

# **Athletic Training Program**



## **Student Handbook**

**2023-2024**

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## SECTION 1: PROGRAM PRINCIPLES

### 1.1: Athletic Training Program (ATP) Principles

#### 1.1.a: Mission Statement

The UNG MSAT facilitates continuous learning and growth of students/future clinicians, within and beyond classroom, through excellence in learning, discovery, and engagement through a focus on patient centered care.

#### 1.1.b: Accreditation of our Program

The Athletic Training Program (ATP) is housed within the Department of Kinesiology in the College of Education. The ATP began as an emphasis area in 1998. The Georgia Board of Regents approved the ATP as a major in the fall of 2001. During the spring of 2002, CAAHEP granted the ATP accreditation. In the fall of 2017, the CAATE granted UNG re-accreditation until 2027-2028. In the summer of 2018, the CAATE approved UNG's substantive change self-study and approved the Master of Science in Athletic Training (MSAT) program at UNG. In June 2018, the first cohort for the MSAT program was admitted. In May 2019, the last undergraduate cohort (Bachelor of Science in Athletic Training) graduated from UNG.

#### 1.1.c: Program Goals

The ATP at UNG maintains the following programmatic goals and educational objectives. It is the priority of our faculty and preceptors to provide curricular and clinical opportunities that allow us to meet these objectives and maintain our goals. The student will demonstrate UNG core values as well as maintain curricular competencies and proficiencies throughout the program and into their professional lives.

- Goal 1 - Students will understand, demonstrate, and access skills and techniques to prevent injury and illness and to promote wellness.
  - a. Identify risk factors by administering assessment, pre-participation examination and other screening instruments and reviewing individual and group history and injury surveillance data.
  - b. Facilitate personal and group safety by monitoring and responding to environmental conditions (e.g. weather, surfaces, client work setting).
- Goal 2 - Students will demonstrate the ability to examine, assess, and diagnose orthopedic and general medical conditions.
  - a. Obtain an individual's history through observation and interview to assess injuries and illnesses and to identify comorbidities.
  - b. Perform a physical examination to formulate differential diagnoses.
  - c. Formulate a clinical diagnosis by interpreting the history and the physical examination to determine the appropriate course of action.
  - d. Interpret signs and symptoms of injuries, illnesses or other health-related conditions that require referral using medical history and physical examination to ensure appropriate care.
- Goal 3 - Students will be able to perform immediate and emergency care for optimal outcomes.

- a. Establish, review, and/or revise emergency action plans to guide the appropriate triage of injuries and optimize outcomes
  - b. Implement appropriate on field emergency care and immediate care procedures to reduce the risk of morbidity and mortality.
  - c. Implement and properly perform a concussion assessment
- Goal 4 - Students will be able to assess and implement appropriate therapeutic interventions for a variety of different pathological conditions.
  - a. Optimize patient outcomes by developing, evaluation and updating the plan of care to optimize therapeutic interventions
  - b. Administer therapeutic interventions to patients using appropriate manual, thermal, electrical, and acoustic techniques and procedures to aid recovery to optimal function.
  - c. Determine patients' functional status using appropriate techniques and standards to return to optimal activity level.
- Goal 5 - Students will demonstrate an understanding and apply the knowledge to healthcare administration and professional responsibility.
  - a. Communicate with the sports medicine team in an effective manner
  - b. Develop policy, procedures and strategy to address risks and meet organizational needs
  - c. Incorporate budgeting techniques to lead to fiscal responsibility in a sports medicine program
- Goal 6 – Students will participate in a broad array of high-quality clinical experiences with skilled preceptors.
  - a. Students will be exposed to a wide array of clinical experiences
  - b. Students will practice clinical skills under quality preceptors
  - c. Students will participate in rotations at quality clinical sites

## SECTION 2: ATHLETIC TRAINING PROGRAM STRUCTURE

### 2.1 Athletic Training Program at UNG

The ATP at UNG is housed as part of the Department of Kinesiology within the College of Education at the University of North Georgia. The administrative and program structure can be found in the appendices (Appendix 1).

Drs. Elizabeth Harrison, Ryan Hipp, and Katsumi Takeno are considered the leadership team for the UNG ATP and are responsible for assuring that all students in the ATP are succeeding in both the classroom and clinical settings.

### 2.2 Athletic Training Program Director

Per the 2020 CAATE Standards:

- Standard 37 The program director is a full-time faculty member whose primary assignment is to the athletic training program. The program director's experience and qualifications include the following:
  - An earned doctoral degree
  - Contemporary expertise in the field of athletic training
  - Certification and good standing with the Board of Certification
  - NPI number with appropriate health care field designation
  - Current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)
  - Previous clinical practice as an athletic trainer
  - Scholarship
  - Previous full-time academic appointment with teaching responsibilities at the postsecondary level
  
- Standard 38 The program director is responsible for the management and administration of the program. This includes the following responsibilities:
  - Program planning and operation, including development of the framework
  - Program evaluation
  - Maintenance of accreditation
  - Input into budget management
  - Input on the selection of program personnel
  - Input on the evaluation of program personnel

### 2.3 Coordinator of Clinical Education

Per the 2020 CAATE Standards:

- Standard 39 The coordinator of clinical education is a core faculty member whose primary appointment is to the athletic training program and who has responsibility to direct clinical education. The coordinator of clinical education's experience and qualifications include the following:
  - Contemporary expertise in athletic training

- Certification and good standing with the Board of Certification
  - NPI number with appropriate health care field designation
  - Possession of a current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)
  - Previous clinical practice in athletic training
  - Scholarship
- Standard 40 The coordinator of clinical education is responsible for oversight of the clinical education portion of the program. This includes the following responsibilities:
    - Oversight of student clinical progression
    - Student assignment to athletic training clinical experiences and supplemental clinical experiences
    - Clinical site evaluation
    - Student evaluation
    - Regular communication with preceptors
    - Professional development of preceptors
    - Preceptor selection and evaluation

#### 2.4 Athletic Training Program Faculty

Per the 2020 CAATE Standards:

- Standard 41 Program faculty numbers are sufficient to meet the needs of the athletic training program and must include a minimum of three core faculty.
- Standard 42 The core faculty have contemporary expertise in assigned teaching areas, demonstrated effectiveness in teaching, and evidence of scholarship.
- Standard 44 All faculty who instruct athletic training skills necessary for direct patient care must possess a current state credential and be in good standing with the state regulatory agency (in states where their profession is regulated). In addition, faculty who are solely credentialed as athletic trainers and who teach skills necessary for direct patient care must be BOC certified and have an NPI number with an appropriate health care field designation.

Per the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

- Faculty teaching graduate and post-baccalaureate course work: earned doctorate/terminal degree in the teaching discipline or a related discipline.

#### 2.5 Athletic Training Program Preceptors

Per the 2020 CAATE Accreditation Standards

- Standard 45 Preceptors are health care providers whose experience and qualifications include the following:
  - Licensure as a health care provider, credentialed by the state in which they practice (where regulated)
  - BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers
  - NPI number with appropriate health care field designation
  - Planned and ongoing education for their role as a preceptor

- Contemporary expertise
- Standard 46 Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program's policies and procedures. Preceptors who are athletic trainers or physicians assess students' abilities to meet the curricular content standards
- Standard 47 The number and qualifications of preceptors are sufficient to meet the clinical education needs of the program.

## 2.6 The Medical Director

Per the 2020 CAATE Accreditation Standards

- Standard 49 The program has a medical director who is actively involved in the program.
- Dr. Kaitlyn Vann serves as the medical director for the UNG ATP.

## SECTION 3: ADMISSION AND RETENTION REQUIREMENTS

### Section 3.1 Admission Requirements

Admission to the MSAT program at UNG requires the following:

- **Early Admission Requirements**
  - Baccalaureate from a regionally accredited, four-year institution with at least a cumulative grade point average of 3.2 (4.0 scale) calculated in accordance with [Graduate Admissions procedures](#).
  - Required Supplemental Documents
    - Letter of intent detailing why you wish to gain admission to the MSAT program at UNG current resume
    - 2 letters of recommendation. One recommendation must be from a certified athletic trainer
    - Proof of 50 (minimum) observation hours under a BOC certified athletic trainer (AT)
  - **If accepted, the following documents must be received prior to the first day of the initial semester. Students who have not submitted all the following prior to the first day of the semester will not be allowed to attend class.**
    - Proof of CPR (BLS level from AHA or ARC)
    - Background check
    - UNG physical form filled out by a physician
    - UNG and AT immunization forms
    - Technical Standards form signed by a physician
    - Completion of all pre-requisite courses with a minimum grade of C.
- **Regular Requirements**
  - Baccalaureate from a regionally accredited, four-year institution with at least a cumulative grade point average of 3.0 (4.0 scale) calculated in accordance with [Graduate Admissions procedures](#).
  - Required Supplemental Documents
    - Letter of intent detailing why you wish to gain admission to the MSAT program at UNG current resume



- 2 letters of recommendation. One recommendation must be from a certified athletic trainer
    - Proof of 50 (minimum) observation hours under a BOC certified athletic trainer (AT)
  - **If accepted, the following documents must be received prior to the first day of the initial semester. Students who have not submitted all the following prior to the first day of the semester will not be allowed to attend.**
    - Proof of CPR (BLS level from AHA or ARC)
    - Background check
    - UNG physical form filled out by a physician
    - UNG and AT immunization forms
    - Technical Standards form signed by a physician
    - Completion of all pre-requisite courses with a minimum grade of C.
- **Provisional Admission**
  - If all spots have not been filled for the cohort of the coming year, students may be admitted provisionally with a GPA of 2.8 or above, if he or she maintains a GPA of 3.0 or above in his or her first 3 semesters of the MSAT program.
  - Requirements
    - Baccalaureate from a regionally accredited, four-year institution with at least a cumulative grade point average of 2.8 (4.0 scale) calculated in accordance with [Graduate Admissions procedures](#).
    - [Graduate Record Exam \(GRE\)](#) score as follows:
      - Earn a combined score of 280 on the verbal and quantitative sections of the Graduate Record Exam General Test (GRE), with a minimum score of at least 3.5 on the analytical writing section. Only those scores less than five years old will be considered.
    - Required Supplemental Documents
      - Letter of intent detailing why you wish to gain admission to the MSAT program at UNG
      - Current resume
      - 2 letters of recommendation. One recommendation must be from a certified athletic trainer
      - Proof of 50 (minimum) observation hours under a BOC certified athletic trainer (AT)
    - **If accepted, the following documents must be received prior to the first day of the initial semester. Students who have not submitted all of the following prior to the first day of the semester will not be allowed to attend.**
      - Proof of CPR (BLS level from AHA or ARC)
      - Background check
      - UNG physical form filled out by a physician
      - UNG and AT immunization forms
      - Technical Standards form signed by a physician

- Completion of all pre-requisite courses with a minimum grade of C.
- Provisional degree-seeking students
  - Will be reviewed to determine eligibility for regular admission following completion of 1 semester.
  - Are not eligible for federal financial aid while enrolled in courses as a provisional student.
  - Will not be allowed to continue in the program if a grade of C or lower is earned in any graduate course.
  - May apply for readmission after 3 semesters from the date removed from the program because of a deficient grade by submitting a new application to Graduate Admissions with a letter addressed to the program director requesting readmission

### Section 3.2 Retention Requirements

The following requirements must be met for a student to remain in the MSAT program at UNG:

1. Compliance with the rules and regulations prescribed for all graduate students at UNG.
2. Compliance with the ATP rules and regulations in the Athletic Training Student Handbook.
3. Adherence to the National Athletic Trainers' Association's Code of Ethics.
4. Adherence to AT Dispositions/professional expectations.
5. Maintain current Basic Life Support CPR certification (American Red Cross or American Heart Association).
6. Maintenance of a grade point average of a cumulative 3.0 for all course work attempted.
7. Students must earn a C or greater in each course, although earning a C in all courses will not meet the cumulative 3.0 GPA requirement needed for retention.

### Section 3.3 Probation

Failure to meet any of the retention standards will result in disciplinary action for the student.

The following infractions and consequences shall be put into place if the student fails to meet the retention standards:

- Students who fall below the required 3.0 cumulative GPA
  - Will be put on probation for following semester and be placed on a professional development plan (PDP). If he/she brings his/her GPA back to the required minimum, they will be removed from probation. Failure to bring the GPA back to the required minimum will result in dismissal from the program. The student may then reapply to the program during the following admissions period.

### Section 3.4 Dismissal

- The student who does not comply with the rules and regulations prescribed for all students at UNG, does not comply with the ATP rules and regulations put forth in the handbook, does not adhere to student dispositions, does not adhere to the NATA's Code of Ethics, and/or does not adhere to the expectations found in the Program Standards of the Commission on Accreditation of Athletic Training Education (CAATE).

○ These situations will be evaluated on a case-by-case basis and each student will be placed on a PDP dependent on the violation. Depending on the case, the student may be given a warning and placed on probation for the remainder of his/her time in the program. If another infraction occurs, he/she will be dismissed from the program and unable to reapply for admission. In severe cases, the student may be dismissed from the program after his/her first offense.

- A student fails to complete all courses with a grade of "C" (70%) or better.

Students wishing to [appeal their dismissal](#) can find details in the Graduate Catalog.

## SECTION 4: ACADEMIC INFORMATION

### Section 4.1 Program of Study (after program start date of June 2022).

UNG Master of Science in Athletic Training: Course Planning Guide					
YEAR ONE					
Summer 1		Fall 1		Spring 1	
Course	Hours	Course	Hours	Course	Hours
ATP 6104 - Foundations of	2	ATP 6201 - Orthopedic Evaluation I	3	ATP 6301 - Orthopedic Evaluation II	3
ATP 6105 - Foundation of	2	ATP 6201L - Orthopedic Evaluation I Lab	1	ATP 6301L - Orthopedic Evaluation II Lab	1
ATP 6102 - Athletic Training	3	ATP 6202 - Therapeutics I	3	ATP 6302 - Therapeutics II	3
ATP 6103 - Emergency Care	2	ATP 6202L - Therapeutics I Lab	1	ATP 6302L - Therapeutics II Lab	1
ATP 6103L - Emergency Care Lab	1	ATP 6203 - Mental & Behavioral Health	1	ATP 7101 - Ethics and Professional Topics	3
		ATP 6901 - Clinical Experience I	2	ATP 6902 - Clinical Experience II	2
				ATP 6303 - Research Methods in Athletic Training I	1
<b>Total Hours</b>	<b>10</b>	<b>Total Hours</b>	<b>11</b>	<b>Total Hours</b>	<b>14</b>
YEAR TWO					
Summer 2		Fall 2		Spring 2	
Course	Hours	Course	Hours	Course	Hours
ATP 7102 - Sports Performance	2	ATP 7205 - Advanced Techniques	3	ATP 7302 - Athletic Training Capstone	2
ATP 7303 - Research Methods in Athletic Training II	2	ATP 7203 - Pathophysiology	3	ATP 7903 - Clinical Experience V	4
ATP 7901 - Clinical Experience III	2	ATP 7203L - Pathophysiology Lab	1		
		ATP 7206 - Head and Spine	1		
		ATP 7206L - Head & Spine Lab (up to 3 hours of seat time)	1		
		ATP 7902 - Clinical Experience IV	2		
		ATP 7503 - Research Methods in Athletic Training III	2		
<b>Total Hours</b>	<b>6</b>	<b>Total Hours</b>	<b>13</b>	<b>Total Hours</b>	<b>6</b>
				<b>Total Program Hours</b>	<b>60</b>

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### Section 4.2 Technical Standards

The Athletic Training Program at University of North Georgia is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). All students admitted to the Athletic Training Program must meet the following abilities and expectations found in the technical standards form (Appendix 2). In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. The Technical Standards Form must be completed by each candidate and a medical physician. The Technical Standards Form must be submitted as part of the application process.

### Section 4.3 Tuition and Fees

The most up-to-date information regarding tuition and fees for the MSAT program at UNG can be located [here](#). Credit hour tuition varies by class type and may vary from year to year. Be sure to check the aforementioned link to obtain the most current tuition and fees information.

### Section 4.4 Additional Financial Requirements

There are additional fees associated with the Athletic Training Program beyond that of normal tuition and institutional fees. An estimation of the fees are as follows; this is just an estimate:

- Athletic Training Program fees (attire and other supplies related to program)
- Athletic Training Clinical Internship Fees (\$100.00 per semester)
- Liability Insurance (approx. \$40.00 per year)
- Gas money – varies by each rotation.
- Professional Memberships – membership to NATA and other professional organizations are not required but are **highly encouraged**.
- Other fees related to registration for clinical sites or for development opportunities may be necessary.

### Section 4.5 Scholarships and Awards

#### 4.5.a: National and Regional Scholarships and Awards

- The National Athletic Trainers' Association
  - Several scholarships available
  - Must have a 3.0 GPA
  - Must be a student member of the NATA
  - Information and application can be found at:  
<http://www.natafoundation.org/>
- The Southeastern Athletic Trainers' Association
  - Must be accepted into an ATP
  - Must have an overall curriculum "B" average
  - Must be a member of the SEATA
  - Information and application can be found at:  
<http://www.seata.org/Scholarshipdetails.htm>
- The Georgia Athletic Trainers' Association
  - Three scholarships available
  - Information and application can be found at:  
<http://www.gsu.edu/~wwwgat/awardsdata.html>
- Peach Belt Conference Dissinger-Reed Athletic Training Graduate Scholarship
  - Must be accepted to a graduate program
  - Information can be found at:  
<https://www.peachbeltconference.org/landing/index>

### Section 4.6 Additional Expectations

While in the program, the student will be introduced to various opportunities, both voluntary and mandatory, throughout the extent of the program, including but not limited to in-services, field-trips, service opportunities, outside clinical experiences, professional conferences, meetings, simulations, etc. The ATP will make every effort to give students ample time in preparation for these opportunities, however advance notice will vary by opportunity. It is the student's

obligation to be present at any and every opportunity, as these opportunities exist to best prepare students for their roles as health care practitioners.

## SECTION 5: CLINICAL EDUCATION INFORMATION

### 5.1 General Information

Students in the ATP are required to gain experience through various clinical rotations. These rotations are assigned during five of the six semesters in the ATP - all but the students' first semester in the program - where they will be gaining necessary foundational skills for future clinical experiences. Clinical hours will vary by semester and course credit assigned to the specific clinical rotation experience. Clinical rotation experiences will equate to a minimum of 125 hours per credit hour (CR) of clinical rotation course (eg ATP 6901 is 2 CR and will require a minimum of 250 clinical hours). Students will accumulate more than 1000 of clinical hours while in the program. Students must have 1 day off in every seven-day period.

Students will encounter a variety of clinical rotations during their time in the UNG ATP, including, but not limited to high school, collegiate, orthopedic and other specialties, sports medicine clinic, and general medicine. Clinical placement will be determined in purposeful and goal-oriented manners. The decision of placement is affected by the CAATE standards, availability of clinical sites and preceptors, legal affiliation procedures, and timing. Student's clinical interests and professional/career aspirations may be considered, however, the placement requested by student may not be guaranteed due to various reasons including but not limited to logistics, legal partnership, and communication.

### 5.2 Clinical Rotation Schedule

**All students are required to contact their assigned preceptors prior to the beginning of their rotations (fall, winter, summer, and/or spring). Students with rotations that have a preseason that begins before the first day of classes will be expected to be in attendance per instruction by their assigned preceptor. Depending on your assigned rotation, you may be required to be at your clinical rotation during periods when school is not in session (Thanksgiving break, winter break, spring break, preseason, etc).**

Determination of weekly schedules should be designed in conjunction with the preceptor and the student at the beginning of the semester. Expectations of time to be spent in various clinical activities should also be discussed prior to the start of the clinical rotation. **This schedule (20 hour average – 15 hour minimum and 30 hour maximum) must come first in the Athletic Training Student's life.** While we do understand and empathize with the student's financial stressors, holding a job and other social activities should be secondary to the student's clinical rotation schedule. The preceptor should determine when he or she wants hours signed off on and has the right to deny approval of hours if the students do not adhere to guidelines set forth by the preceptor.

**The minimum hour requirement must be met each semester for the student to progress to the next clinical rotation assignment in the program. Failure to meet the minimum requirement will result in the student having to retake that clinical rotation course, unless in extenuating circumstances where the program leadership and the student have determined an alternative arrangement.**

### 5.3 ATP Supervision Policy

A Preceptor must be present at all times when an athletic training student is an athlete or patient. There are no exceptions to this i.e., a Preceptor must be present when an athletic training student is: performing modalities, performing rehabilitation (in rehabilitation room or wellness center), providing medical services or rendering care to an athlete in the athletic training clinic, or traveling. At no time is an athletic training student permitted to provide medical services to an athlete or patient when unsupervised. It is the responsibility of the athletic training student to abide by this policy. If this policy is broken, the student will be suspended from the ATP (see Retention/Probation/Suspension and Appeals in this handbook). All Preceptors are expected to report any athletic training student who chooses to not abide by this policy. The ATP program director must have an ATS signed ATP supervision policy on record with the expectation that students understand and agree to this supervision policy.

### 5.4 Travel Policy

As part of the athletic training student's experience, travel with assigned teams will be required as part of the clinical rotation if the assigned clinical rotation permits. There is no assigned travel time with any sports team unless a Preceptor over that team is also traveling. Students assigned to high school teams may travel. Travel will be decided by your assigned Preceptor and the ATP Coordinator of Clinical Education.

### 5.5 Dress Regulation

Students are expected to maintain a professional appearance that aligns with the nature of Athletic Training. Clothing, jewelry, make-up and nails must comply with the program standards. This policy adheres the UNG Athletics policy as well as the policies from the various clinical rotation sites. **Failure to comply with dress code will result in aforementioned disciplinary actions and may result in suspension from the program.**

1. Khaki Pants (Khaki, Blue, Black, Grey, or White), khaki capris (Khaki, Blue, Black, Grey, or White) or Bermuda Shorts (Khaki, Blue, Black, Grey or White). Shorts must be proper length; shorts should come to at least midway on the thigh. A belt needs to be worn if pants have belt loops.
2. Wind pants (blue/black) may be worn for outside/poor weather practices. Any shirt worn must be high enough on the chest so that student's clavicles are not exposed. Tights/leggings are not to be worn as pants – they are not appropriate for the profession.
3. UNG athletic training polos or collared shirts, with sleeves, are to be worn – always tucked in. When polos are worn, only the top button should remain unbuttoned or all buttons should be buttoned.
4. UNG or plain hats are to be worn outside only and should not be worn inside. No other hat is permissible. No headwear should be worn inside other than religious headwear.
5. Sneakers are the footwear of choice. (Exception – rainy days/sloppy fields – then boots may be more appropriate). Closed toe shoes are necessary per OSHA standards! and if you are not wearing such you will be sent home and asked to come back in proper footwear.
6. All attire must be clean and pressed.

7. Nametags are to be worn at all times in AT clinic and on all rotations. Nametags are to be worn around the neck or attached to the upper right or left clavicular area.<sup>2</sup>
8. No excessive jewelry should be worn due to safety concerns. Jewelry (rings) should be limited to one finger per hand (no other rings). Stud earrings should be worn, no looped earrings, at a maximum of 2 piercings per ear. Facial piercings should be replaced with clear plastic piercing retainers when in class or in clinical placements. This information is similar to what is expected of employees of program stakeholders, such as the Northeast Georgia Physician's Group (Email communication with Director of Athletic Training at NGPG, July 2021).
9. Any visible tattoos that depict violence, nudity, gang activity, gore, or expletives should be covered at all times. Clinical sites reserve the right to request that all tattoos be covered during clinical education. This information is similar to what is expected of employees of program stakeholders, such as Northeast Georgia Physician's Group (Email communication with Director of Athletic Training at NGPG, July 2021).
10. Personal hygiene must be professionally acceptable, and students should frequently wash with soap and water to decrease the spread of disease.<sup>3</sup>
11. Natural fingernails must be shorter than the end of finger and a conservative or neutral nail coloring should be utilized. Artificial nails have previously demonstrated to harbor bacteria and may lead to increased infections during clinical rotations and thus are discouraged.<sup>4</sup> Our stakeholders define artificial nails as any material that cannot be removed within 30 seconds with standard nail polish remover (Email communication with Director of Athletic Training at NGPG, July 2021).
12. The UNG dress code is abided by while at other clinical rotations and sites. If an assigned clinical rotation site has additional requirements or codes, they must be adhered to as well.
13. The AT classroom is considered a professional space as well. As such, professional attire should be worn in the classroom unless otherwise stated by the faculty member. Students may keep a change of clothes in the AT lab for times where athletic attire is more prudent for class/lab time.

### Works Cited

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### 5.6 Confidentiality

Athletic training students (ATS) at UNG have a great deal of access to the student-athlete medical records and personal information. On various rotations, the ATS will have access to patient files, office visits, surgeries, etc. This is an excellent educational experience for the ATS. Do not discuss any injuries, diseases, problems or concerns of the athletes/patients with anyone except your supervisor at the time – this includes, but is not limited to verbal communication, written communication, and any form of social media. Any information about the athlete/patient is confidential. Do not leak information to friends, fellow teammates, and the press, even the athlete’s parents if that athlete is over 18 years of age. Certified athletic trainer, team physician or coach will handle all public comments about injuries. The ATP program director will maintain a current signed confidentiality/security form (including but not limited to confidentiality agreement, HIPAA and FERPA) form from all ATS. Releasing information will result in the student being placed on a Professional Development Plan as related to the Tier 3 dispositions.

I, \_\_\_\_\_ hereby acknowledge reading the above confidentiality policy and will adhere to the policy requirements.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

### 5.7 Sexual Harassment

UNG endorses the Board of Regents policy on sexual harassment. The policy reads as follows: Federal law provides that it shall be an unlawful discriminatory practice for any employer, because of the sex of any person, to discharge without a cause, to refuse to hire, or otherwise discriminate against any person with respect to any matter directly or indirectly related to employment or academic standing. Harassment of an employee or student on the basis of sex violates the federal law.

Sexual harassment of employees or students in the University System is prohibited and shall subject the offender to dismissal or other sanctions after compliance with procedural due process requirements. Unwelcome sexual advancements, request for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- A. Submission to such conduct is made explicitly or implicitly a term or condition of an individual’s employment or academic standing
- B. Submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting an individual; or
- C. Such conduct unreasonably interferes with an individual’s work or academic performance or creates an intimidating, hostile or offensive working or academic environment.

For interpretations, illustrations, and definitions related to this policy, see the UNG Policy and Procedures Manual section 890.0.

## 5.8 Health & Safety Issues

The purpose of these guidelines is to assist in the establishment of a workplace that provides maximum safety for both ATs and ATs. They are especially designed to assist ATs and ATs in handling potentially infected substances without danger of transmission to themselves or others.

“Standard precautions” refers to the practice of treating all blood and body fluids as if they are potentially infectious. Its use has been recommended by the Centers for Disease Control, the American Hospital Association, and the Association for Practitioners of Infection Control. In order to effectively protect against exposure of both staff and clients to pathogens, all ATs and ATs must adhere to the guidelines contained in Section III.

Body fluids refers to blood, semen, vaginal secretions, saliva, tears, urine, cerebrospinal fluid, breast milk, sputum, amniotic fluid, feces, and emesis/gastric fluids, though not all of these have been shown to transmit disease.

### **Standard Operating Procedures**

Frequent hand washing for at least 15 seconds with soap and water still represents the most important and effective means of infection control.

#### Hands should be washed:

- After removing gloves
- After completion of work and before leaving the athletic training clinic
- Before touching eyes or mouth
- Before and after eating, drinking, applying makeup, changing contact lenses, and using the lavatory facilities
- Immediately after contamination with a specimen or reagent

#### Gloves should be worn:

- Whenever the athletic training student has cuts, scratches, or breaks in the skin
- In any situation in which hand contamination with blood or body fluids is likely to occur NOTE: GLOVES SHOULD BE CHANGED AFTER CONTACT WITH EACH ATHLETE.

#### Sharps Disposal

- After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Full containers should be disposed of by incineration.

#### Protective Body Clothing

- Gowns or aprons should be worn during procedures that are likely to generate or splash blood or other body fluids.

#### Facial Protection

- If there is potential for splashes or platter of body fluids to the face, shields, glasses, or goggles should be worn to prevent exposure of mucous membranes of the mouth, nose, and eyes. These should also be worn during procedures that are likely to generate droplets of blood or other body fluids.

#### Eyewash

- Irrigate exposed eyes with clean water, saline or sterile solution for 15-20 seconds.

#### Food and Drink

- Eating and drinking are not permitted in the AT clinic. Hands may be contaminated with infectious organisms which can spread to the athletic trainer or athlete.

### Spills

- Spills that involve blood, urine, and reagents should be cleaned immediately with paper towels and a 10% bleach solution. Gloves must be worn when cleaning up spills.

### Disinfectant

- A solution of household bleach and water (1 part bleach plus 100 parts water) is an effective disinfectant for both bacterial and viral organisms, or an EPA commercially prepared disinfectant may be used. All work areas should be wiped clean of visible material, cleaned with disinfectant and allowed to air dry after a spill of blood or other body fluids and when work activities are completed. Utility gloves must be worn for all cleaning and decontamination. **DISINFECTANT MUST BE KEPT OUT OF REACH OF CHILDREN.**

### Disposal of Contaminated Waste

- Contaminated materials used in AT clinic test should be disposed of in proper Biohazardous Waste container.

### Cleaning Equipment

- Scientific equipment that has been contaminated with blood or other body fluids should be decontaminated and cleaned. Clean according to manufactures' recommendations.

### Special Considerations

#### Pregnant ATs and ATs

- Pregnant workers are not known to be at greater risk of contracting infection than ATs and ATs that are not pregnant; however, some infections can be particularly harmful to the unborn infant. Because of this risk, pregnant ATs and ATs should be especially familiar with and strictly adhere to precautions to minimize the risk of infection.

#### ATs and ATs with Dermatitis

- Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

#### Procedure for Reporting Accidents/Exposures

- Report all accidents/exposures to Preceptor and Coordinator of Clinical Education immediately. If the accident/exposure involves personal injury (including all exposures to blood or body fluids) report the incident to a Preceptor and Coordinator of Clinical Education immediately.

**EMERGENCIES** – Please see Appendix for Emergency Procedures for each assignment as well as emergency procedures for suspicious packages, tornadoes, fire, and bomb threats.

- Initiate the 911 procedure

**POISONS** – if exposed to a poison call the poison control number 1-800-282-5846

## References:

- Centers for Disease Control. Recommendations for prevention of HIV transmission in health-care settings. MMWR Supplement. August 21, 1987, 36.
- Department of Labor/Department of Health and Human Services. Protection against occupational exposure to hepatitis b virus (HBV) and human immunodeficiency virus (HIV). Federal Register. October 30. 1987, 52, 41817

## 5.9 Blood-borne Pathogen Policy

The following blood-borne pathogen policy is designed to ensure the safety of the Preceptors, athletic training students and patients involved with the Athletic Training Program (ATP) at the University of North Georgia (UNG).

Prior to being admitted into the ATP at UNG, the athletic training students will have received instruction in the management of a bleeding athlete to control bleeding as well as prevention of transmission of blood-borne pathogens in the ATP 6102 and ATP 6103 courses. A review of universal precautions to prevent transmission of blood-borne pathogens will be conducted in August prior to the athletic training students starting their fall clinical experience rotation. Prior to being admitted into the ATP, the athletic training students will be required to complete the Hepatitis B vaccination series.

All members of the ATP are at risk of being exposed to blood-borne pathogens including Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV). Although the risk of being infected by one of the above pathogens is low, all members of the ATP should use universal precautions designed to minimize the risk of transmission. These precautions include the use of gloves and gauze in the management of a bleeding athlete. After the bleeding is under control, remove one glove and place the removed glove in the palm of the hand that still has a glove on, and remove the second glove rolling the first glove into the second glove. Dispose all bloody materials in a red biohazard bag. Wash your hands when you are finished disposing of the bloody materials. If you have been handling a sharp object such as a scalpel or needle, and this object has been exposed to blood, dispose the sharp object in the appropriate biohazard sharps container box.

If you have been exposed to the blood of a patient, you should perform the following based upon where the exposure has occurred:

- Wash any needle stick cuts with soap and water
- Flush splashes to the nose and mouth with water
- Irrigate eyes with clean water, saline, or sterile irrigates
- Report the exposure to your supervising Preceptor and Coordinator of Clinical Education.

Prompt reporting is essential because in some cases post exposure treatment may be recommended, and it should be started as soon as possible. All exposures with non-intact skin, needle sticks or damage from scalpel must be tested for communicable diseases. Follow up and confidential testing for blood-borne pathogens is available at the Lumpkin County Health

department for athletic training students who are concerned about possible infection through occupational exposure.

I \_\_\_\_\_ acknowledge reading, understanding, and adhering to the above blood-borne pathogen policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

#### 5.10 Communicable Disease Policy

The following communicable disease policy is designed to insure the safety of the Preceptors and athletic training students involved with the Athletic Training Program (ATP) at the University of North Georgia (UNG). Athletic training students will acknowledge this policy via a signature at the end of this document.

Prior to being admitted into the ATP, athletic training students must show evidence of proof of a physical exam by a physician (MD or DO). A physical exam will help in determining history of conditions or having current conditions that may predispose the students of acquiring or transmitting a communicable disease. Athletic training students must show evidence of current vaccinations (Hepatitis B, MMR, Varicella, Tetanus) prior to being admitted to the ATP. Due to the increased risk of exposure to communicable diseases, these vaccinations will be especially important when the athletic training students are off campus for any clinical rotation (some clinical sites may require other vaccines such as influenza or Covid). Documentation of the immunizations will be kept in the athletic training student's file. These records will be kept confidential and not disclosed without written permission from the athletic training student.

In the event a Preceptor or athletic training student is diagnosed with a communicable disease it is the responsibility of the ATP to prevent further transmission of infection. This may warrant preventing the infected person from coming to class and their clinical rotation or having contact with patients. Infected personnel will be required to seek medical attention. In conjunction and consultation with the physician, the ATP will utilize the Communicable Disease Safety Guidelines (Appendix 3) to determine when the infected personnel may return to having patient interaction.

I, \_\_\_\_\_ due hereby acknowledge reading the above communicable disease policy and will adhere to the policy requirements.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 6: STUDENT DISPOSITIONS

The UNG Athletic Training Program is a professional program. Students enrolled in the program are expected to meet professional development expectations throughout the program. Below are three tiers of professional behaviors and attitudes students are expected to demonstrate, followed by courses of action if students fail to “meet” them. Progress throughout the program will be documented.

### Tier 1

- Thoughtful and responsive listener (IS)
- Potential for competent leadership (IS)
- Relates well with clinical rotation and patients/athletes therein (IS)
- Fosters a sense of collegiality and community within peers, preceptors, and patients/athletes (IS)
- Recognizes the value of others’ views even if they differ from the individual’s views (IS)
- Uses time wisely and completes assigned tasks on time (PPR)
- Submits work that reflects understanding of material and higher-level thinking & understanding (PPR)
- Demonstrates effective use of problem-solving techniques (PPR)
- Is flexible and adapts to change (SES)
- Demonstrates initiative for assuming responsibility (SES)
- Demonstrates high energy and positive attitude (SES)
- Fosters a positive environment with peer/colleagues in classes/clinical settings (SES)
- Practices in the clinical setting with compassion, respecting rights, welfare, and dignity of others (PPR)
- Demonstrates pride in self, program, University, and profession (PPR)
- Maintains a positive attitude in all situations (to contribute to a conducive learning environment) (PPR)

**Progress on Tier 1 dispositions is evidenced by professional development and reflection in coursework and as observed by instructors and preceptors. Lack of professional growth related to these dispositions could result in the need for a professional development plan (as described in Tier 2). If student recognizes and responds well to feedback on shortcomings in this tier, no further action is necessary.**

### Tier 2

- Works well with others (including AT students, Kinesiology students, student athletes, coaches, physicians, etc.) (IS)
- Functions effectively in a variety of group roles (IS)
- Speaks clearly, fluently, and uses correct grammar and medical terminology (IS)
- Writes effectively with clarity, fluency, and correct expression (IS)
- Appreciates multiple perspectives; values human diversity; respects diverse talents; respects others as individuals with differing personal and family backgrounds and various skills, talents, and interests (IS)
- Meets obligations and deadlines (PPR)
- Maintains a satisfactory record of punctuality and attendance (PPR)
- Is respectful of all people, demonstrating an understanding and respect in regard to cultural competence (PPR)

- Is willing to give and receive help (SES)
- Accepts/Utilizes feedback or suggestions for personal/professional improvement (SES)
- Demonstrates the ability to reflect on and evaluate personal conduct and performance for self-improvement (SES)
- Does not speak or negatively represent the UNG ATP or AT profession (PPR)

**Failure to “meet” Tier 2 dispositions will result in the student being placed on a professional development plan (PDP).**

### **Tier 3**

- Accepts procedures and rules (PPR)
- Maintains appropriate dress and hygiene (PPR)
- Adheres to high ethical behaviors as set forth in Honor Code, UNG Code of Ethics, and [NATA Code of Ethics](#) (PPR)
- Respects patient and student confidentiality (PPR)
- Displays appropriate affect, emotional, poise, and self-control (SES)
- Responds to matters of concern as a responsible adult (SES)

**Failure to “meet” Tier 3 dispositions will result in immediate removal from clinical rotation and probationary status in the AT program. Students could also be subject to removal from the program. Individual situations will be reviewed by a committee of faculty representatives to determine future involvement in the AT program.**

*Students are visitors in their respective clinical rotations and can be removed at the request of administrative personnel in their respective site. In the event of such a request, a faculty committee would then review the case on an individual basis to determine the appropriate course of action.*

IS = Interpersonal Skills

PPR – Professional Personal Responsibility

SES – Social Emotional Stability

## SECTION 7: LEADERSHIP and PROFESSIONAL DEVELOPMENT POINTS

Part of being an Athletic Trainer is taking part in professional activities and *acting* like a professional and leader. *Merriam Webster* defines professionalism as, “...the conduct or qualities that characterize a professional person or profession” and also defines leadership as “the act or instance of leading.” You could consult a number of sources and find a slightly different definition and constructs by which professionalism and leadership are defined. You will likely continually be shaping your own definition of both throughout the entirety of your career as an Athletic Trainer or other healthcare professional. Strive to surround yourself with professionals and you will find yourself striving to take on the qualities of other professionals.

Over the course of the MSAT program, you will be tasked with the endeavor to accumulate a total of 20 (between 3 and 4 per semester in the program) leadership and professional development points (LPDP). Professional development points may be accumulated by attending professional conferences, giving presentations to your peers/others, “attending” webinars, assisting with the lower level MSAT or Sports Medicine classes, serving the program, department, University, community, or profession (in any capacity) and other various activities as approved by the MSAT faculty. A single point will be granted for every hour that students are

involved in these activities. You will be required to provide documentation of professional activities. All documentation will be due by the final Friday of classes of the last semester of the MSAT program. Examples of leadership and professional activities are as follows (however, other activities may be approved by the professor with prior approval):

1. You MUST attend at least one professional conference per year (minimum of two over the course of the MSAT program); these may be state, regional, national, or international.
2. You MUST take part in at least one service activity per semester (six total)
3. No more than 50% of your points may come from webinars.
4. All activities must be pre-approved by the MSAT faculty
  - If you have found another activity that you feel would contribute to your professionalism and leadership, please feel free to discuss this with the professor.
5. Reflections will be necessary for activities that don't have a written component

#### Participation in Conferences and Service Opportunities

In general, participation in conference events will carry a weight of the number of hours in which you participate in that event. For example, if you attend the Georgia Athletic Trainers' Association (GATA) meeting and attend 10 hours of programming, you will receive 10 PDPs – more than the “average per semester” required to meet your 20 program PDPs. Likewise, service opportunities, upon approval from the MSAT faculty, will carry the same weight as that of conference attendance.

#### **SAMPLE ACTIVITES AND POINTS**

(this is not an exhaustive list, rather a guide)

- Staff a table outside of the student center to promote athletic training during Athletic Training month (March; may be done as a group effort – max 5 hours). Provide a report.
- Staff a table outside of the student center to promote/educate some other health related issue (diabetes, asthma, sudden cardiac death, obesity, etc), (may be done as a group effort - max 5). Provide a report.
- Be involved with the wellness fair and go red for heart (Gainesville)
- Conduct a literature review and present results at a the KINS Club Meeting
- Submit an abstract to present at a professional meeting
- Contact a local high school (or one in your hometown) and talk to a sports medicine class about the profession and your experiences as a student athletic trainer. Provide a report of the experience.
- Contact a medical professional (not associated with the UNG ATP) and set up a time where you can shadow him/her. Provide a report.
- Volunteer as medical care/first aid at a community event under the supervision of an AT or Physician (road race, bike race, regional event, etc)
- Complete an additional certification relevant to your profession
- Assist with 2 underclass Sports Medicine courses
- Assist with a research study
- Serve as a subject in a research study



- Assist with open house.
- Conduct a one-hour review session for students from one of the MSAT cohorts or Sports Medicine classes
- Join a committee for one of the professional organizations
- “Attend” a webinar and provide a report
- Make an appointment with the career center and do a mock interview
- Make an appointment with the career center to fine-tune your resume
- Attend a career fair
- Have students upload videos onto social media about AT topics
- Create youtube links for special tests, emergency skills, therapeutics (beyond classroom assignments)

## SECTION 8: ACCESSIBILITY SERVICES/STUDENT HELP/ESSENTIAL FUNCTIONS

### 8.1 Student Accessibility Services at UNG

Students with disabilities are given support to help them succeed in their academic journeys. Complete resources and student rights can be found [here](#).

## SECTION 9: NATA CODE OF ETHICS

### NATA CODE OF ETHICS

September 28, 2005

#### PREAMBLE

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

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

The principles and shared professional values can be found [here](#).

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#### REPORTING OF ETHICS VIOLATIONS

Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA’s Committee on Professional Ethics. [This form](#) can be used to submit such a complaint.

SECTION 10: THERAPEUTIC MODALITIES POLICY

# UNIVERSITY *of* NORTH GEORGIA™

POLICY  
DOCUMENT

I.

<b>Subject: Athletic Training Therapeutic Modalities</b>			
<b>Section</b> <b>Athletic Training</b> <b>Program (Kinesiology)</b>	<b>Effective</b> <b>Date</b>	<b>Last</b> <b>Reviewed</b> <b>11/07/17</b>	<b>Revision</b> <b>Date</b> -----

**POLICY**

A. The purpose of this policy is to outline the expectations surrounding therapeutic modalities, including calibration, problems and repair, student use, and preceptor requirements for the Athletic Training Program at the University of North Georgia.

B. This policy supersedes previous policy on therapeutic modalities, which was in effect from 2002, through consolidation, and until the effective date of this policy.

**II. DEFINITIONS**

A. Therapeutic Modalities: An intervention/tool used to promote, maintain, or restore the physical and physiological well-being of an individual. Typically, in athletic training, these include ways of applying heat, cold, electricity, or another physical agent, such as ultrasound, to the body to induce a desired effect such as increased circulation, decreased pain, improved anti-inflammatory conditions, or increased musculoskeletal function and ROM.

B. Calibration: The act of calibrating or making (a gauge or instrument) with a standard scale of readings; the act of correlating the readings of an instrument with those of a standard in order to check the instrument's accuracy.

### III. POLICY STATEMENT

#### A. Modalities

The University of North Georgia Athletic Training Program utilizes a number of different therapeutic modalities (including those from various categories such as acoustic, electromagnetic, and mechanical) in therapeutic situations with student athletes and other stakeholders and in the education of Athletic Training Program students. The use of therapeutic modalities is limited to Certified Athletic Trainers (ATs) or student athletic trainers under direct supervision of an AT.

#### B. Modality Calibration

All UNG electrical modalities will be calibrated on an annual basis by a certified calibration technician with whom UNG is associated. Calibration typically takes place in July, prior to the return of student athletes and student athletic trainers each fall semester. Furthermore, we will follow the guidelines set forth by the manufacturers of each respective unit, should calibration be required more than annually. Upon acquisition of new therapeutic modalities, the University will have the purchased unit calibrated in the next calibration cycle or according to the manufacturer's guidelines.

#### C. Modalities Problems & Repair

Should an athletic training student or staff athletic trainer encounter any problems with an electrical modality, they should report this issue immediately to the faculty member under whom the student is practicing. The unit shall be removed from use immediately and not used until repaired. If the issue cannot be resolved on campus, the contracted certified technician will be contacted to arrange for repair.

#### D. Student Use of Modalities

Students should only use therapeutic modalities under the supervision of an AT and after they have been instructed on the use of the modality, specific indications and contraindications, and associated information per specific units. Instruction may be delivered formally in the classroom, as an in-service to students by an AT, at the student's clinical rotation, and/or during orientation sessions prior to the academic year (held on an annual basis with all students in the program and prior to participation at any clinical rotation).

### III.SUPPORT INFORMATION

A. These therapeutic modalities policies were developed utilizing those of Winona State University.

B. The requirements for therapeutic modalities policies are outlined, as well, by the National Athletic Trainers' Association (NATA) in the 5th edition of the Athletic Training Education Competencies

[https://www.nata.org/sites/default/files/competencies\\_5th\\_edition.pdf](https://www.nata.org/sites/default/files/competencies_5th_edition.pdf).

C. Institutions providing athletic training degrees are required by the accrediting body, the Commission on Accreditation of Athletic Training Education (CAATE), to provide policies on therapeutic modalities (<https://caate.net>).

#### IV. PROCEDURES

A. The UNG Athletic Training Program (ATP) will abide by the policies listed above for the calibration of UNG modalities.

B. The UNG ATP will confirm that all partner clinical sites have maintained calibration of modalities.

C. Any related operating procedures must comply with and should reference this policy.

#### V. REVIEW AND RESPONSIBILITY

**Responsible Party: Director of the Athletic Training Program**

**Review: Every three years (or more frequently if needed)**

SECTION 11: STUDENT HANDBOOK AGREEMENT FORM

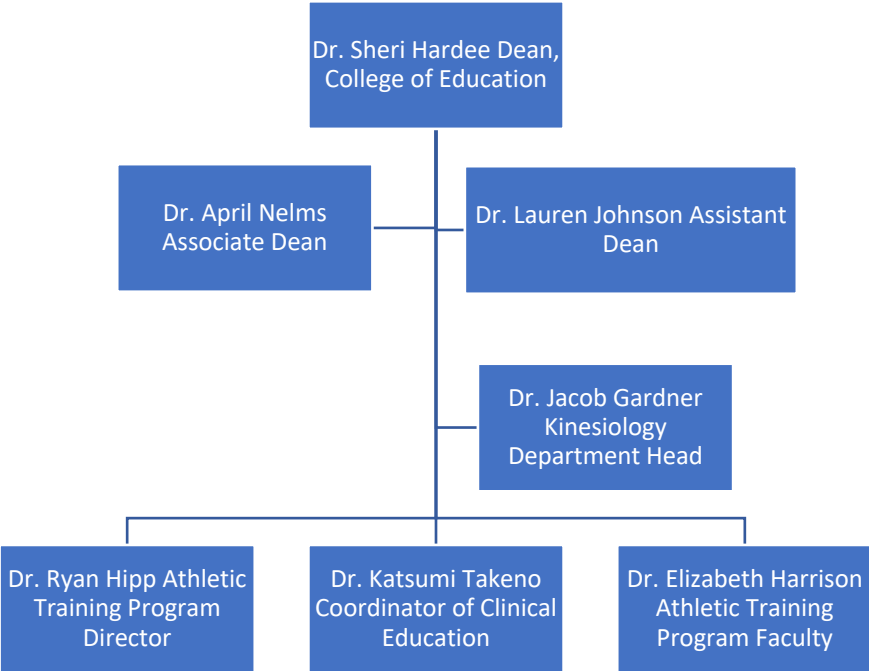
I \_\_\_\_\_ (print your full name) have read the 2023-2024 Athletic Training Program Information, Rules, and Regulations Student Handbook. I accept and agree to abide by this handbook. I understand that failure to abide by and comply with all information, procedures, rules, and regulations set forth by the UNG ATP can result in suspension from the program.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

ATP Director/Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDICES**

**Appendix 1 (College of Education Organization Chart)**



## Appendix 2 (Technical Standards Form)

The Athletic Training Program at the University of North Georgia is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a graduate level program in Athletic Training, which will be rigorous, both physical and mentally. The technical standards set forth by the Athletic Training Program establish in the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies necessary to enter graduate studies in the field of Athletic Training. The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event that a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

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

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

Candidates accepted to the Athletic Training Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. The student disabilities resource department will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation this includes a review of whether the accommodations requested are reasonable. Taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

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

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

- I believe that applicant can meet these standards without accommodation.

\_\_\_\_\_  
**Signature of Medical Physician**

\_\_\_\_\_  
**Date**

- I believe that applicant can meet these standards with certain accommodations.

\_\_\_\_\_  
**Signature of Medical Physician**

\_\_\_\_\_  
**Date**

)

**Appendix 3 Communicable Disease Safety Guidelines**

<b>Disease/Condition</b>	<b>Process for Identification if Exposed/Suspected</b>	<b>Work Restrictions for Confirmed Disease</b>	<b>Duration</b>
Conjunctivitis (Pink Eye)		Restrict from patient contact and contact with the patient's environment	Until on treatment for 24 hours When draining has ceased and physician release
COVID-19 (See SARS-CoV-2)	COVID-19 (See SARS-CoV-2)	COVID-19 (See SARS-CoV-2)	COVID-19 (See SARS-CoV-2)
Cytomegalovirus (CMV)		<p>a. Restrict from patient contact and contact with the patient's environment</p> <p>b. Restrict from care of high-risk patients</p>	<p>a. Until symptoms resolve b. If the organism is confirmed refer to local and state department of health.</p>
Diphtheria	<p>1. Nose or nasopharynx and throat cultures will be obtained from exposed personnel. These HCP will be monitored for signs and symptoms of diphtheria for seven (7) days after exposure 2. Antimicrobial prophylaxis will</p>	Exclude from Duty	Until antimicrobial therapy is completed and 2 negative cultures (from both nose and throat) 24 hours apart



	<p>be administered to personnel who have contact with respiratory droplets or cutaneous lesions of patients infected with diphtheria 3. Previously immunized exposed personnel will be immunized with Tdap 4. Exposed personnel will have nose or nasopharynx and throat cultures repeated at least two (2) weeks after completion of antimicrobial therapy. Those who remain culture positive will receive repeat antimicrobial therapy</p>		
<p>Draining exposed wounds</p>		<p>a. Restrict from patient contact and contact with the patient's environment if unable to cover and contain wound or drainage b. May be assigned to non-clinical duties if wounds are</p>	<p>Avoid patient contact until wounds are no longer draining or maintain adequate coverage of wound</p>

		covered and contained	
Enteroviral infections		Restrict from the care of infants, neonates, immune-compromised patients, and their environments	Until symptoms resolve and culture negative
Hepatitis A	Exposed contacts who have not previously received Hepatitis A vaccination and Infection Prevention and Control or Employee Health determines transmission has occurred	Restrict from patient contact, contact with patient environment and for 10 days after initial onset of symptoms	Infected Employees are restricted from work until 10 days after initial onset of symptoms
Hepatitis B a. Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure prone procedures b. Personnel with acute or chronic hepatitis B surface antigenemia who do perform exposure	See Bloodborne Pathogen Exposure Control Plan	a. No restriction, standard precautions should always be observed-per SHEA guidelines should be excluded from Category III activities-see SHEA document  b. In accordance with SHEA guidelines, do not perform exposure prone	As per SHEA guideline: <a href="https://www.sheaonline.org/images/guidelines/BPathogen_GL.pdf">https://www.sheaonline.org/images/guidelines/BPathogen_GL.pdf</a>

prone procedures		procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedures and current viral load	
<p>Hepatitis C</p> <p>a. Personnel with acute or chronic Hepatitis C who do not perform exposure prone procedures</p> <p>b. Personnel with acute or chronic Hepatitis C who do perform exposure prone procedures</p>	See Bloodborne Pathogen Exposure Control Plan	<p>a. No restrictions, standard precautions should always be observed – According to SHEA, should be excluded from Category III activities-see SHEA document</p> <p>b. In accordance with SHEA guidelines, do not perform exposure prone procedures until</p>	<p>As per SHEA guideline: <a href="https://www.sheaonline.org/images/guidelines/BPathogen_GL.pdf">https://www.sheaonline.org/images/guidelines/BPathogen_GL.pdf</a></p>

		<p>counsel from an expert review panel has been sought: panel should review and</p> <p>c. recommend procedures the worker can perform, taking into account specific procedures and current viral load</p>	
<p>Herpes Simplex</p> <p>a. Genital</p> <p>b. Hands (herpetic whitlow)</p> <p>c. Orofacial</p>		<p>a. Genital – No restriction</p> <p>b. Hands – Restrict from patient contact, patient environment</p> <p>c. Orofacial – If providing patient care must wear a mask. Restrict from high risk and immune-compromised patients</p>	<p>b. Until lesions heal</p> <p>c. Until lesions heal</p>

Herpes Zoster (Shingles) – See Varicella	Herpes Zoster (Shingles) – See Varicella	Herpes Zoster (Shingles) – See Varicella	Herpes Zoster (Shingles) – See Varicella
HIV a. Personnel with acute or chronic HIV who do not perform exposure prone procedure  b. Personnel with acute or chronic HIV who perform exposure prone procedures	Refer to Bloodborne Pathogen Exposure Control Plan	a. No restrictions – Standard precautions should always be observed b. In accordance with SHEA guidelines, do not perform exposure prone procedures until counsel from an expert review panel has been sought: panel should review and recommend procedures the worker can perform, taking into account specific procedures and current viral load. Per SHEA should be excluded from Category III activities-see SHEA guidelines	As per SHEA guidelines: <a href="https://www.shea-online.org/images/guidelines/BBPathogen_GL.pdf">https://www.shea-online.org/images/guidelines/BBPathogen_GL.pdf</a>
Lice (Pediculosis)		Begin treatment and avoid direct head contact	Until treated and observed to be free of immature and adult lice

<p>Measles a. Active b. Post-exposure and susceptible</p>	<p>1. Measles-susceptible personnel who have contact with persons with measles will be given postexposure measles vaccine within 72 hours after exposure and depending on exposure assessment may be given IG standard (i.e., nonimmunocompromised contact) 0.25ml/kg (40 mg IgG/kg) IM. For immunocompromised contact 0.50 ml/kg (80 mg IgG/kg) IM 2. Exposed personnel who do not have documented immunity to measles will be excluded from duty from the fifth day after the first exposure until the 21st day after the last exposure to measles, regardless of whether they receive post-exposure vaccine (See Infection Control Policy 3364-109-EH-501, Work</p>	<p>a. Exclude from duty b. Exclude from duty</p>	<p>a. Until 7 days after the rash appears or for duration of their acute illness, whichever is longer  b. From 5th day after 1st exposure through 21st day after last exposure and/or 4 days after the rash appears</p>
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	Restrictions for Personnel with Potentially Contagious Disease)		
Meningococcal infections	<p>1. Personnel, who have had intensive, close contact (e.g., Mouth-to-mouth resuscitation, endotracheal intubation, endotracheal-tube management) with a patient with meningococcal disease before administration of antibiotics to the patient and without proper precautions, will be assessed for exposure by Infection Prevention and Control or Employee Health and may be offered post-exposure prophylaxis (PEP) 2. Meningococcal vaccines will NOT be routinely offered for post exposure prophylaxis</p>	Exclude from duty	Until 24 hours after the start of effective therapy
Mumps	Susceptible personnel exposed to	Exclude from duty	<p>a. Until 9 days after the onset of parotitis b. From the 12th day after the 1st exposure</p>

	mumps will be excluded from duty from the 12th day after the first exposure through the 26th day after the last exposure, or if symptoms develop until 9 days after the onset of parotitis		through the 26th day after the last exposure or until 9 days after the onset of parotitis
Pertussis a. Active	1. Personnel who have had unprotected (i.e., without the use of proper precautions-no mask), intensive (i.e., close, face-to-face) contact with a patient who has a clinical syndrome highly suggestive of pertussis and whose cultures are pending will be offered antimicrobial prophylaxis against pertussis if determined necessary by Infection Prevention and Control 2. Personnel with known exposure to pertussis who develop symptoms (e.g., cough > 7 days, particularly if accompanied by	a. Exclude from duty	a. From beginning of catarrhal stage through 3rd week after onset of paroxysms or until 7 days after start of effective antimicrobial therapy



	paroxysms of coughing, inspiratory whoop or post-tussive vomiting) will be excluded from patient care areas until 7 days after the start of appropriate therapy		
Rubella	Susceptible personnel who are exposed to rubella will be excluded from duty from the 7th day after the first exposure through the 21st day after the last exposure	Exclude from duty	Until 5 days after rash appears
SARS a. Active b. Exposed		a. Exclude from duty b. No restriction	Until 10 days after symptoms have resolved.
SARS-CoV-2 (COVID-19)	Symptomatic testing in Student Health Services on both the Dahlonega and Gainesville campuses remains available for students who have been evaluated by a campus health services medical provider. Students who desire an evaluation by a campus medical provider can <a href="#">schedule an appointment via their online health portal.</a>	Students and employees should follow <a href="#">Georgia Department of Public Health guidance</a> in the case of a positive test or an exposure	Students and employees should follow <a href="#">Georgia Department of Public Health guidance</a> in the case of a positive test or an exposure

Scabies	<p>1. Exposed personnel will be evaluated for signs and symptoms of mite infestation. Appropriate therapy will be provided for confirmed or suspected scabies</p> <p>2. Personnel with confirmed scabies will be excluded from the care of patients until they have completed appropriate treatment and have shown by medical evaluation to have been effectively treated</p> <p>3. Routine prophylactic scabicide will not be provided unless exposure risk is confirmed</p>	a. Confirmed Cases: Exclude from patient care.	Until receive appropriate treatment and have shown by medical evaluation to have been effectively treated
Staphylococcus Aureus, infection a. Active, draining lesions b. Carrier Status	No restriction	<p>a. Restrict from patient contact and contact with the patient</p> <p>b. No restriction, unless personnel are epidemiologically linked to transmission of the organism</p>	Until lesions have resolved

Streptococcus, Group A - Invasive	Close contact will be assessed for PEP by Infection Prevention and Control	Until released by physician	Until released by physician
Tuberculosis	If testing is positive, further follow-up for symptoms or latent TB may be required Refer to TB Exposure Control Plan	Exclude from duty if active disease until local public health authority approves the healthcare workers return to work	Until proven non-infectious by symptom resolution and evidence of cleared infection along with clearance from the local public health authority
Vaccinia reaction		Exclude from duty	Until lesions are crusted
Variola (Smallpox)		Exclude from duty	Until disease is resolved and cleared by physician
Vaccinia rash		Exclude from duty	Until cleared by physician to return to work
Varicella (Chicken Pox)	Varicella: Susceptible personnel will be excluded from duty from the 10th day after first exposure through the 21st day after the last exposure or if varicella occurs, until all lesions have crusted	Exclude from duty until all lesions are crusted and no new lesions appear in a 24-hour period	Until lesions are dry and crusted and can be contained under a dressing
Viral Respiratory Infection	Influenza-Staff with exposure during institutional or community outbreaks of	Exclude from work until 24 hours after resolution of fever without use of	Until 24 hours after resolution of fever without use of antipyretic medications

	influenza, will be provided with Tamiflu as prescribed for prophylaxis under the guidance of Infection Prevention and Control	antipyretic medications	
Zoster (Shingles) a. Localized b. Disseminated infection	If localized zoster exposure no restriction	a. Cover lesions, restrict from patient care of high-risk patients (ICU and immunocompromised patients) b. Exclude from duty	a. Until all lesions dry and crust b. From the 10th day after 1st exposure through 21st day (28th day if VZIG was given) after last exposure, or if varicella occurs, until all lesions dry and crust
Fifth's Disease		Restricted in care of high risk/pregnancy	Until symptoms resolved

Modified from the following link and with consultation with Dr. Vann:  
[https://www.utoledo.edu/policies/utmc/infection\\_control/pdfs/3364-109-EH-501.pdf](https://www.utoledo.edu/policies/utmc/infection_control/pdfs/3364-109-EH-501.pdf)

