS

Although there are many keys to academic success, no one person or aspect is more critical than the student. ***ATS are responsible for their education.*** When challenged, students must strive to better themselves with quality work. To be an exceptional AT requires dedication and commitment. Mediocrity is unacceptable – strive to excel and positive results will usually follow. The MSAT faculty and staff are committed to the highest quality athletic training education possible. We will work hard to strengthen your cognitive base, your psychomotor skills, and your attitudes as they relate to the profession.

ACADEMIC ADVISING

Primary academic advising for the MSAT degree is provided by the Program Director. As a cohort model program, there are no electives within the MSAT degree and each cohort takes the same courses together throughout the two-year program. If students have questions or concerns, they should seek guidance from Dr. Bennett (KHS 229). In addition, students have access to their Titan Degree Audit (TDA) online which is tied directly to official University records to track students' degree progress.

CSUF GRADUATE ACADEMIC STANDARDS

From the University Catalog:

Grade-Point Average Requirements

A grade-point average (grade points divided by units attempted) of at least 3.0 is required for graduation with a graduate degree. This grade-point average applies to 1) all 400-, 500- and 600-level units attempted subsequent to admission to a degree program; and 2) all units required on the graduate Study Plan including transfer courses. Each course on the Master's Study Plan must be completed with a grade of C (2.0) or better. Some programs require higher minimum grades for specific courses. Master's degree students may request a change in the Study Plan in order to raise the Study Plan grade-point average by:

1. adding no more than six units of approved coursework, or
2. repeating no more than six units of coursework in which a B- (2.0) or lower was earned, or
3. a combination of the above, not to exceed six units.

Requests to add courses to the Study Plan, repeat courses, or add courses to raise the overall grade-point average, must be approved by the graduate program adviser and the associate vice president for academic programs (or designee) prior to registration. When a course is added or repeated, the original course remains on the Study Plan and on the student's transcript and both grades are used in calculating the student's grade-point average.

Repeated Courses

For master's degree, if a grade less than C (2.0) is received in a Study Plan course, the course must be repeated and passed with a grade of C (2.0) or better. A course may be repeated only once. For all students, **if a course is repeated, both grades are included when computing the student's Study Plan and cumulative Cal State Fullerton grade-point average.** Repetition of a course carries no additional unit credit toward the degree; however, the additional units are included in the cumulative units shown on the Cal State Fullerton transcript. In extenuating circumstances, the student may petition the associate vice president for academic programs (or designee) to add another course to the approved program with the unit value equivalent to that of the course in which the unsatisfactory grade was received.

MSAT Remediation Plan

As a healthcare professional program, MSAT students must demonstrate competence in meeting national educational standards in order to protect patient safety. These standards are developed by the CAATE and the MSAT Remediation Plan is utilized to assist those students who are unable to demonstrate compliance on their first attempt. The MSAT Remediation Plan allows individual course instructors to determine the specific assessments, if any, which enable students to re-take (or take an alternative version of the assessment), to demonstrate knowledge acquisition, skill competence, or both. Each instructor will outline in their course syllabus the specific assessments that are eligible for remediation on the first day of each semester. This MSAT policy does not require instructors to allow remediation in each course, but rather, outlines the policies if an instructor elects to have assessment(s) available for remediation in his/her course.

MSAT Remediation Policies:

1. The determination of the assessments that are eligible, or required, for remediation are made solely by the faculty member, not the student.
 - a. In courses where MSAT students are enrolled with graduate students outside of the MSAT program (e.g., KNES 421, 461, 583), the remediation plan does not apply
 - b. Faculty may elect to NOT provide remediation in their courses
2. Faculty may require specific assessments to be remediated if student performance does not meet minimum standards as determined by the faculty
 - a. The student **must notify the MSAT Program Director via email as soon as possible** when remediation is elected or required
 - b. The MSAT program director will schedule a meeting with the student to discuss their course grades and to ensure that the student understands the MSAT Remediation Policy
3. Students must **complete** the remediation within 3 business days of notification of assessment grade to the student, unless authorized by the instructor. **Note:** This is specifically to avoid students requesting remediation at the very end of a semester when faculty may not have time to develop and/or implement remediation assessments. Students will not be granted an Incomplete course grade to allow more time to complete remediation work.
 - a. Example #1: a student is notified of their grade of an assessment on a Tuesday, any remediation must occur no later than Friday (three business days: Wednesday, Thursday, Friday).
 - b. Example #2: a student is notified of their grade of an assessment on a Thursday, any remediation must occur no later than Tuesday (three business days: Friday, Monday, Tuesday).
4. MSAT students who remediate an assessment get only **one attempt** at the remediation.
5. The faculty member will determine how the remediation assessment will be factored into the course grade. For example, a faculty member may decide to allow one-half of the points back on an assessment or up to an 80% grade, whichever is **lowest**. Ultimately, this is an individual faculty decision and should be outlined to the student within the faculty's course syllabus.
6. **MSAT students are only allowed to have remediation in a total of 3 courses throughout the entirety of the MSAT program**
 - a. Any remediation in a course will count as remediation for that course. However, if the student is allowed multiple remediations in the same course, only one course will be counted towards the 3-course limit.

MSAT Remediation Plan - Recommendations for Faculty:

If a faculty member elects to have assessments eligible for remediation, it is recommended for faculty to include the following in their syllabus to outline the specific remediation plan on the first day of class:

1. Specifically note the assessments that are eligible for remediation
2. Policy for grade determination for course remediated assessments
3. Policy for the timeline for completing remediated assessments

Probation

A student enrolled in a graduate degree program will be placed on academic probation if either the graduate grade-point average (all graduate classes) or the Study Plan grade-point average (counting only classes on the Study Plan) falls below 3.0. A graduate student may also be placed on probation for reasons other than graduate and/or Study Plan grade-point average. This is known as administrative-academic probation. The reasons for this may include repeated withdrawal, failure to progress toward an educational objective, non-compliance with an academic requirement, failure to demonstrate a level of professional competence or fitness commensurate with the standards of the student's discipline, or inappropriate behavior as defined in the Student Bill of Rights and Responsibilities and in the Academic Dishonesty sections of this catalog (see "[University Regulations](#)").

MSAT Examples of Administrative-Academic Probation

- Failure to pass a required course with a B- or better
- Violation of applicable state or federal laws related to patient care (e.g., HIPAA, FERPA, etc.)
- Failure to maintain Emergency Cardiac Care certification
- Failure to adhere to the NATA Code of Ethics
- Failure to maintain NATA membership
- Harassment of others including, but not limited to, patients, students, and preceptors during clinical experiences

Disqualification

The associate vice president for academic programs (or designee), in consultation with the student's graduate program adviser, will disqualify a master's student who is on probation if the student does not, or cannot, raise the Study Plan and graduate grade-point average to 3.0 by the completion of the second regular semester following the semester in which the grade-point average fell below the minimum 3.0 standard.

If a student's grade-point average becomes so low that it cannot be raised to 3.0 within the prescribed limits of coursework, the student will be disqualified from the graduate degree program.

Students placed on probation for reasons other than grade-point average will be disqualified if:

1. the conditions for removal of administrative-academic probation are not met within the period specified;
2. the student becomes subject to academic probation while on administrative-academic probation; or
3. the student is removed from administrative-academic probation and subsequently becomes subject to administrative-academic probation for the same or similar reasons as originally placed on probation.

Disqualification removes a student from graduate standing and prevents further enrollment in university courses (except through University Extended Education). **A student who has been disqualified from a master's degree program may not apply for readmission to that program for one year.** A student who has been disqualified from a specific degree program may apply for readmission to a different degree program. A readmitted student must file a new Study Plan that meets current requirements and policies. Any disqualified student who wishes to use previous coursework must have it approved by the associate vice president for academic programs (or designee). Appeals related to graduate degree probation or disqualification should first be directed to the departmental graduate program adviser. Please contact the Office of Graduate Studies for further information and procedures.

IMPORTANT ACADEMIC NOTES

- *Successful completion of the MSAT program does NOT guarantee passing the national BOC certification exam.*

MSAT CURRICULAR PLAN

Required Courses (57 units)

- KNES 421 - Clinical Anatomy (3)
- KNES 461 - Biomechanical Analysis of Human Movement (3)
- KNES 511 - Evidence Based Practice in Athletic Training (2)
- KNES 565 - Leadership and Administration in Athletic Training (3)
- KNES 566 - Athletic Training Administration Clinical Experience (1)
- KNES 572 - Prevention and Management of Exercise-Related Emergencies (3)
- KNES 573 - Clinical Evaluation and Diagnosis I: Lower Extremity (3)
- KNES 574 - Clinical Evaluation and Diagnosis II: Upper Extremity (3)
- KNES 575 - Clinical Evaluation and Diagnosis III: Head, Neck and Spine (2)
- KNES 576 - Pathophysiology of Illness (3)
- KNES 577 - Therapeutic Interventions I (3)
- KNES 578 - Therapeutic Interventions II (3)
- KNES 579 - Therapeutic Interventions III (3)
- KNES 583 - Psychology of Injury (3)
- KNES 585 - Emergency Management Clinical Experience (1)
- KNES 586 - Athletic Training Clinical Seminar I (2)
- KNES 587 - Athletic Training Clinical Experience I (2)
- KNES 588 - Athletic Training Clinical Seminar II (2)
- KNES 589 - Athletic Training Clinical Experience II (2)
- KNES 590 - Athletic Training Clinical Seminar III (2)
- KNES 591 - Athletic Training Clinical Experience III (2)

Culminating Experience (6 units)

- KNES 592 - AT Project (3)
- KNES 593 - Athletic Training Clinical Experience IV- Immersive (3)

For the sequence of classes each semester, see Appendix I.

CLINICAL RESPONSIBILITIES

Clinical Overview:

Quality clinical experiences are critical to producing outstanding health care professionals. ATS gain clinical experiences from preceptors at our various clinical sites. These preceptors do their best to provide quality clinical education based on current best practices. As the ATS matures through the MSAT program, he/she must learn how to implement the known evidence into clinical practice.

CLINICAL EDUCATION

Your clinical education is an academic component of the program and requires students to be enrolled in a Clinical Experience course (e.g., KNES 587, 589, 566, 591, 593). As part of the academic requirements of these courses, students are assigned to work under the supervision of an athletic trainer (preceptor) for the clinical experiences. Like all academic coursework, clinical experience courses will have specific criteria listed in the syllabus outlining student expectations. These expectations typically involve meeting hours requirements providing patient care services under the supervision of a preceptor, completing assessments (see Clinical Evaluations below), and maintaining professional behaviors during clinical experiences. These experiences require supervision by the student's assigned preceptor which allows the preceptor to physically intervene directly, as needed, in order to protect patient safety. This occurs in a variety of settings, including a classroom, a lab, an athletic training / physical therapy clinic, a sport practice / competition site, physician's office, or another related venue. Clinical education provides for integration of knowledge, skills, and attitude with patients, while being guided and supervised by qualified preceptors.

CLINICAL COMPETENCIES

During your ATP tenure, numerous Clinical Competencies will be taught, practiced, learned, and assessed. Many clinical competencies are taught and evaluated during regular academic coursework, but some may be evaluated by preceptors as part of a clinical experience course and during assigned clinical experiences. To ensure patient safety in applying clinical skills, all AT students must ***"be instructed on athletic training clinical skills prior to performing these skills on patients"***. Instruction of clinical skills can be done by either faculty or preceptors. Always strive for excellence, as you only get out what you put into your education.

CLINICAL SUPERVISION

When providing patient care services, each ATS must be appropriately supervised by a MSAT preceptor. This ensures patient safety, protects the MSAT student from potential liability, and guarantees that at no time will an ATS substitute or take the place of an AT or other qualified healthcare profession. In the rare instance, a student is briefly unsupervised (e.g. preceptor uses restroom); the ATS must not perform patient care services unless those services are protected under the California Good Samaritan Law (i.e., CPR).

CLINICAL TRAVEL

Supervised travel with athletic teams is a potential component of the ATP. ATS who travel with a preceptor on team trips should record their related clinical hours, but not travel time. ***Unsupervised ATS travel (w/o official preceptor) with sports teams is unacceptable. (CAATE Standard 60).***

CLINICAL HEALTH & SAFETY

For the health and safety of each ATS, as well as for the other clinical staff and patients, each ATS must know, acknowledge, and abide by the ***Bloodborne Pathogens Guidelines (Appendix II), Communicable Disease Policy (Appendix III), Technical Standards (Appendix IV), and ATP Oath of Confidentiality (Appendix V)*** while completing all clinical assignments. Additionally, there may be various other safety standards at each clinical site. These ATP documents, among others, are discussed annually. ATS must read, acknowledge, and verify their understanding with a digital signature via ATrack.

CLINICAL EVALUATIONS

ATS Evaluation

Each preceptor will regularly apprise their assigned ATS. A final ATS Evaluation will occur at the conclusion of the rotation. These evaluations are for the betterment of each ATS, as well as the ATP. They provide an opportunity for each ATS to determine how they are developing. The input you receive should be constructive in nature. Discussion occurs between the preceptor and ATS with each evaluation.

ATS Self-Evaluations:

Each ATS completes a Self-Evaluation to start every clinical rotation. This is a time for honest and clear reflection as to the present status and the future direction for the ATS. Related preceptors will review the Self Evaluations and meet with the ATS to assist the ATS in their educational progression.

Preceptor Clinical Evaluations:

Every semester, the ATS evaluates their assigned preceptor(s). This involves an objective form covering the various aspects of a clinical athletic trainer. It is not a tool of revenge or negativity, but is rather a method of preceptor and ATP improvement. We constantly strive to improve. By your honest and informative evaluations, the ATP will only get better. Remember to be honest, but not personal. Evaluate methods, actions, ways, etc. of the preceptor; but do not demean a person.

CLINICAL SCHEDULE

It is the responsibility of the ATS to always be prepared and on time. Your schedule will be determined in consult with your preceptor. The ATP leadership (CEC & PD) will intervene in problem cases. Each ATS must develop a responsible and dedicated attitude. To earn more responsibility, each ATS must gain preceptor trust through dependable and diligent actions. Always inform your preceptor and the CEC well in advance of any conflict. Be professional. ATS should allocate ~15-25 hours per

week for their clinical rotations. All ATS should have a minimum of one per week away from their clinical rotation. ATS will participate on weekends and holidays during their ATP tenure.

CLINICAL ROTATIONS

Preceptors:

With each clinical rotation, the ATS will be assigned to an ATP preceptor(s). The preceptor is typically responsible for the health care of various patients. In addition, the preceptor oversees the clinical progression of students under their supervision. Usually, the preceptor will directly oversee up to two or three ATS per semester. Per our accreditation standards, the ATP ensures ATS experience a variety of clinical experiences, as well as working with a number of preceptors.

Clinical Assignments:

Clinical assignments occur over five semesters. The Clinical Coordinators, in consultation with the Program Director, determine assignments based on CAATE requirements and educational progressions to give each student the very best possible experience. ***Students are not allowed to pick their clinical experiences and students should expect at least one clinical experience that is at least 20 miles from Cal State Fullerton.*** All AT students will complete rotations that involve off-campus affiliated experiences at high schools, junior colleges, and medical facilities. Students in their last semester will complete an immersive clinical experience, which is a full-time clinical experience (30+ hours / week) that allows the student to experience the totality of care required within the profession.

ATS typically earn more responsibility as they progress in their knowledge, skills, and affect. Listed below are some specific hints that may help.

- Communicate with instructors, preceptors, physicians, coaches, patients, administrators...
 - actively listen
 - ask thoughtful questions
- Prepare
 - organize medical facilities, equipment, etc...
 - familiarize yourself with your clinical sites, venues, procedures, etc.
 - review the appropriate personal/medical files and emergency action plans (EAPs)
 - arrange for the efficient coordination of the site's administrative duties
- Participate
 - enthusiastically engage with all patients
 - actively support preceptor in providing quality health care services: prevention, diagnosis, management, rehabilitation, and administration
 - do not focus on your preceptor teams so much that you disregard other patients
- Practice
 - actively engage in quality practice to become a better healthcare professional
- Progress
 - commit to learning and improving every day
 - do not settle for mediocrity, but strive for excellence

NON-ATP RELATED CLINICAL EXPERIENCES

ATS related opportunities sometimes arise outside the official ATP parameters. These opportunities sometimes relate to CSUF (e.g. club sports), while at other times they do not (e.g. road races & rodeos). The CSUF ATP does not endorse ATS participation with such activities. ***Each ATS must understand participation with non-ATP related experiences occurs outside the scope of the ATP and students should purchase their own liability insurance.*** You cannot in any way imply CSUF ATP endorsement or approval (e.g. AT clothing or verbally suggesting an ATP affiliation). If the individual student decides to engage in these experiences, the ATS should not in any way project themselves as a credentialed health care provider, beyond something they have earned (e.g. 1st Aid) ***Remember, at no time will AT substitute or take the place of an AT or other qualified healthcare professional (CAATE Standard 60).***

GENERAL CLINICAL GUIDELINES

Introduction

The following General Clinical Guidelines provide the ATS with broad guidelines for health care facilities. Remember, ***all athletic training services are the responsibility of credentialed health care professionals. Any care or related actions by non-credentialed individuals such as ATS should only occur under the supervision of a preceptor.***

As you progress, you will become more knowledgeable and proficient in the prevention, clinical diagnosis, intervention, and rehabilitation of the various pathologies. Variations of the General Clinical Guidelines according to individual clinical site differences and outstanding circumstances occasionally occur depending upon the situation and philosophy of the preceptor. All ATS must read, understand, and adhere to these General Clinical Guidelines.

- Always confidentially record and maintain accurate clinical records.
- Know and enforce the Policies and Procedures of your assigned clinic sites.
 - In general, when clinical site policies and procedures directly conflict with MSAT policies, the MSAT policies will supersede those of the clinical site. If a policy at your clinical site is in direct conflict with the MSAT policies, you must bring this forward to the Clinical Education Coordinators so that they can clarify what to do. Students must adhere to the MSAT policies and procedures as outlined in the student handbook over clinical site policies and procedures.
- Treat everyone (patients, faculty, staff...) fairly and respectfully.
- Dress, speak, and behave as professionals at all times.
- Come prepared to learn actively from the various site clinicians every day.
- Understand and be prepared to implement the Emergency Action Plans of each clinical site.
- Always communicate clearly and concisely using professionally appropriate language.
- Know and implement universal precautions as needed.
- Maintain valid, Emergency Cardiac Care (CPR) certification at all times.
- Remain current with all appropriate immunizations and/or vaccinations.

PROFESSIONAL RESPONSIBILITIES

RELATIONSHIPS

During your ATP tenure, you interact with many individuals. Respect, service, courtesy, and cooperation should characterize your relationships with all concerned. Always remember your role in the health care team. ***ATS must project a positive and professional image at ALL times. Remember, you ALWAYS represent yourself, the ATP, the University, and the profession of athletic training. NEVER say or act in a manner that reflects poorly on yourself or any of these representative bodies. NEVER divulge any internal information that you are “privy” to as a member of ATP. Do NOT discuss this information in any inappropriate situations.*** Avoid criticism and hearsay. Be professional at ALL times. When unsure - be conservative and do not get into questionable situations.

ATP Medical Director: Chris Koutures, MD, FAAP is the Medical Director for the CSUF – Athletic Training Program. He oversees the general medical education of the ATS as they progress through their education. Dr. Koutures is interested in your education. Graciously take advantage of his time and knowledge when possible.

Athletic Trainers: As CSUF ATS, you will interact with numerous athletic trainers. The clinical athletic trainers work under the direction of physician(s) to oversee and coordinate the health care of their patients. Some AT with whom you will interact are full or part time academicians who have a focus on teaching. As faculty, their duties may include teaching, research, and service.

Physician(s): The clinical AT must work under the direction of a physician in most states. You will get many opportunities to learn from many physicians as part of the ATP. These physicians oversee the health care of the student-athletes, including diagnosis, treatment prescription, rehabilitation, and overall medical health care. Watch, listen, and learn whenever you get the chance to associate with these experts. Always assist in a professional manner and do not interfere with their duties. You will also likely interact with physician with specialties such as neurologists, pediatricians, physiatrists, orthopedists, internists among others.

Other Health Care Professionals (EMTs, PTs, RNs, etc.): ATS frequently deal with other health care professionals, which may include individuals such as dentists, podiatrists, optometrists, nurses, physician assistants, and EMTs. Always maintain a professional demeanor.

Patients / Student-Athletes: Your patients are frequently student-athlete at or just below your age, and some are minors. It is natural to tend to sometimes bond with them. ***Developing a professional relationship with a patient is acceptable and expected. Do NOT allow yourself into a compromising position with any patient.*** When you are in doubt about the professional – personal relationship separation with a patient; always err on the side of caution. Seek wise counsel (ATP administrator). Always treat patients with respect and courtesy. Make every effort to gain the respect of all patients.

Coaches & Assistant Coaches: Many of our clinical sites employ the various sport coaches. It is their responsibility to teach skills, strategies, and techniques of their specific sport, as well as oversee their sport program. When ATS are learning from a preceptor involved with sport, it is important to establish a professional relationship with these coaches. The ATP encourages preceptors to include ATS in appropriate discussions involving the coaching staff. As you progress as an ATS, you may be asked to relate this information to the coach. Remember, you are not a coach; do not concern yourself with coaching decisions. Never “second guess” a coaching decision.

Other Athletic Department Personnel: The various athletic departments with which you will be associated, oversee their sports programs. Take the time to get to know the staff and administrators

when appropriate. It is important that you help advance the profession of athletic training through a positive and competent attitude.

Institutional Faculty, Staff, & Administrators: Over time, the ATS will get to know some, but not all of the institution employees (including CSUF). Learn to make yourself known in a positive and professional manner to others outside the clinical setting. This in itself is an education, and a positive experience.

Patient Families: The ATS may at times deal with the parents or family members of patients. Always remain courteous and professional, no matter what their emotions may provoke. Although the ATS should be friendly and open, DO NOT release or discussing ANY confidential information. Direct any questions to the AT in charge at the scene or to the team physician when appropriate.

Visiting Athletic Team Members & Personnel: Treat all visiting teams, as you would like to be treated. Be courteous and polite, and always attempt to provide the best service possible.

News Agencies: Always remember that as we speak and communicate with others, people from the press may be nearby. ***Patient confidentiality is critical.*** Always refer any questions from news agencies concerning a patient to your preceptor or related administrator.

Other CSUF-ATS: Those involved in the CSUF-ATP work closely together over long periods. ***It is important that we communicate honestly, but professionally. Constructive professional comments are important for improvement. Personal criticism is unacceptable.*** Treat your fellow ATS, as you would like to be treated. They are your family.

PROFESSIONAL ACTIVITIES/RESPONSIBILITIES

All Titan ATS must maintain membership in the National Athletic Trainers' Association - NATA (<http://www.nata.org/>), as this reflects on their profession commitment. NATA membership provides many benefits and includes membership in the Far West Athletic Trainers' Association (FWATA), as well as the California Athletic Trainers' Association (CATA). ATS should try to attend professional meetings whenever possible. Each year, the NATA, FWATA, & CATA organize specific educational sessions for students.

Additionally, every ATS must understand, appreciate and complete the required ATP documents, trainings ATP Forms, Trainings, and Immunizations, while abiding by ATP Polices, including

- ATP Policies: Communicable Disease; & ECC Certificate
- ATP Training: BBP; HIPAA & FERPA
- ATP Forms: Technical Standards; Oath of Confidentiality
- Immunizations / Vaccinations: remain current (University & SHCC standard)
 - measles (rubeola), German measles (rubella) and hepatitis B
 - have a valid (within one year) negative tuberculosis (TB) test (beginning Fall 2016)

PERSONAL APPEARANCE

You now officially represent the CSUF, the ATP, and the profession of athletic training. Generally, you should appear well groomed, clean, and neat. Represent the athletic training profession with pride and distinction. While participating in your clinical educational experiences, your dress should be professional, but practical and functional. Get site-specific details from your preceptor and abide by their guidelines.

ATP PROFESSIONAL STANDARDS

All ATP students must maintain membership in the National Athletic Trainers' Association (NATA) and thus abide by the **NATA Code of Ethics**. Additionally, all AT majors must:

- obtain and maintain NATA student membership
- never misrepresent oneself (e.g., qualifications, training, education, affiliation, etc.).
 - never misrepresent oneself as an athletic trainer.
 - never misrepresent oneself as having an unqualifiable skillset or knowledge.
- provide positive leadership, direction and guidance.
- always communicate constructively and professionally.
- respect and value the property, opinions, and actions of others.
- regularly dress/appear professional.
- demonstrate an ongoing professional affect and/or demeanor.
- always maintain patient confidentiality (**ATP Oath of Confidentiality**).
- appreciate, respect and abide by the ATP Professional Policies*
 - Communicable Disease Policy
 - Emergency Cardiac Care Certificate Policy (BOC Standards)
- complete and remain current with all required ATP Training as required*
 - Blood-Borne Pathogens Training
 - HIPAA & FERPA Training
- satisfactorily complete and verify required ATP Forms as requested*
 - Technical Standards Form
- remain current with immunizations / vaccinations (University standard)*
 - measles (rubeola), German measles (rubella) and hepatitis B
 - provide current (annual) verification of negative tuberculosis (TB) test

PROFESSIONAL STANDARDS: NON-COMPLIANCE

To complete the ATP, ATS must meet all of the Professional Standards. Student failing to meet these Standards are subject to the following conditions.

- 1st offense: ATP Director **Professional Warning** (written & verbal)
- 2nd offense: **Clinical Probation** for semester
- 3rd offense: **ATP Dismissal**

****Non-compliance with these special ATP Policies, Trainings, Forms & Immunizations will minimally result in Clinical Probation until compliant, but when repeated or flagrant, may lead to more stringent penalties.***

APPENDIX I

MSAT CURRICULUM

<u>Term</u>	<u>Course</u>	<u>Course Name</u>	<u>Credits</u>
Summer I	KNES 421	Clinical Anatomy	3
	KNES 511	Evidence Based Practice in AT	3
	KNES 572	Acute Care in AT	3
	KNES 585	Intro to Athletic Training Clinical Experience	1
		Sub-Total	10
Fall I	KNES 577	Therapeutic Interventions I	3
	KNES 573	Clinical Diagnosis and Evaluation I: Lower Extremity	3
	KNES 461	Biomechanics	3
	KNES 586	AT Seminar I	2
	KNES 587	Athletic Training Clinical Experience I	2
		Sub-Total	13
Spring I	KNES 578	Therapeutic Interventions II	3
	KNES 574	Clinical Diagnosis and Evaluation II: Upper Extremity	3
	KNES 576	Pathophysiology of Illness	3
	KNES 588	AT Seminar II	2
	KNES 589	Athletic Training Clinical Experience II	2
		Sub-Total	13
Summer II	KNES 575	Clinical Diagnosis and Evaluation III: Head, Neck, and Spine	2
	KNES 565	Leadership and Administration in AT	3
	KNES 566	AT Administration Clinical Experience	1
		Sub-Total	6
Fall II	KNES 579	Therapeutic Interventions III	3
	KNES 583	Psychology of Injury	3
	KNES 590	AT Seminar III	2
	KNES 591	Athletic Training Clinical Experience III	2
		Sub-Total	10
Spring II	KNES 592	AT Project	3
	KNES 593	AT Clinical Experience IV – Immersive	3
		Sub-Total	6
		Program Total	58

APPENDIX II

CSUF BLOOD BORNE PATHOGENS GUIDELINES

POLICY

It is the policy of California State University, Fullerton to maintain, insofar as is reasonably possible, an environment that will not adversely affect the health, safety and well-being of students, employees, visitors and the surrounding community. Because not all working environments can be made completely safe from potentially hazardous blood borne pathogens, the University has established a blood borne pathogens program that will establish protections and safeguards for University employees exposed to these hazards.

EXPOSURE CONTROL PLAN

Employee Job Classification List for Exposure Determination

Exposure determination shall be based upon an employee's reasonable potential for exposure to blood or any other infectious materials that they may contact during their job duties. OSHA requires exposure evaluations based on the potential for job-related tasks leading to exposure. The program at CSUF is designed to cover those who are at a higher risk of exposure by establishing high, moderate, or low risk categories. All other employees will be evaluated and determined on an individual basis by the Director of the Student Health Center and EH&IS. The three categories and job classifications are as follows:

Category 1 - High risk

Procedures or jobs that involve inherent potential for contact with blood, body fluids, tissues, mucous membranes, or skin contact that could possibly transmit the HBV, HIV or other blood borne pathogen. Job Classifications

- Physician
- Radiological Technologist
- Registered Nurse
- Nurse Practitioner
- Clinical Laboratory Tech
- Clinical Aids

Category 2 - Moderate Risk

This category has been established for those employees who do not work in situations that routinely (day to day) do not involve contact with infectious materials. There is, however, a potential for exposure to these mediums. Job Classifications

- Custodians (assigned to Health Center)
- University Police Officers & Investigators
- Physical Therapist
- Athletic Trainers (Students & Coaches)
- Lifeguards*
- EH&IS Personnel

UNIVERSAL PRECAUTIONS

Universal precautions require that all blood and certain body fluids be treated as if they were known to be infectious for HIV, HBV, and other blood borne pathogens. All blood and blood products will be perceived as infectious regardless of the known status of the source individual. The procedures for handling human body fluids shall be developed by each supervisor to ensure safe use or analysis of these fluids. These procedures must specify handling, transportation, storage, and analytical protocols and shall be maintained with this Exposure Control plan.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE will be made available to employees and students upon entry into laboratory and work areas where infectious materials may be present. This equipment will be removed immediately upon leaving these work areas and placed in the appropriate receptacle for storage, washing, decontamination or disposal. This equipment would include:

- Gloves
 - Disposable gloves will be worn when the employee or student has the potential for direct skin contact with infectious materials. Disposable gloves shall be properly disposed of if visibly soiled, torn, or damaged. They

will not be washed or disinfected for re-use. Gloves are not to be removed or worn outside the work area. (Hypoallergenic gloves shall be provided to personnel who are allergic to the gloves normally provided.)

- Non-disposable gloves used in the handling of potentially infectious material must be washed thoroughly with soap and water prior to removing.
- Hand washing must follow removal of all gloves.
- Masks / Eye Protection / Face Shields
 - This equipment will be worn singularly or in combination as guidelines specify. They will be worn when the potential exists for spattering, spraying, splashing droplets or aerosols of blood or any other potentially infectious materials may be present. This applies when the employee or students eyes, nose, or mouth are potentially exposed to contamination.
- Aprons / Gowns / Lab Coats / Disposable Shoe Covers
 - The appropriate protective clothing will be worn when the potential for occupational exposure is present. The garments shall be, but not limited to, aprons, gowns, lab coats, clinical jackets, or any similar protective garment that provides an effective barrier against blood or any other infectious materials. Shoes and or head covers will be worn as needed or as required by protocol.

Guidelines for use of PPE

- PPE shall be provided where necessary by the department at no cost to the employee.
- Departments shall train and ensure their employees properly use the PPE available.
- The department must clean, launder, and dispose of PPE at no cost to the employee.
- If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed immediately or as soon as feasible.
- All PPE shall be removed prior to leaving the work area.
- When removed, PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- Employees or students, who fail to utilize PPE, as required, are subject to disciplinary action as deemed appropriate by the department.

HOUSEKEEPING AND DECONTAMINATION

Disinfectants and or germicides shall be applied to working area surfaces to ensure the area is maintained in a clean and sanitary condition. A written policy with a schedule which outlines methods for decontamination and disinfection shall be implemented in these work areas where blood borne pathogens may be used. All equipment and working surfaces shall be disinfected routinely after use of blood or any other potentially infectious materials.

- Working surfaces and equipment shall be cleaned after completion of working procedures, when these items are overtly contaminated, immediately after a spill of potentially infectious materials, routinely after the end of the work shift, or prior to maintenance or servicing.
- Surfaces where infectious materials are used shall be protected with coverings such as imperviously-backed absorbent paper, plastic wrap, or aluminum foil. These coverings shall be changed at the end of every shift or as necessary.
- Broken glassware which may potentially be contaminated shall be picked up by tongs, forceps, broom, dust pan, etc. At no time will employees pick up potentially contaminated broken glass with their bare hands. Protective clothing shall be worn during the cleanup, (example: goggles face mask, leather gloves).
- All containers, bins, pails, cans or similar receptacles intended for use in disposal of these waste will have a lid or top on the container. These containers will be collected on a daily basis or when the container becomes full. The reusable containers will be inspected, cleaned, and disinfected on a routine basis or as soon as possible or after visible contamination.
- Reusable items that may be potentially infectious will be decontaminated before washing or reprocessing.
- Laundry that potentially may be contaminated shall be collected from employees and cleaned on a daily basis. The employees who normally generate potentially contaminated garments shall be informed of the location and specific container for the garments. These garments will not be rinsed or sorted at the location of their removal. The employees who collect, wear, or process these garments shall wear the proper PPE, (gloves, lab coats, etc.) and receive training for blood borne pathogen. The containers these garments are collected in will be labeled as biohazardous and described as soiled laundry. They must be closeable and leak proof bags or containers and must be color coded.

FIRST AID/CPR RESPONDERS

CSU, Fullerton has a number of employees that are CPR and first aid trained or may be put into a position where they might assist another employee or student with minor injuries involving contact with blood or other infectious materials.

While pre-exposure precautions do not apply as outlined in Section 8.5(f), precautions must be taken by these individuals to avoid exposure. CSUF employees must use the following guidelines to avoid possible exposure:

- All departments should have, as part of their required first aid supplies, several pair of disposable gloves and used as outlined in Section 8.2(C). EH&IS will supply these gloves as needed.
- Serious injuries involving loss of blood should be reported immediately to University Police by dialing 911 on all campus phones and 278-2515 from a cell phone.
- Contact with the blood of an injured person should be avoided. For non-serious first aid injuries, allow the injured person to treat themselves or assist by transporting to the Health Center. If contact and exposure is unavoidable, wear protective gloves.
- If blood or body fluid exposure occurs, a Report of Employee Injury form must be filed with EH&IS, Risk Management, and the employee's supervisor, and a Post Exposure to Blood Borne Pathogens form filled out and submitted to EH&IS, Human Resources, and the attending physician. Contact your supervisor, Department Administrator, Safety Coordinator or call Environmental Health and Safety at ext. 2124. EH&IS must be notified immediately.
- Do not attempt to clean up any of the spilled blood, if present. This is considered biohazardous medical waste and must be cleaned up and disposed of according to waste regulations. Notify the Facilities Management Service Center at ext. 3494.
- REPORT ALL EXPOSURE INCIDENTS.

REGULATED/NON-REGULATED WASTE DISPOSAL

Disposal of Contaminated and Uncontaminated Sharps

- Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom and properly labeled.
- Containers for sharps shall be easily accessible to personnel and located as close as possible to the area where sharps are used or can be reasonably anticipated to be found.
- Containers shall be kept in an upright position throughout use and replaced every four days or when 3/4 full.
- When containers are moved, they must be closed to prevent spillage or protrusion.
- If leakage is possible, a secondary container must be used to prevent leakage during transport and handling. The secondary container must be properly labeled to identify the contents.

Regulated Medical Waste Disposal

- Regulated medical waste must be placed in containers which are collapsible and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport and shipping.
- All containers must be labeled with the contents and a biohazard symbol.
- Prior to removal from the area of use, it must be closed to prevent spillage or protrusion.
- If a secondary container is used to prevent spillage, it must also be closeable, labeled and closed prior to removal.
- Containers used for the containment and/or transport of medical waste must be leak resistant, have tight fitting covers, and kept clean and in good repair. The container must be red and labeled with the words "Biohazard Waste", or with the international biohazard symbol and the word "Biohazard" on the lid and sides so as to be visible from any lateral direction.

Contaminated/Non-Contaminated Protruding Objects

- These are objects that may not normally be treated as sharps but have the potential of scratching, cutting, or puncturing the skin or container without special procedures and considerations for handling them. This places a special concern for those who collect and transport these items as waste haulers. These objects include but are not limited to needles, razor blades, scalpels, broken glass and or plastic, sharp edged metals or wire, glass or plastic pipettes, capillary tubes, plastic or glass rods, etc...
- Protruding objects that are potentially infectious are to be treated as contaminated sharps and should be disposed of in accordance with the procedures outlined in Appendix IV of the IIPP. All other protruding objects are to be disposed of in a puncture proof container, (a box should suffice) that can be taped closed and placed into the regular trash.

HEPATITIS B VACCINATIONS

- HBV vaccinations will be made available to all employees in categories 1 and 2 (high and moderate) who are occupationally exposed to infectious materials at no cost. Each identified employee will receive information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The following provisions apply:

- HBV vaccinations must be made available to all employees within 10 working days of initial assignment unless the employee has previously received vaccination, antibody testing has shown the employee to be immune or unless contraindicated for medical reasons.
- Employees must receive training in blood borne pathogens.
- If a worker initially declines the HBV vaccination he must sign a declination form (see Appendix IV) to do so. If that worker, at a later date, decides to accept the HBV vaccination, it will be provided.
- Environmental Health & Instructional Safety will coordinate and schedule all HBV vaccinations to be given employees at either St. Jude Medical Center or the Student Health Center. The Student Health Center Director will coordinate the vaccination of SHC employees.
- Three months following the vaccination series, a test for anti- bodies will be conducted.
- If a routine booster dose of HBV is recommended by the US. Public Health Service at a future date, such booster will be made available to employees.
- Environmental Health and Safety will maintain records of all those on the Hepatitis B vaccination program.
- It is not required to offer pre-exposure vaccinations for voluntary first aid providers if the following conditions exist:
 - Rendering first aid is not the primary job assignment.
 - The employee does not render first aid on a regular basis at a location where injured employees regularly go for assistance.

Post Exposure Evaluation and Follow-up

After a report of an exposure incident, the following procedures must be followed:

- The exposure incident must be reported to the Supervisor, Department Administrator or Department Safety Coordinator before the end of the work day in which the exposure occurred. A Report of Employee Injury must be filed with Human Resources and a Post Exposure to Blood Borne Pathogens form (Appendix IV) will be filled out by Environmental Health and Safety. EH&IS must be notified immediately by the employee or department.
- The University shall make available to the employee a confidential medical evaluation and follow-up.
- A full HBV vaccination series will be made available within 24 hours to those first aid providers that have not received the pre-exposure series.
- Documentation will be made of the routes of exposure and the circumstances under which the exposure incident occurred.
- Identification of the source individual must be made, if possible. The source individual's blood must be tested if consent can be obtained. Source testing is not needed if it is already known the individual is infected with HBV or HIV. Results of the test must be made available to the exposed employee.
- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to blood collections, but does not give consent for testing, the sample must be preserved for 90 days. The employee may elect, during that time, for testing to be done. Additional testing and collection will be made available as recommended by the US Public Health Service.

LABELS AND SIGNS

Cal/OSHA requires communication to employees who may come in contact with blood borne pathogens. This is accomplished using material safety data sheets, labels, warning signs, and employee training.

Warning signs

- Warning signs will be posted on the doors outside of the labs where potentially infectious materials are used. They will provide the following information:
- The international symbol for biohazard.
- The name of the specific biohazardous materials used in the location.
- The special requirements for PPE and other laboratory procedures.
- The name and telephone number of the principle investigator, lab supervisor or other responsible person.

Warning Labels

- Labels shall be affixed to all collection or storage containers of potentially infectious materials. All containers, (sharps containers, bags, boxes, refrigerators, freezers, waste cans, and buckets), that collect, store, or transport these material must have a label indicating that the content are biohazardous. These labels shall include the universal legend for Biohazard or a label that states Biohazardous waste. The label shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. These labels will be affixed to a container in a manner as to prevent their removal. (For more information reference [Appendix IV](#) of the IIPP manual for biohazard safety program).

APPENDIX III

ATP COMMUNICABLE DISEASE POLICY

The MSAT developed and adopted the following Communicable Disease Policy to protect the health and safety of the Athletic Training Students (ATS) and the related patients, preceptors, staff and others. All ATS understand and utilize this plan to assist in the prevention and management of communicable diseases within the ATP as defined by the Centers for Disease Control & Prevention (CDCP).*

Guidelines for Prevention of Exposure and Infection

The Cal State Fullerton Athletic Training Student (ATS) will:

- complete annual bloodborne pathogens training.
- annually provide a negative tuberculosis (TB) test verification.
- provide, upon ATP entry, verification of immunizations against rubeola (measles), rubella (German measles) and hepatitis B before any patient interactions.
 - Individuals graduating from a California high school in 2005 or later, automatically fulfill these requirements with your official high school transcripts submission.
- complete the ATP Medical History and Technical Standards forms prior to any patient interactions.
- use proper hand washing techniques and practice good hygiene at all times.
- utilize Universal Precautions and proper hygiene according to OSHA Standards at all times.
- not engage in patient care with active signs or symptoms of a communicable disease.
- appreciate that in certain situations of a communicable disease release may be required.
- understand and abide by the related institutional communicable or infectious disease guidelines for their current specific clinical rotation.

Guidelines for Managing Potential Infection

The Cal State Fullerton Athletic Training Student (ATS) shall:

- immediately report any potential exposure related to a clinical experience, to their preceptor, as well as the Clinical Education Coordinator (CEC).
- complete the appropriate incidence report form(s) depending on their clinical experience site at the time of exposure.
- self-isolate and seek qualified medical treatment if they become ill (e.g. signs and symptoms of a communicable disease).
- report signs and/or symptoms that may place them and/or their patients at risk to their preceptor and the CEC.
- communicate medical absences to their instructors, preceptor and the CEC. ATS may be required to provide documentation to return to class and/or clinical site.
- follow the recommendations of their physician or related qualified healthcare professional.
- shall understand that some communicable diseases must be reported to public health authorities.

By entering my ATrack ID & Password, I am verifying that I have read and understand the CSUF ATP – Communicable Disease Policy. Furthermore, I understand that acting beyond outside scope of the ATP Communicable Disease Policy makes me subject ATP sanctions.

What are Communicable Diseases?

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

Communicable Disease Review

A communicable disease, sometimes referred to as a contagious disease, is a disease that can be transmitted from one person to another person (direct contact); from an inanimate object (indirect); from secretions or discharges via conjunctival, nasal, oral mucosa, etc. (i.e., fluids, droplets, or airborne); or through contact with food, water, animals, etc. (vehicular).

Some examples of Communicable Diseases and protocol for management according to the CDCP.

Disease	Information	Transmission	Incubation	Action/Restrictions
Bloodborne Pathogens (Hep B, C and HIV)	Please see BBP/OSHA training	Please see BBP/OSHA training	Varies	Vaccination available for Hep B. Please see BBP /OSHA training for more information
Conjunctivitis	Bacterial or viral	Transmitted by direct contact with individuals or equipment	5-12 days	Referral for MD evaluation and medication. No contact until discharge from eye(s) ceases
Diphtheria	Rare in US	Transmitted by droplets or direct contact	2-5 days	No contact. Need to have anti-microbial therapy & 2 negative cultures more than 24 hours apart
Acute Gastrointestinal infections	Variety of causes – bacteria, virus and protozoa	Transmitted by direct contact, contaminated food, water, etc., airborne	Varies	Need to practice good hygiene to prevent infections. Restricted contact until asymptomatic
Hepatitis A	Viral infection	Oral/Fecal	15-50 days	Vaccination available, practice good hygiene and restricted contact until 7 days after onset of jaundice
Herpes simplex	Viral infection of hands (herpetic whitlow) or orofacial	Direct contact	2-14 days	Restricted patient contact or no contact depending on patient's risk until lesions heal.
Measles (active)	Highly contagious	Direct and airborne transmission	5-21 days	Vaccination available (MMR). No contact until 7th day of rash appearing.
Meningococcal disease	Variety of subgroups	Direct and airborne transmission	2-10 days	Can return to patient care /contact after 24 hours of effective therapy
Mumps (active)	Vaccination (MMR) is best prevention	Respiratory secretions	12-25 days	May return to patient care/contact after the 10th day of swollen glands
Parvovirus	"Fifth Disease"	Direct contact with people or objects or droplets	6-10 days	Most contagious before rash appears, isolation is not indicated
Pertussis (active)	"Whooping Cough"	Highly contagious, airborne transmission	7-10 days	Vaccination is best prevention. No contact until 5 days after beginning antimicrobial treatment

Disease	Information	Transmission	Incubation	Action/Restrictions
Poliomyelitis	Last reported in 1979. Polio vaccination has greatly decreased incidence	Transmitted by direct contact or respiratory secretions	3-6 days for non- paralytic and 7-21 days for paralytic	Most contagious before and after onset of symptoms. Vaccination is best prevention
Rabies	Cases has increased since 1990.	Exposure to rabid animals or animal tissue (bite and non-bite). Bites that penetrate the skin have the greatest risk	1-3 months	Pre and post exposure vaccinations are available. Action and restrictions need to be made on an individual basis.
Rubella (active)	Most contagious when rash appears	Transmitted by nasopharyngeal droplets	12-23 days	Immunization (MMR) is most effective treatment. No contact until 5 days after rash appears.
Scabies and pediculosis	Lice - transmitted by infestation of mites	Direct contact by person or inanimate objects		Cleaning procedures and medication will help with the elimination of mites. No contact until treated and no signs of infection
Staphylococcus aureus	Can also be a MRSA infection	Direct contact	Varies 30 minutes to 10 days depending on strain	No contact until lesions have healed. Need to be on prescription (antimicrobial) medication.
Streptococcus	Can be a natural carrier. Various diseases	Direct contact	Varies 2-10 days	No contact for at least 24 hours after appropriate prescription medications have started
Tuberculosis	Please see BBP/OSHA training	Please see BBP/OSHA training	Please see BBP/OSHA training	Students will need TB skin tests before a clinical rotation at a hospital or clinic. No contact until proven non-infectious
Vaccinia (smallpox)	WHO declared world free of smallpox in 1980	Theoretical risk with contact with dressings or recombinant vaccination		Vaccination recommended for select individuals
Varicella	Chickenpox or shingles Vaccination available	Direct contact (airborne has also occurred)	10-21 days	No contact until lesions are dry and crusted. Can develop immunity after being infected by Varicella
Viral respiratory infections (flu, RSV, rhinovirus, etc.)	Some vaccinations available for certain strains	Direct contact, droplet or airborne	1-5, day 3 most contagious	No contact until asymptomatic

Boylard, E. A., Tablan, O.C., Williams, W.W. Pearson, M.L., Shapiro, C.N., Deitchman, S.D. & the Hospital Infection Control Practices Advisory Committee. (1998). Special Article: Guidelines for infection control in health care personnel, 1998. *American Journal of Infection Control*, 26(3), 289-354.

<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf>

<https://www.cdc.gov/hai/>

APPENDIX IV

ATP TECHNICAL STANDARDS

The CSUF – ATP is a rigorous program that places specific demands on the Athletic Training Students (ATS). The ATP prepares graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The CSUF – ATP Technical Standards establish the essential qualities considered necessary for ATS admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (CAATE). All CSUF - ATP students must meet the following abilities and expectations. If a student is unable to fulfill these Technical Standards, with or without reasonable accommodation, the student will not be successfully advanced through the CSUF – ATP.

Each candidate must demonstrate the following ATP Technical Standards:

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

CSUF will evaluate each student who states he/she could meet ATP's Technical Standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. If a student states he/she can meet the Technical Standards with accommodation, then the University will determine whether it agrees that the student can meet the Technical Standards with reasonable accommodation. This includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

It should be noted that compliance with CSUF – ATP Technical Standards does not guarantee a student's eligibility for the BOC certification exam.

A. Statement for students NOT requesting accommodations.

I (print full name) _____ certify that I have read and understand the CSUF – ATP Technical Standards listed above, and I believe to the best of my knowledge that I meet each Standard without accommodation. I understand that if I am unable to meet these Standards I will not be successfully advanced through the Master of Science in Athletic Training (MSAT).

Signature of Applicant _____ Date

B. Statement for students requesting accommodations.

I (print full name) _____ certify that I have read and understand the CSUF – ATP Technical Standards listed above and I believe to the best of my knowledge that I can meet each of these Standards with certain accommodations. I will contact CSUF Disabled Support Services to determine what accommodations may be available. I understand that if I am unable to meet these Standards with or without accommodations, I will not be successfully advanced through the Master of Science in Athletic Training (MSAT).

Signature of Applicant _____ Date

APPENDIX V
OATH OF CONFIDENTIALITY

As an Athletic Training Student (ATS) participating in the California State University, Fullerton – Master of Science in Athletic Training degree program, I understand that I may have access to patients' private/confidential information. I agree not to divulge any such information to any unauthorized persons. I will not pronounce, publish, or otherwise make known any confidential information regarding patients, so the individual(s) who received service(s) is in any way identifiable.

I (print full name) _____ received instruction on patient confidentiality and have read and understand the ATP Oath of Confidentiality. Furthermore, I understand any unauthorized release of any such private/confidential information may make me subject to MSAT sanctions and/or civil action.

Signature: _____ Date: _____