



**MASTER OF SCIENCE IN
ATHLETIC TRAINING**



**2023-24
STUDENT
HANDBOOK**

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INTRODUCTION

Acknowledgment of Receipt of Handbook

I _____ have received the 2023-24 edition of the Spalding University – Master of Science in Athletic Training Student Handbook. I understand I am responsible for reading this handbook and am accountable for adherence to the policies and guidelines herein. I also agree to uphold the Statement of Professionalism, the University’s Academic Integrity Policies, the National Athletic Training Association Code of Ethics, <http://www.nata.org/codeofethics>, and the student responsibilities outlined in the *University Catalog of Undergraduate and Graduate Studies*. I am also responsible for updating this student handbook with changes announced by the Master of Science in Athletic Training Program.

Signature of Student

Date

Master of Science in Athletic Training (MSAT) Information and Professional Expectations

1. **MSAT Administrative Location:**
The administrative office of the Master of Science in Athletic Training Professional Program is located in room 126 of the College of Health and Natural Sciences (CHNS) Building located at the southeast corner of Breckinridge Street and 3rd Street in Louisville, Kentucky. The hours of operation are from 8:00 am to 5:00 pm, Monday through Friday, excluding University holidays. Faculty offices are also located in the CHNS building. Each faculty member's office is identified with the member's name outside the door.
2. **Phone numbers:**
The phone number of Spalding University is (502) 585-9911. The Program Director's phone number is (502) 873-4224. The phone number for the Coordinator of Clinical Education is (502) 873-4306. The phone number of the Department Coordinator is (502) 873-4290. The fax number is (502) 585-7149. The university phone system additionally has voice recognition software that can assist you in locating various faculty members by following the prompts and stating the name of the person you wish to call.
3. **Voice Mail/Email**
Telephone voice mail and email are available to transmit messages to all faculty and staff. Individual faculty extensions can be accessed through the University phone voice system or the online directory. Your voice message is recorded through the Zoom phone system and uploaded to the faculty's Zoom account. If you do not leave a message, it is unlikely that the faculty will return your calls. If you need to reach the faculty member, please leave a message.
All students must access a myspalding.edu portal account. This will be the main means of communication with students by MSAT faculty and the University. All email communication must go through your Spalding e-mail address. The university faculty and staff cannot communicate with you through other varied e-mail accounts, so please use your official account for university business.
4. **Releasing Personal Information**
Names, addresses, and telephone numbers or information of Athletic Training Student's status will NOT be released to others, not even to parents, without the prior written consent of the student concerned. Students are responsible for notifying the University Enrollment Services, Financial Aid, and the Master of Science in Athletic Training program regarding changes in such personal contact information as name, postal and email address, and phone number. Home addresses and telephone numbers of faculty members will not be released without the prior written consent of the individual faculty member.
5. **Report of Grades**
Test grades are distributed on the course Canvas sites, during regular class meetings, or at other times as specified. The MSAT staff are not permitted to provide completed course grade information at any time. **(Final official course grades are distributed by the University Registrar through WebAdvisor)** The faculty does not distribute final course grades.
6. **Usage of Copier/Lab printers**
Student use of the CHNS copiers is not allowed. All registered students will have access to the printing kiosks. Students must follow the university's printing policy which can be found on the myspalding.edu portal.
7. **Recycling Process**

Spalding University has a one-system recycling program. In the unmarked containers lined with clear plastic bags, no food or liquid is to be placed into these cans. Please place all food items in the cans marked TRASH and lined with black plastic bags. For more specific information on how and what can be recycled, please go to the following link: <http://www.qrsrecycling.com/wp-content/uploads/2010/03/single-stream-recycling.pdf>

8. Orientation

All students entering the professional program must participate in orientation sessions. You will receive information on the initial date of orientation. Subsequent dates for Clinical and Administrative updates will occur during the first six weeks you are in the professional program. Many items/processes must be completed during the orientation period. These include but are not limited to:

- Completing First Aid/ CPR/AED Training
- Completing HIPAA, BBP, and FERPA Training
- Completing a Castle Branch registry
- Accessing the MSAT Orientation site on Canvas

9. Use of Canvas online course materials

All students are expected to access course materials before the beginning of an academic year. Students are responsible for checking current course(s) online platforms for updates daily. Many courses have hybrid wrap-around components that require students to participate in course content through the online portal/Canvas system.

10. Use of CHNS room 112 Utilities

The kitchen/homemaking area in the ADL lab (CHNS room 112) is used for training and educational purposes. Occasionally special events occur that require the use of the ADL suite. Individual students are not to store personal food in the refrigerator or use the stove for personal food preparation. Students are not allowed to use the washer and dryer for personal use for hygiene purposes. No student should enter the space if a class is in session. If a student group has the desire to use the space for various events, permission for use should be obtained through a request to the department office in CHNS room 126.

Statement of Professionalism

Professional behavior is a series of actions deemed acceptable in the workplace. These interaction methods are dictated by courtesy, civility, and good taste. Today's practice environment is in an era where quality services are perceived as a variable, dependent in part, upon the individual athlete trainer's responsible and accountable actions. As athletic training educators, faculty members are committed to the values of responsibility and accountability, we uphold this statement of professionalism and believe it is our responsibility to instill and require these same values of Spalding University MSAT students. Future clients, the athletic training profession, and the organizations within which you will work warrant high standards of accountability.

Many behaviors reflect responsible and accountable athletic training practice. Commitment to the safety, well-being, and health of the clients and families receiving our services is a fundamental requirement. Adhering to the profession's ethical standards as outlined in the NATA's Code of Ethics (<http://www.nata.org/codeofethics>) is also required. Accountable actions that have significant ramifications include adequate preparation; sensitivity to the client and the client's family privacy; concern for the client's best interests; consultation with fellow professionals, and most importantly integrity and honesty in all of one's actions.

Additionally, athletic trainers must genuinely commit themselves as professional practitioners. This commitment is lived out, in part, through adherence to the philosophy that learning is a lifelong process and the currency of knowledge is crucial. Personal appearance and behavior are also hallmarks of a professional. How one conducts oneself is a measure of the individual's standards and self-concept. This concern for self provides an added dimension of credibility that assists the client and family in developing a trusting, restorative relationship with the athletic trainer.

The professional athletic trainer must commit to his/her employer. Therefore, it behooves the professional practitioner to be familiar with the philosophy, purpose, and goals of an organization before committing to that organization. Punctuality, dependability, and accountability are part of meeting this commitment. Organizations that allow MSAT students to gain knowledge, skills, and competence in their facilities also deserve this same level of accountability. Students are expected to be punctual, dependable, and accountable while in these organizations. This includes following all standards set forth concerning client/patient confidentiality and required documentation of criminal background checks and reporting of immunizations and certifications.

You are studying in an educational program that prepares you as a professional practitioner. The MSAT program expects from you the same responsible and accountable behaviors required when you graduate and take employment in various service agencies. Additionally, you are responsible, as a member of the Spalding University Community, to uphold the mission and objectives of the University, the academic policies of the university, as well as the mission, philosophy, objectives, and policies of the MSAT Program.

I, _____ have read, and agree to uphold the Master of Athletic Training Program Statement of Professionalism.

Signature

Date

*a signed copy of this is retained in the MSAT student's admissions folder

Spalding University Vision and Mission

Vision: Building on Tradition, Focus on the Future

Mission: Spalding University is a diverse community of learners dedicated to meeting the needs of the times in the tradition of the Sisters of Charity of Nazareth through quality undergraduate and graduate liberal and professional studies, grounded in spiritual values, with emphasis on service and the promotion of peace and justice.

Diverse Community of Learners ...

Spalding University welcomes students, faculty, staff, and administrators who are diverse in age, experience, intellect, race, class, minority status, gender, religion, and culture and encourages them to become members of an academic community.

Dedicated To Meeting the Needs of the Times ...

Since 1814, Spalding University has been and continues to be a community committed to providing curricula and programs that address evolving educational needs and contributing knowledge and understanding derived from teaching, scholarship, and creative activity.

Quality Undergraduate and Graduate Liberal and Professional Studies ...

Spalding University provides a stimulating educational atmosphere, personal student/faculty interaction, and individual attention to a student's total learning experience. The values of curiosity, wonder, and reflection, sharpened by rigorous critical thought, are brought together with recognition of the needs and expectations of each member of the community.

Grounded in Spiritual Values ...

Established in the Catholic tradition, the Spalding University community embraces individuals of all traditions, encouraging them to live a personal philosophy centered on a value system beyond themselves.

Service and the Promotion of Peace and Justice ...

Spalding University serves human needs by challenging, encouraging, and supporting members of its community to exercise leadership in applying their learning to the fundamental needs of human life – physical, emotional, intellectual, and spiritual – in whatever social or professional context they may find themselves. All are encouraged to recognize moral, social, economic, political, and environmental issues, and to engage actively in the promotion of a just and peaceful world.

Students at Spalding University represent a broad range of ages and come from various academic, social, economic, and national backgrounds. Their interaction with a well-prepared, experienced faculty is marked by mutual concern in a climate where learning is valued. How faculty and students engage in the learning process is determined by the character of the particular discipline being pursued and by the knowledge, ability, and creativity of those involved in the pursuit.

The University's Core Competencies:

In keeping with Spalding University's long tradition, rigorous study across and within academic disciplines fosters a commitment to life-long learning, service, and the promotion of peace and justice among students and faculty. The University provides opportunities to practice habits of mind and heart that emphasize the joy of discovery, animate the creative intellect, and promote the development of personal and intellectual competencies needed for success in living life to the fullest.

To this end, students will demonstrate the ability to

- Think critically;
- Communicate effectively using oral, visual, and written skills;
- Comprehend social issues from different perspectives, such as literary, artistic, historical, cultural, philosophical, scientific, global, political, technological, and economic;
- Use scientific and mathematical skills to solve problems;
- Demonstrate effective interpersonal skills; and
- Understand one's values and religious beliefs and respect those of others.

Spalding Past and Present

In 2011, Spalding University celebrated 197 years of academic tradition and service extending back to 1814 when the Sisters of Charity of Nazareth established Nazareth Academy at Nazareth, near Bardstown, Kentucky. The earliest public examination ceremony was held in 1825 with Henry Clay presiding and presenting the awards. The charter enabling the institution to confer academic diplomas was granted by the Legislature of the Commonwealth of Kentucky in 1829. By that time the quality of the school's academic program was already well known to many distinguished Kentuckians whose daughters had been enrolled as students.

The name of the University is derived from and honors Catherine Spalding, the founder of the Sisters of Charity of Nazareth, who was responsible for securing the 1829 Charter and is also regarded as the founder of social work in the Louisville area.

As was the case with many 19th-century academies for young women, the school conducted the standard secondary school curriculum and college subjects as well and served as a training center for sisters who were to teach in other schools. This college-level activity was facilitated, even before the granting of the charter, by the teaching of Bishop J.B.M. David, who had held professional positions in the major seminaries at Nantes and Angers in France, of faculty members of old St. Joseph's College in Bardstown, and well-educated members of the Sisters of Charity of Nazareth such as Sisters Ellen O'Connell and Marie Menard. Before the turn of the century, the Sisters had established 84 new schools and academies in various parts of the country.

Early on there also developed a long-term involvement and dedication to nursing and healthcare. In 1821 the Nazareth Sisters took over the operation of the infirmary at St. Joseph's College in Bardstown, and it was from that springboard that the healthcare apostolate was launched.

During the Civil War, faculty and staff members of the school served as nursing Sisters for both the Union and Confederate armies. Abraham Lincoln issued a letter of protection so that the Sisters of Nazareth would not be disturbed. The Sisters served both sides with distinction but always for better care of those in pain, in need, and in fear. Six of the 39 Sisters who served in the Civil War died during that conflict.

In 1920, Nazareth College was opened in Louisville, Kentucky, as the first four-year Catholic College for women in the Commonwealth, and one year later Nazareth Junior College was formally opened on the old Nazareth Campus. The two institutions were merged in 1940 into Nazareth College with two campuses.

The two separated in 1961 to form Nazareth College at Nazareth and Catherine Spalding College in Louisville but finally merged again in 1969 to form Spalding College. In May of 1971, all instructional activity was consolidated on the Louisville campus.

Spalding University

In 1973, the University, which had operated under the 1829 Chapter of "The Nazareth Literary and Benevolent Institution," the corporation formed by the Sisters of Charity of Nazareth, was incorporated as an independent, urban, coeducational institution in the Catholic tradition for students of all traditions. In 1984, in recognition of the wide range of programs offered, the institution was designated Spalding University.

Since the establishment of the Louisville campus in 1920, Spalding University has occupied the historic Tompkins-Buchanan-Rankin Mansion as the core of its now-expanded campus. Spalding continues its history of service to the Louisville area by providing programs, which include components of the liberal arts and sciences and professional education for men and women of all ages and from all sectors of society.

Historically, Spalding University has offered extensive study programs for part-time students. Teachers, librarians, business and professional persons, and others unable to attend college full-time have earned degrees by attending the University's evening and Saturday classes. To serve this same group of students more effectively, Spalding University opened its Weekend College in 1980.

Today the University is designated as a DRU: Doctoral/Research institution by the Carnegie Foundation and maintains its characteristically innovative stance at the cutting edge of educational service to the greater Louisville community and beyond. Spalding offers undergraduate classes in seven six-week sessions per year as well as in other innovative program formats. Students typically take two classes per session, enabling them to concentrate on fewer courses at a time. Spalding features four centers of excellence to meet the needs of our students and their future employers.

The College of Social Sciences and Humanities offers Bachelor's, Master's, and Doctorate Degrees in Psychology, Social Work, Social Sciences, and Liberal Studies.

The College of Health and Natural Sciences features majors in Natural Science, Nursing, Occupational Therapy, and Athletic Training.

The College of Education offers a variety of educational bachelor's and master's degrees as well as a doctorate in Leadership Education.

The College of Business and Communication offers undergraduate degrees in Business, Accounting, and Communication, and a combined master's degree.

The Spalding University campus is located between the main business section of the city and "Old Louisville," a neighborhood of elegant Victorian mansions that in the latter half of the 19th century was the center of gracious living. The University is blocks away from 4th Street Live!, an integrated entertainment district, as well as the main business district. The campus is adjacent to the Brown Theater, Memorial Auditorium, and the Louisville Free Public Library.

It is within walking distance of theaters for films, drama, and performances of the Louisville Orchestra, Kentucky Opera Association, Louisville Ballet, The Bach Society, Actors Theater, and other cultural activities of Louisville. The campus is also convenient to many schools, hospitals, businesses, and agencies used for clinical education experiences for Spalding students.

***MASTERS OF SCIENCE IN ATHLETIC TRAINING
PROGRAM DESCRIPTION***

Mission Statement

In the pioneering spirit of Lewis and Clark, the Mission of Spalding University's Master of Science in Athletic Training program is to develop professionals dedicated to meeting the needs of the times through compassionate service and evidence-based clinical application. The program places high value on interdisciplinary care, innovative practice, experiential opportunity, leadership development, and lifelong learning.

Program Outcomes

Spalding University MSAT students will display:

1. Competency in clinical reasoning.
2. Ethical application of evidence-based medicine.
3. Effective Interdisciplinary communication.
4. Proficiency in professional practice skills.

Student Learning Objectives for each Program Outcome

Outcome #1. *Spalding University MSAT students will display competency in clinical reasoning.*

- 1.1. *80% of graduating students from the MSAT program will demonstrate competent clinical reasoning through hands-on practical examination.*
 - Students will be assessed by faculty on their MSAT 510 Emergency Care Practical Exams using a standardized rubric.
- 1.2. *80% of graduating students from the MSAT program will demonstrate competent clinical reasoning in the development and application of a patient/client-centered treatment plan.*
 - Students will be assessed by faculty on their MSAT 530 Rehabilitation final project using a standardized rubric.

Outcome #2. *Spalding University MSAT students will demonstrate ethical application of evidence-based medicine.*

- 2.1. *80% of graduating students from the MSAT program will demonstrate ethical application of evidence-based medicine through oral and visual modes.*
 - Students will be assessed by faculty on their evidence-based modalities presentation in MSAT 530 Therapeutic Modalities using a standardized rubric.
 - 2.2. *80% of graduating students from the MSAT program will demonstrate ethical application of evidence-based medicine through a final research project.*
 - Students will be assessed by faculty on their Master's Project in MSAT 685 using a standardized rubric.
-

Outcome #3. *Spalding University MSAT students will display effective interdisciplinary communication.*

3.1. *80% of graduating students from the MSAT program will demonstrate effective interdisciplinary communication when dealing with emergency scenarios.*

- Students will be assessed by faculty on their interdisciplinary communication through interprofessional events using a standardized rubric.

3.2. *80% of graduation students from the MSAT program will demonstrate effective interdisciplinary communication through a presentation of their final Master's Project.*

- Students will be assessed by faculty on their presentation of their final Master's Project using a standardized rubric.
-

Outcome #4. *Spalding University MSAT students will display proficiency in professional practice skills.*

4.1. *80% of graduating students from the MSAT program will demonstrate proficiency in professional practice skills through completion of the Commission on Accreditation of Athletic Training Education curricular content standards assigned to clinical education courses.*

- Students will be assessed by faculty on the completion of CAATE curricular content standards through ATrack.

4.2. *80% of graduating students from the MSAT program will demonstrate proficiency in professional practice skills through mock Board of Certification (BOC) examination scores taken during the BOC preparation course.*

- Students will be assessed by faculty on their mock BOC examination scores using test mode.

Philosophy

Learning/Education

Education is defined as a process by which the learner acquires knowledge and skills, enabling the learner to function in the role of an Athletic Training practitioner. Learning takes place by doing and is an interactive process. University learners are responsible and accountable for actively constructing and increasing knowledge sharing with peers, faculty mentors, and community members throughout the learning process. Expanding one's innate disposition to inquire, refining one's creative and abstract thought processes, gathering and synthesizing information, discovering relationships and connections, recognizing boundaries, analyzing cultures, appreciating roles and values, and developing self-reflective skills are all essential elements of the educational process. Future Athletic Trainers become leaders because their role has been negotiated within the organizational context based on their ability to attain and use effective adaptation-in-context behaviors. Learning is constructed as one engages in these contextually based actions.

Athletic Training

Definition of Athletic Training:

Athletic Trainers (ATs) are healthcare professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.

State regulation of athletic trainers

- Athletic trainers are licensed or otherwise regulated in 49 states and the District of Columbia; efforts continue to add licensure in California.
- NATA has ongoing efforts to update obsolete state practice acts that do not reflect the current qualifications and practice of ATs under health care reform.
- Athletic trainers practice under the direction of physicians.
- ATs work under different job titles (wellness manager, physician extender, rehab specialist, etc.).
- ATs relieve widespread and future workforce shortages in primary care support and outpatient rehab professions.
- Academic curriculum and clinical training follow the medical model. Athletic trainers must graduate from an accredited baccalaureate or master's program; 70 percent of ATs have a master's degree.
- 49 states require ATs to hold the Board of Certification credential of "Athletic Trainer, Certified" (ATC).

ATs improve patient functional and physical outcomes

- Physicians, hospitals, clinics, and other employers demand ATs for their versatile wellness services and injury and illness prevention skills.
- Employers demand ATs for their knowledge and skills in manual therapy and similar treatments for musculoskeletal conditions, including back pain.
- ATs commonly supervise and motivate obese clients and patients to safely improve their health and fitness.
- ATs commonly work with patients with asthma, diabetes, heart disease, and other health conditions.

ATs specialize in patient education to prevent injury and re-injury, which reduces rehabilitative and other healthcare costs

- In a patient-centered team, adding ATs to the team does not cost the healthcare system money. Studies demonstrate that the services of ATs save money for employers and improve the quality of life for patients; for each dollar invested in preventive care, employers gain up to a \$7 return on

investment, according to two independent studies. Results from a nationwide Medical Outcomes Survey demonstrate that care provided by ATs affects a significant change in all outcome variables measured, with the greatest change in functional and physical outcomes. The investigation indicates that care provided by ATs generates a positive change in health-related quality-of-life patient outcomes. (Ref: *Journal of Rehabilitation Outcomes Measure* 1999; 3 (3):51-56.)

Many athletic trainers work outside of athletic settings; they provide physical medicine and rehabilitation, as well as other services to people of all ages. ATs work in:

- Physician offices as physician extenders, similar to nurses, physician assistants, physical therapists, and other professional clinical personnel.
- Rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers.
- Clinics with specialties in sports medicine, cardiac rehab, medical fitness, wellness, and physical therapy.
- Occupational health departments in commercial settings, which include manufacturing, distribution, and offices to assist with ergonomics.
- Police and fire departments and academies, public safety and municipal departments, and branches of the military.
- Public and private secondary schools, colleges, and universities, professional and Olympic sports.
- Youth leagues, municipal, and independently owned youth sports facilities.
- Large industrial settings.
- Performing Arts companies to help keep performers in peak condition.

The following educational content standards are required for athletic training degree programs

- Evidence-based practice
- Prevention and health promotion
- Clinical examination and diagnosis
- Acute care of injury and illness
- Therapeutic interventions
- Psychosocial strategies and referrals
- Health care administration
- Professional development and responsibilities

The title of “athletic trainer” and the National Athletic Trainers’ Association

- The statutory title of “athletic trainer” is a misnomer. Athletic trainers provide medical services to all types of people – not just athletes participating in sports – and do not train people as personal or fitness trainers do. However, the profession continues to embrace its proud culture and history by retaining the title. In other countries, athletic therapists and physiotherapists are similar titles. The AT profession was founded on providing medical services to athletes. NATA represents more than 45,000 members in the U.S. and internationally. Approximately 52,000 ATs are practicing in the U.S. NATA represents students in 389 accredited collegiate academic programs. The athletic training profession began early in the 20th century, and the National Athletic Trainers’ Association was established as a not-for-profit professional society in 1950.

Master of Science in Athletic Training Program Sequence

Professional Phase First Year (40 hours)

All major courses must be completed at Spalding University

_____	MSAT 500	Foundations of Athletic Training	3
_____	MSAT 510	Athletic Injury Epidemiology and Emergency Care	3
_____	MSAT 512	Advanced Regional Anatomy and Neuroscience	6
_____	MSAT 515	Nutrition, Strength & Conditioning for Active Populations	3
_____	MSAT 520	Upper Extremity and Spinal Injury Pathomechanics, Assessment and Rehabilitation with Laboratory	4
_____	MSAT 610	General Medical Conditions with Pharmacology	3
_____	MSAT 530	Therapeutic Modalities and Evidence-Based Applications	3
_____	MSAT 630	Advanced Functional Rehabilitation and Return-to-Activity Decision Making	3
_____	MSAT 550	Clinical Education I	2
_____	MSAT 540	Lower Extremity and Spinal Injury Pathomechanics, Assessment and Rehabilitation with Laboratory	4
_____	MSAT 600	Clinical Education II	3
_____	MSAT 620	Health Science Research Designs and Statistical Methods	3

Year 1		
Fall August-December	Spring January-April	Summer May-August
<u>MSAT 500</u> Foundations of Athletic Training (3)	<u>MSAT 520</u> Upper Extremity and Spinal Injury Pathomechanics, Assessment & Rehabilitation w/ Lab (4)	<u>MSAT 630</u> Advanced Functional Rehabilitation and Return-to-Activity Decision-Making (3)
<u>MSAT 510</u> Athletic Injury Epidemiology and Emergency Care (3)	<u>MSAT 540</u> Lower Extremity and Spinal Injury Pathomechanics, Assessment & Rehabilitation w/ Lab (4)	<u>MSAT 530</u> Therapeutic Modalities and Evidence-Based Applications (3)
<u>MSAT 512</u> Advanced Regional Anatomy and Neuroscience (6)	<u>MSAT 610</u> General Med. Conditions w/ Pharmacology (3)	<u>MSAT 515</u> Nutrition, Strength & Conditioning for Active Populations (3)
<u>MSAT 550</u> Clinical Education I (8-10 hrs. per week) (2)	<u>MSAT 600</u> Clinical Education II (10-15 hrs. per week) (3)	<u>MSAT 620</u> Health Science Research Designs and Statistical Methods (3)
Total Credits = 14	Total Credits = 14	Total Credits = 12
40 hours total		

Professional Phase Second Year (22 hours)

All major courses must be completed at Spalding University

_____	MSAT 625	Clinical Education III Immersive (30-45 hrs. per week)	9
_____	MSAT 660	Psychosocial Aspects of Sports, Aging, and Injury Rehabilitation	2
_____	MSAT 650	Clinical Education IV (10-15 hrs. per week) Leadership, Administrative, & Ethical Concerns in Healthcare	3
_____	MSAT 680	Master's Project	3
_____	MSAT 685	Board of Certification Preparation	3
_____	MSAT 690		2

Year 2	
Fall August – December	Spring January – April
<u>MSAT 660</u> Psychosocial Aspects (Synchronous Online) (2)	<u>MSAT 680</u> Leadership, Administration, and Ethical Concerns in Healthcare (3)
<u>MSAT 625</u> Clinical III Immersive (30- 45 hrs. per week) (9)	<u>MSAT 685</u> Master's Project (3)
	<u>MSAT 690</u> BOC Prep (2)
	<u>MSAT 650</u> Clinical Education IV (10-15 hrs. per week) (3)
Total Credits = 11	Total Credits = 11
22 hours total	

Program of Study Requirements

Whether a student enters the MSAT Program as a combined Bachelor of Science in Health Science OR Bachelor of Science in Natural Science/Master of Science in Athletic Training (BSHS OR BSNS/MSAT) student, or as an MSAT graduate student they participate in a professional program that requires successful completion of 62 credit hours. Individuals who will also receive a Bachelor of Science in Health Science or a Bachelor of Science in Natural Science must meet all the University requirements for the undergraduate degree before moving into the Master of Science component of the course of study. You will need to work with your advisor and the MSAT Program Director to ensure that you have a program of study sheet that meets your program requirements. The specific program of study sheets can be found in the *Spalding University Catalog for Undergraduate and Graduate Studies* under the section titled Athletic Training. You are responsible for assuring that all requirements for the degree are met. If you are in the BSHS OR BSNS/MSAT program, all undergraduate degree requirements and a cumulative GPA of 3.0 or higher are preferred to move on to the graduate MSAT program. **If you do not meet BSHS OR BSNS degree requirements at the time of transition into the MSAT portion of your program, you will NOT meet the criteria to walk in graduation with your classmates, transition to graduate school, and be assigned clinical placement(s).** Since the program is a graduate degree program all of the courses within the professional program curriculum are at the graduate level and the academic standards within the curriculum courses are held to graduate school standards, which means all **students must achieve a grade of “B” or higher in courses** and are subject to program dismissal if this level of performance is not sustained throughout the curriculum.

Requirements on Background Checks, Immunization, and CPR:

All students must submit information concerning credentialing for work in healthcare environments before program orientation through a certified background check. Castlebranch.com is a service that allows students to order their background checks online. Information collected through Castlebranch.com is secure, tamper-proof, and confidential. The services performed are based on guidelines provided by the MSAT program and Spalding University, so you will receive all the information you need from one source. Your results will be posted on the Castlebranch.com website where the student, as well as the school, can view them.

Effective July 1, 2016. All students must complete CPR/AED Certification from the American Heart Association BLS Healthcare Provider course OR the American Red Cross CPR/AED for the Professional Rescuer Course. No other certifications will be accepted.

Academic Program Accreditation, Certification, and Licensure

Spalding University is accredited by the Commission on Accreditation of Athletic Training Education (CAATE).



MSAT students in good academic standing are eligible to sit for the certification examination administered by the [Board of Certification](#), Inc in their final semester at Spalding University. The BOC is located at 1415 Harney Street, Suite 200, Omaha, NE 68102 (telephone: 402- 559-0091).



BOARD OF CERTIFICATION
FOR THE ATHLETIC TRAINER

***PROGRAM
PROGRESSION***

Student Status

A. **DISMISSAL FROM THE MSAT PROGRAM**

Students who fail to demonstrate behaviors consistent with the professional practice of Athletic Training as described in the *Statement of Professionalism* on page 9 of this handbook and/or the NATA Code of Ethics, or violations of student responsibilities, and/or maintenance of academic GPA standards as described in the *University Catalog* will be dismissed from the professional program. Students have the opportunity to present their position regarding such action if they wish to do so per the *University Catalog's Procedures for Student Academic Integrity*. Students are expected to understand and foster the University Statement of Responsibility as listed in the *University Catalog*.

B. **UNIVERSITY POLICIES**

Violations of Student Responsibilities, Procedures and Sanctions for Violations of Student Responsibilities, Procedures for Student Academic Integrity, Administrative or Discrimination Appeals, and Sexual Harassment Policy are printed in the *University Catalog*. These policies apply to all University students. The MSAT program adheres to and follows these policies.

C. **WITHDRAWAL FROM THE MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM**

A student wishing to withdraw from the MSAT Program should meet with their advisor and the MSAT Program Director for academic counseling. An exit interview with the MSAT Program Director is required. Students who withdraw are encouraged to use WebAdvisor to assist with task completion and to meet with a financial aid counselor. Any drop or withdrawal from a course may impact a student's financial aid package. If a student is in good academic standing with the program and wishes to return to the program, arrangements and a timeline for return will be discussed at the time of withdrawal. If a withdrawing student is eligible to return to the program this return must occur within 24 months of withdrawal, or the student will be subject to re-admission and to complete the entire 62-credit professional program curriculum.

D. **PROFESSIONAL COURSE WITHDRAWAL POLICY**

POLICY STATEMENT:

A student in the MSAT Program may withdraw from a maximum of two (2) courses. If a student seeking readmission into the MSAT program has withdrawn from the same course more than once or has not been successful in completing the same course with a grade of "C" or better in two attempts, the student is not eligible for readmission in the professional program. Most courses occurring in each session are prerequisites for subsequent professional program courses occurring in later sessions. The student may withdraw from a professional-level course only once. Approval will not be given for a second withdrawal from the same course. For example, a student may withdraw only one time from MSAT 512, Advance Regional Anatomy and Neuroscience. Please refer to the *University Catalog* for the Athletic Training Program of Study and course descriptions.

All courses must be taken in sequence unless permission from the Program Director is given to alter the progression as outlined.

PROCEDURES:

1. Withdrawal from a required course will result in the student being placed on a delayed track for up to one year until that course is taught again in the curriculum. During the program delay, the student may not be registered for Athletic Training courses unless approved by the Program Director.
2. If a student has significant life challenges in any given session that preclude successful academic performance in more than two courses, and if the student has no prior professional-level course withdrawals; the student may be allowed to withdraw from all professional-level courses for that session during the official University withdrawal period. The student will be placed on the delayed track to return to the program the following year. Further course withdrawals will not be approved without written appeal to, and subsequent approval from, the MSAT Program Director.
3. Regardless of whether the course withdrawal is the first or second occurrence in the professional program, a withdrawal request will be approved for only one (1) Clinical Education course. Course withdrawal from a Clinical Education experience due to failing performance will require a faculty-approved intervention plan before subsequent Clinical Education placement. This plan is developed through a face-to-face dialogue between the student, the Clinical Education Coordinator, and the MSAT Program Director. Future Clinical Education will be scheduled as available.

E. REINSTATEMENT TO THE ATHLETIC TRAINING PROGRAM

Students who withdraw and wish to re-enter at a later date are required to submit a letter to the MSAT Program Director requesting reinstatement. Reinstatement into the program will be on a space-available basis only.

Students who wish to apply for reinstatement to the Athletic Training Program must submit, to the MSAT Program Director, a letter requesting reinstatement no later than 60 days before the next scheduled academic term.

Upon receipt of the student's letter, the Athletic Training Program Admission Committee will review the student's record and submit recommendations to the MSAT Program Director.

A letter from the MSAT Program Director will be sent to the student regarding the decision for reinstatement. Reinstatement to the program must be within 24 months of the withdrawal to remain in the sequence of the previous status. Withdrawals extending beyond 24 months may require re-application and completion of the entire professional Athletic Training program.

F. GRADE REQUIREMENTS FOR MSAT PROGRAM RETENTION

The MSAT professional program consists of all 500-600-level courses, thus all are considered graduate program courses and adhere to the University's grade policies for graduate courses. An overall GPA of 3.0 on a 4.0 scale must be maintained. **If a student earns less than a "B" in two or more courses, continuation in the Athletic Training Program is not permitted.** The lowest grade for which credit is given in a graduate course is a "C." In addition to the above requirements, students who earn a grade of "C" for a 5-credit hour course will be dismissed from the program, as will students who earn one grade of "F" in any course. In courses of fewer than 5 credit hours, earning a "C" in more than one course within the curriculum is grounds for dismissal from the program and the University.

G. REMEDICATION

If a student has been academically dismissed or suspended from the MSAT program, he/she cannot remediate a course in which the student did not meet the grade requirements. To remediate a grade in which the student did not meet the grade requirement, a student must not be academically dismissed and must demonstrate that he/she has developed proficiency in the course objectives. Students must work with the Faculty or Instructional Staff of the course, as well as with the MSAT Program Director to determine what steps are needed to ensure that the student demonstrates proficiency in the assigned athletic training knowledge, skills, and abilities for each course. Students in the MSAT program are given ample opportunities to remediate any failed coursework. Students are given a chance to make up any failed competencies before final grades are reported.

Class Requirements

A. CLASS ATTENDANCE

Refer to the University Catalog for the campus-wide attendance policy. The Athletic Training curriculum is planned based on regular attendance in class and clinical experiences. A student finding it necessary to be absent from either class or clinical experience is expected to display professional accountability and courtesy by notifying the instructor and the clinical site a minimum of **one hour before** scheduled class or clinical time. This should be done as soon as possible before the absence. It is the student's responsibility to obtain lecture notes, complete class assignments, and obtain all information missed. If a student does not attend at least 80% of all class meetings, he/she may be considered unsuccessful in completing the requirements of the course.

B. ABSENCES

Students are expected to attend all scheduled classes (including lab, clinical education, or scheduled class meetings-all which are components of a course.)

- If a student will be absent from class, lab, or clinical education experience, the instructor must be notified before the beginning of class.
- Attendance will be taken throughout the course session.
- A student with more than two absences is subject to 3 points subtracted from a student's final course grade for each absence.
- A student with more than three occurrences of being tardy or leaving early is subject to 3 points being subtracted from his/her final course grade. Any lateness beyond 30 minutes will be considered an absence.
- All Clinical Education absences must be made up for course completion.
- Any student missing 20% or more of a class is subject to dismissal from the course and a grade of "F" for the course.

Absences on examination and test days are considered a serious matter; exceptions will not be granted without a valid and verifiable reason. The instructor has the prerogative to establish the procedure for and the format of make-up examinations or to deny a make-up exam. **Class attendance of fewer than 80% of the required contact hours may result in dismissal from that course and a grade of "F" for the course.** Missing more than 2-4 classes most likely will exceed this standard. The instructor has the right to request written verification of excuse for an absence, yet any absence counts toward the 80% standard.

C. ASSIGNMENTS

All assignments/course evaluative measures in the class outlines are considered essential for meeting curriculum learning outcomes. Final grades will not be submitted for any student who has not fulfilled all the course requirements. If a student with an "I" in a course does not complete all assignments within 90 days, a grade of "F" will be recorded unless extreme circumstances require accommodation.

All written assignments are to be word-processed and in APA format or otherwise stated by the course instructor. No handwritten reports will be accepted, except note writing in Clinical Education courses. Each day an assignment is late may result in a drop of one letter grade. The course instructor may adjust this standard for a particular course, yet students must assume this level of professional performance.

Most online format courses throughout the program will require students to utilize Spalding's Canvas system. All students have access to computers with the capacity to access Canvas in the library. It is an expectation that students will use and participate on all Canvas course pages. Articles may be in a PDF format and will require Adobe Acrobat Reader software to be viewed. Students are responsible for accessing and printing all course documents. Students will most likely benefit from having Microsoft Office software programs.

D. CLASS AND CLINICAL EXPERIENCES ON INCLEMENT WEATHER DAYS

The Master of Science in Athletic Training Program adheres to the University's policy on inclement weather and the scheduling of classes.

When the University is closed due to bad weather, classes will follow university policy. **Students in Clinical Education settings will follow the policies and procedures of the agency where the clinical education is taking place.** Students will need to verify this information with their clinical education preceptor.

When the University is placed on the alternate schedule, the individual student is responsible for notifying his/her, clinical education preceptor.

E. INCLEMENT WEATHER

The University will remain open, except for the most severe weather or other environmental conditions. When the weather is severe enough to warrant a change in our operating schedule, *one* of the following announcements will be made *before* the start of the workday (Monday – Sunday):

1. ***Delayed schedule*** – University offices will open at 10:00 a.m.
2. ***Classes canceled*** – All University offices will open at 10:00 a.m.
3. ***University closed*** – All classes are canceled and all University offices are closed. In the event classes are canceled, make-up session(s) may be required.

*Should weather conditions deteriorate after students, faculty, and staff arrive for work or class, a review of the decision to remain open will be made at either noon or mid-afternoon.

For information regarding the University's operating schedule, all students, faculty, and staff may call the University weather line at (502) 585-7102; on campus, you may dial ext. 7102.

The following television and radio stations will also have information regarding our operating status:

Television: WAVE-3, WHAS-11, FOX 41

Radio: WHAS-AM, WAMZ-FM, and WAVG-AM

If no announcements are made via the University's voicemail system and/or Website or on local radio and/or television, the University is open and operating on a normal schedule.

F. CAMPUS EMERGENCIES

Spalding University has implemented an emergency alert system. Signing up is simple, easy, and takes only a few moments. Just go to the Spalding Alerts Signup page under Student Development and Campus Life at www.spalding.edu/alerts.

This technology allows you to receive instant voice and text messages from Spalding University regarding emergencies. **SPALDING WILL ONLY USE THIS SYSTEM IN THE EVENT OF AN EMERGENCY.**

It cannot be stressed enough that we will use this system only for emergencies and that signing up is vital to our ability to reach you in the case of an emergency on campus. **PLEASE SIGN UP!**

G. ACTIVE DUTY POLICY

The MSAT program at Spalding University recognizes that there may be students who are currently enrolled in the MSAT program who may also be in a Reserve component of a military branch or The National Guard. In either of these instances, any student who is military personnel may be called to Active Duty, or Deployment during the planned curriculum sequence of the MSAT program. If a current student in the MSAT program is called to Active Duty or Deployment, at any time during the curriculum, including both didactic and clinical education learning, the Program Director will work with that student to determine the best course of action for the student to complete the MSAT program. The Program Director must approve any changes in the curriculum sequence.

Grading Policies

- (A) **4 quality points**- indicates work of excellent quality: a superior grasp of the content of the course, initiative in doing work considerably beyond ordinary assignments, originality in attacking problems, and the ability to relate the knowledge of the course material to other knowledge.
- (B) **3 quality points**- indicates work of high quality: a very good grasp of content, initiative in doing some work beyond the ordinary assignments, and above-average ability to apply principles intelligently.
- (C) **2 quality points**- indicates work of acceptable quality for undergraduate students: a grasp of the essentials of the course, the satisfactory completion of work assigned, and an average ability to see relationships and to make applications. For graduate students, a grade of “C” indicates a minimal grasp of course materials.
- (F) **0 quality points**- indicates a failure to master the minimum essentials of the course or failure to follow the official procedure for withdrawing from classes.
- (V) **Incomplete**- indicates that the student’s achievement in the course has been satisfactory but that for valid reasons, a part of the work is incomplete and permission has been given for it to be completed within a given period not to exceed three months. If the work is not completed by the time stipulated, a grade of “F” is recorded.
- (W) Indicates approved withdrawal from classes. Withdrawals must occur within the designated timelines.

NOTE: In all courses in the Athletic Training Program a minimum of a “B” is considered acceptable. A student can earn only one “C” within professional program courses that consist of fewer than 5 credit hours. **If a grade for a course in Athletic Training is incomplete the student is not permitted to begin a subsequent Athletic Training course, unless the student has approval from the program director. All BS/MSAT students must have a cumulative GPA of 3.0 in the BSNS portion of the program to advance to the MSAT portion of the program.**

Athletic Training Program Grade Scale

A = 90.00% - 100.0%
B = 80.0% - 89.99%
C = 70% - 79.00%
F = 69.99% or below

Many professional-level courses require successful completion of written exams/tests; a minimum passing average of 77% for the total of all course exams/tests must be achieved to receive a minimum score of “C” or above for the course. This requirement supersedes the grade average of all coursework.

Professional Communication

Writing skill competence is a strong tenet of Athletic Training and professional achievement. Your credibility is reliant on your ability to communicate concisely and effectively in written form. Throughout the professional program curriculum, your written work will be analyzed for both content and general competence standards, including style and syntax. The faculty will examine your work to assist you in identifying errors and improving your competence.

Writing Skill Competence Success Strategies

- **Attend and adhere to assignment format and instructions.** Follow any templates given.
- **Consider your audience.** Determine your audience; writing a professional paper is not the same as writing an e-mail or text to a friend. The writing required for a reflection paper or sample documentation of Athletic Training services is different from the writing required for a research paper. Consider the formality of the document and determine the needed style based on the audience and assignment parameters. Ensure that your audience can logically follow and understand your point without confusion.
- **Eliminate mechanical errors such as misspelled words, punctuation, run-on sentences or sentence fragments, comma splicing, tense or subject/verb agreement, pronoun confusion, format, and grammar.** A “Quick Study Academic Guide” to common grammar pitfalls and mistakes is available for purchase in the Spalding Bookstore if you need this for reference.
 - **Know the grammatical errors spell check will not find.** Confusion can arise with improper use of words such as affect/effect, then/than, your/you’re, its/it’s, and client’s/clients. You need to learn and recognize these common errors.
 - **Create an outline.** Outlining your work is especially important for more formal assignments or presentations. You will learn the standard outline for documentation formatting, yet learning a standard organizing format for all your work will improve your writing skills.
 - **Use powerful words.** A general rule of good writing is to use concrete descriptive words known as *powerful words*. Powerful words are verbs that describe objects or situations and avoid emotional or spiritual states of being. Simple, direct language is best for most of your work. Use the active voice. Be concise. However, be certain that you know the meaning of the vocabulary words you use.
 - **Reference citations should be in AMA format or the format of choice of each course instructor.**
 - **Proofread your work!** As you approach an assignment, give yourself time to revise your work.

Some ways to successfully proofread your work include:

 - Read your paper aloud (a great way to catch grammatical errors and unclear thoughts).
 - Place your finger on the text to follow as you read.
 - Start proofreading your work from the end to the beginning. Focus on one sentence at a time starting at the end. This helps you focus on the errors, not on the content.
 - Have a peer, a family member, a friend, or a neighbor proofread your paper.
- **Use your resources.**
 - *The Writing Center* (located in the Spalding University Library, Room 112; Phone: 502-585-9911 ext 4167) provides one-on-one support for all students.

Helpful suggestions can be found on the myspalding.edu portal under the Academic Resource Center (ARC), Writing Center link.

CLINICAL EDUCATION

Description

The Athletic Training curriculum includes clinical education as a credited component of the academic experience. Consequently, successful completion of the clinical education courses must be completed before graduation.

CLINICAL EDUCATION

Clinical experience is crucial to the preparation of an Athletic Trainer. The experience provides students with the opportunity to carry out professional responsibilities under appropriate supervision and professional role modeling.

Clinical education provides an opportunity for students to apply their knowledge base to actual athletic training assessment/intervention activities. The objectives for each clinical phase are collaboratively developed by the faculty and clinical educators to ensure consensus and maximize learning opportunities for the student.

Site Selection

Clinical Education sites are chosen based on the following criteria:

1. The clinical preceptor personnel demonstrates an active interest in participating as clinical educators for MSAT students.
2. The service of delivery model, services, and programs provide student experiences that will support and enhance the learning objectives of the MSAT program and align with the Missions of the MSAT program and Spalding University.
3. The designated clinical preceptor has professional credentials and experience that meet or exceed the CAATE Standards and guidelines about clinical education.
4. The inclusion of the clinical site as a community partner adds depth and scope to the objective of providing the student with a range of clinical experiences in settings with varied populations, service delivery models, and programs for clients across the lifespan.

Clinical Education courses are assigned based on compliance with CAATE Standards and availability.

Students may be assigned to settings that require both travel and relocation outside of the Louisville-Metropolitan area. Transportation and living costs associated with these courses are the sole responsibility of the student and will vary.

All clinical education courses must be completed within the timeframe described in the educational curriculum.

Clinical Education Orientation

For each Clinical Education experience, an orientation and advising session will include an in-depth review of the purpose, objectives, learning assignments, and evaluation methods. The objectives to be reviewed will include but are not limited to, professional performance behaviors related to ethics, confidentiality, dress code, and compliance with clinical education procedures and protocols. This orientation session is held at the beginning of each Clinical Education experience. Each student will develop goals to assist in focusing on specific individual learning outcomes as a part of this ongoing Clinical Education process. Clinical Education orientations are scheduled and provided to each student throughout the academic calendar. Attendance at each of the orientation sessions is mandatory. Clinical Education experiences allow the student to develop beginning-level athletic training skills and to apply theoretical concepts and his/her knowledge base to practical experiences.

SAFETY

To ensure the safety of and reduce risks to clients, students, faculty, clinical education sites, and Spalding University, a competency-based segment on safety is included in the orientation. This segment specifically addresses:

1. Infection control information.
3. HIPAA compliance guidelines.
4. Criminal background checks.

To further ensure safety in the clinical experience and before beginning any Clinical Education experience or observation, the following must be completed: Students must have current immunizations, CPR certification, proof of health insurance, and a completed background check, clear of any felonies before the first day of Clinical Education. Students declining Hepatitis B vaccination must sign a letter of declination. Additionally, some Clinical Education sites may require drug testing as well as proof of COVID vaccination.

Clinical Education Rotations

The Athletic Training program curriculum includes 4 clinical education rotations. Students are placed in their clinical education rotations by the MSAT Coordinator of Clinical Education (CCE) with assistance from the Program Director and Program Faculty. The MSAT CCE and Faculty follow the CAATE-approved requirements regarding clinical education experiences. This includes all of the following types of clinical education experiences: throughout the lifespans, different sexes, different socioeconomic statuses, varying levels of activity and athletic ability, and nonsport activities. Through clinical education, students will gain experiences across the continuum of care that will prepare them to function in a variety of settings with a variety of patients engaged in a range of activities with conditions described in athletic training knowledge, skills, and abilities, Role Delineation Study/Practice Analysis, and standards of practice set forth for the athletic training profession. The type of clinical education experiences may include athletic training clinical experiences (with a licensed and certified athletic trainer or physician), simulation, or supplemental clinical experiences. Athletic training clinical experiences and/or simulated experiences are used to verify students' abilities to meet the curricular content standards. Supplemental clinical experiences can be used to provide learning opportunities supervised by other health care providers other than athletic trainers or physicians.

After the initial clinical placements, students will have the opportunity to meet with the CCE to identify preferred practice areas and locations, as well as to provide information regarding unique, individual circumstances that might be impacted by clinical education. This data will be reviewed and considered before placement. The placement of students is the responsibility of the **MSAT CCE with assistance from the Program Director and Program Faculty**. Final decisions are determined by this body. Assignments for clinical education will be communicated to students at least one month before the first clinical education assignment. The schedule for clinical education assignments is listed on the program of study and academic calendar. All students need to be aware that there is potential for second-year clinical placement to be out of state. It is highly recommended that students do not hold personal jobs during MSAT Clinical Education III. During Clinical Education III, students are required to be at their clinical rotations approximately 30-45 hours a week. Having a job during a full-time clinical experience may create barriers to the successful completion of Clinical Education III. Other concerns include taking away time for preparation, reflection, resting, and mental and physical health.

NONDISCRIMINATION STATEMENT:

The Spalding University MSAT Program provides educational opportunities and clinical placements that support a climate of equity and inclusion, free of harassment and discrimination. Clinical education experiences shall be reflective of diversity, equity, inclusion, and social justice initiatives and there shall be no discrimination based on race, color, national or ethnic origin, religion, sex, sexual orientation, age, disability, or veteran status either in the selection of students participating in the Program or as to the administration of either parties' policies.

Clinical Hours Policy

Each clinical education experience must have a minimum and maximum requirement for hours. The MSAT program at Spalding University sets forth the following requirements for clinical education hours.

Clinical Education I – Year 1 (Fall -16 weeks)

No less than 128 hours total and no more than 160 hours total; recommended 3 or more days per week.

Equivalent to 8-10 hours a week (Includes 20-30 supplemental Eagle Care Hours)

Clinical Education II – Year 1 (Spring - 16 weeks)

No less than 160 hours total and no more than 240 hours total; recommended 3 or more days per week.

Equivalent to 10-15 hours a week (Includes 20 supplemental Industrial Hours)

Clinical Education III – Year 2 (Fall – 16 weeks)

No less than 480 hours total and no more than 720 hours total; recommended 5 or more days a week

Equivalent to 30-45 hours a week (Includes 15-20 supplemental PT Clinic Hours)

Clinical Education IV – Year 2 (Spring – 16 weeks)

No less than 160 hours total and no more than 240 hours total; recommended 3 or more days per week.

Equivalent to 10-15 hours a week (Includes 10-15 hours with an Administrative AT)

CAATE CURRICULAR CONTENT STANDARDS IN CLINICAL EDUCATION COURSES

- All clinical education courses will have specific curricular content standards from the current CAATE standards for professional practice. The number of standards for each course will be determined by the Program Director and Coordinator of Clinical Education (CCE). The standards for each course will be listed on the course syllabi. Students are required to demonstrate competency in all curricular content standards assigned to each clinical education course. Student performance is assessed through a competency check-off in ATrack. Students are required to create a case log/report in ATrack that documents the completion of individual components of all assigned standards with either actual patient encounters or simulated scenarios that occurred during their clinical experience. Preceptors will review and mark the entry as either “Proficient” or “Not Proficient”. Students must complete all curricular content standards assigned to each clinical education experience with an assessment of “Proficient” in order to pass the clinical education experience. Students will be given as many opportunities as necessary to demonstrate competency with the standard, as long as it is completed within the clinical education experience to which it is assigned. The standard may be assessed in ATrack at any time during the clinical experience as long as it is completed before the final day of the course to allow for final grading.
- Clinical assessments are monitored by the CCE throughout each clinical education experience. Curricular content standards assigned to a particular clinical education course must be completed within the assigned course for students to pass the course. The preceptors and students are provided with the list of required standards for each clinical education experience by the CCE who will review each student’s progress toward completing those standards throughout the course. At the end of the clinical experience, the CCE ensures that all students have completed all assigned standards for every clinical education experience. If a student has not completed an assigned standard by the end of their clinical experience, the student will fail the course and will be required to take the course the next time it is offered. At the discretion of the Program Director and CCE, a student may be given a grade of “incomplete” during a clinical education course. If a student is given a grade of “incomplete” they have until the final date of the following session or semester to complete any outstanding work. If they do not fulfill any outstanding course requirements, the ‘incomplete’ will become an “F” and the student will fail the course.

Student Dress Code Requirements

1. Official Name Badge

Athletic Training students are required to wear the official identification name badge when functioning as Athletic Training students in all clinical and site-visit areas. Name badges will be provided. This is a requirement so that clients/patients can differentiate students from credentialed professionals.

2. Personal Appearance

a. Students shall maintain a professional and clean personal appearance that follows the appropriate dress code and policies of the assigned clinical education site.

b. Clothing

Student apparel in the clinical area should reflect the professional image Spalding University expects of its students. Clothes shall be of a comfortable fit, **not tight or binding**. In outdoor venues, if approved by the preceptor at the current clinical education site, navy, khaki, or black color “docked” style shorts may be worn only if the shorts are mid-thigh or longer and approved by the Spalding University MSAT dress code. (See photo below for acceptable short length). Cut-off shorts or jean shorts are NOT allowed.



All clothing is to be clean, and free of wrinkles, tears, or holes. **Jeans, capri pants, tank tops, tee shirts, hoodies, and other similar casual attire are not allowed. No sleeveless shirts are allowed.** Shoes are to be clean and without open toes or open heels. If tennis shoes are permitted at the assigned clinical rotation, they shall be **clean**. Shoes will be worn with socks or hosiery. All shirts should remain tucked in during activity or have an undershirt that can be tucked in.

c. Clinical Education Attire

Clean, wrinkle-free, Spalding University Athletic Training Clinical attire (polo shirt purchased through the program) and pressed navy, khaki, or black color “docked” style slacks are to be worn during clinical education and all during experiential opportunities when a student is representing the MSAT program outside the classroom.

d. Laboratory Attire

Unless otherwise instructed by the professor teaching the course, for all laboratory-based educational experiences students are required to wear

a lab uniform (consisting of a t-shirt or tank top and shorts). Lab clothing is only to be worn during laboratory classes and not during lecture classes or clinical education experiences. For practical exams, students will wear either clinical attire or lab uniform, depending on their role. ***Any lab experiences outside the classroom will require the student to adhere to all components of the clinical dress code requirements or as otherwise instructed by the teacher of the course.***

General guidelines for Clinical Education

The student is responsible for knowing basic employee policies and procedures regarding general performance for each clinical education experience. The student is obligated to follow clinical site policies. Examples include policies related (but not limited to):

- **Emergency Action Plan for specific venues and clinic sites**
- **Blood-borne pathogen policies**
- **Exposure plans**
- **Radiation exposure (as applicable)**
- parking spaces
- smoking/gum chewing
- where to and where not to eat
- **telephone/cell phone use**
- where to work/observe
- **HIPAA guidelines**
- **Infection control standards**
- **Documentation standards**

Cellular phones

- Cellular phones are allowed to be on a student's body during a clinical education experience for emergency purposes only. Students may only check cell phones for messages during scheduled breaks. No texting or use of a phone for any personal activity is allowed while a student is at a clinical education or experiential learning location.

Computer/Laptops/Tablets

- Computers and laptops are not permitted at your clinical education rotations **unless** you have been assigned by your Clinical Preceptor to use a computer or laptop/tablet for an assigned task by your Clinical Preceptor.

Professional Behaviors

It is the expectation of the MSAT program that every student will demonstrate outstanding professional accountability and behaviors and will exhibit a professional image throughout his/her academic career. Please refer to the Statement of Professionalism presented earlier in this document for further explanation of the program expectations. At any time during clinical education rotations, if the student violates the Statement of Professionalism or if the

clinical preceptor is concerned about the student's display of less-than-professional behaviors during clinical education rotations, the clinical preceptor reserves the right to contact the Clinical Education Coordinator and Program Director immediately. Any student in violation of the Statement of Professionalism and/or MSAT Student Handbook Clinical Education Policies is subject to dismissal from the clinical education rotation and the MSAT program. The Clinical Preceptor reserves the right to decide if the MSAT student is allowed to return to their respective clinical education rotation after professional behaviors or clinical education policies have been violated. The program director makes the final decision about the student's progression in clinical education.

Clinical Education Program Requirements

1. Health and Immunization Requirements

Ongoing maintenance of the following information throughout the program curriculum is required. All health and immunization requirements must be completed before starting the program.

- a. PDD or Chest x-ray - The T.B. skin test is performed annually. If you have a positive test, you must have a chest x-ray.
- b. A record of Hepatitis B vaccinations or a letter of declination signed and dated
- c. A record of **two immunizations for each of the diseases**, measles, mumps, and rubella
- d. Evidence of tetanus/diphtheria shot in the last seven (7) years before the program starts.
- e. Medical documentation of having chickenpox (varicella) in childhood or proof of varicella vaccination before the program starts.
- f. Students are responsible for informing faculty of the occurrence of health problems that may affect the student's progression through the program.
- g. C.P.R. certification **for health providers must be** completed and maintained, ensuring consistent compliance throughout the professional program.
- h. Additional health information, tests, drug screens, and immunizations, may be required according to the policies of specific agencies where a student is associated for experiential learning activities such as clinical education. Information concerning these requirements or any change in the Athletic Training student health policies will be communicated to the student at the earliest possible date.
- i. Health and immunization records are submitted through an online company called Castlebranch.com by using a tool called Immunization Tracker. This site will serve as a repository for your immunizations as a part of your student record throughout the entirety of the program. See the separate Castlebranch attachment for detailed instructions. You will not need to submit any immunization records directly to Spalding University.

2. Health and Malpractice Insurance

- a. Students are responsible for costs and coverage of health emergencies or injuries occurring while engaged in the curriculum. The MSAT program requires Athletic Training students to show proof of private health insurance throughout the professional program.
- b. Since Athletic Training students are not employed by the affiliating health care and clinical education sites or the university, Worker's Compensation while in the role of an Athletic Training student is non-existent. Any medical costs incurred during educational programming and clinical education experience are at the student's expense.
- c. Professional Liability Insurance coverage is purchased through the University. Students' liability insurance from Spalding University is available for the student while on clinical assignments (on or off campus). Athletic Training Program liability insurance, issued to Spalding University through a group policy, is maintained continuously. Professional liability insurance coverage through Spalding University does not cover volunteer hours outside of clinical education rotation experiences.

3. Background Checks

Healthcare organizations, school systems, and state-run organizations require students in healthcare programs to have a completed background check before coming into their facilities. Castle Branch, Inc. www.castlebranch.com, provides background checks for students of the Master of Science in Athletic Training program. Information obtained in Castle Branch is public knowledge and can be released, per student consent, to clinical education sites as requested. Information on how you access and create an account with this agency is provided.

Do not complete the steps outlined in Castle Branch student instructions until you are less than 6 weeks from the program start date.

IF YOU DO NOT COMPLETE AND SUBMIT THESE ITEMS PROMPTLY AND AS REQUESTED BY THE SCHOOL, YOU ARE SUBJECT TO DISMISSAL FROM ALL COURSES AND THE PROGRAM ENTIRELY.

4. CPR Certification

Infant, child, and adult CPR certification must be completed at orientation upon entering the program and must be renewed annually or every two years depending on the organization from which the certification is obtained. **It is the student's responsibility to obtain this certification.**

All students must complete CPR/AED Certification from the American Heart Association BLS Healthcare Provider course OR the American Red Cross CPR/AED for the Professional Rescuer Course. Other CPR/AED certifications specified by the Board of Certification as acceptable are also appropriate for the MSAT program.

IF YOU DO NOT COMPLETE AND SUBMIT PROOF OF CPR CERTIFICATION AT ORIENTATION UPON ENTERING THE PROGRAM, YOU MAY NOT BE ALLOWED TO CONTINUE IN THE PROGRAM.

5. Transportation

Athletic Training students are responsible for providing their transportation to clinical experiences. Students should arrange for the consistent use of a car. Students with cars are responsible for carrying the appropriate automobile insurance. Public transportation may be accessible for some clinical education rotations.

6. Lodging

In instances in which clinical assignments that require relocation and housing are not provided by the clinical education site, the student is responsible for making arrangements before the assignment and for costs associated with lodging expenses.

COMMUNICABLE DISEASE POLICY

Students and faculty in the MSAT program are provided with the information regarding the:

- Signs and symptoms of communicable diseases
- Proper body substance precautions
- Proper hand hygiene
- Use of self-protection guidelines

Students diagnosed with a communicable disease or with symptoms of a communicable disease will be temporarily excused from coursework and/or clinical education experience. Students will be referred to their primary health care provider for further evaluation and will be unable to return to coursework and/or clinical education experience until they are either symptom-free for 24 hours, or have written documentation from the primary health care provider, stating the student may return to coursework and/or clinical education experience.

Communicable Disease Control Guidelines

Site/Infection	Criteria	Comments
Respiratory Tract		
Common Cold	Two or more of the following: • Runny nose or sneezing • Stuffy nose, hoarseness, or difficulty swallowing • Dry cough • New swollen or tender glands in the neck	Symptoms must be acute and not allergy-related. Fever is not required but does not exclude the diagnosis.
Sinusitis	Diagnosis by a physician or practitioner	
Influenza-like Illness	Fever and two or more of the following: • Chills • Headache or eye pain • Myalgias (muscle aches) • Sore throat • Dry cough	Symptoms must be acute. Usually during influenza season (in Missouri – generally November to March).
Pneumonia	Interpretation by a radiologist of a chest x-ray as demonstrating pneumonia, probable pneumonia, or the presence of an infiltrate with a compatible clinical syndrome	
Other Lower Respiratory Tract Infection	Three or more of the following: • New or increased cough • New or increased sputum production • Fever • Pleuritic chest pain • New physical findings on chest exam (rales, rhonchi, wheezes, bronchial breathing) One or more of the following: • New shortness of breath • Increased respiratory rate	Symptoms must be acute. Either no chest x-ray was done or the x-ray does not meet the above criteria for pneumonia.

	(>25/mm) • Change in mental status • Change in functional status	
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Skin		
Cellulitis/Soft Tissue/Wound	Pus is present at a wound, skin, or soft tissue site or four or more of the following: • Fever or worsening mental/ functional status (and/or at the site of infection, new or increasing) • Heat • Redness • Swelling • Tenderness • Serious drainage	
Fungal Skin Infection	Maculopapular rash (abnormally colored, usually red, flat, or slightly raised area of skin in varying sizes) and Physician or practitioner diagnosis or laboratory confirmation	No evidence of a non-infection cause (e.g., allergy to new medication). Other diagnoses of skin disease ruled out (i.e., scabies)
Herpes Simplex (Cold Sores) or Varicella Zoster (Herpes Zoster/Shingles)	Vesicular rash (blister-like skin lesions containing watery fluid) and Physician or practitioner diagnosis or laboratory confirmation	Counted as nosocomial in rare situations (i.e., when herpes simplex occurs for the first time in a lifetime). Varicella-Zoster is not considered nosocomial even when after first-time chickenpox in a long-term care resident.
Scabies	Undiagnosed macular (flat) or papular (slightly raised) rash different in color or texture or dry thickened, scaling skin with documented tracks or itching rash or Physician or practitioner diagnosis or laboratory confirmation	One or more residents or staff have laboratory confirmation (mite, egg, or fecal pellet) Several cases occurring within the same time frame and setting can be counted within an outbreak without laboratory confirmation provided.

FREQUENT INDICATIONS OF INFECTION IN THE ELDERLY

- The presence of delirium (acute confusional state)
- A rise in body temperature of a least 2.4° F from the baseline or a body temperature higher than 100° F
- Rapid major change (worsening in functional activities of daily living)
- Loss of appetite
- A fall in blood pressure or a rise in pulse rate
- A fall with no previous history of falling

YES (to any of the above) Process To More Thorough Assessment

Upper Respiratory Infection Urinary Tract Infection Soft Tissue Infection

- Runny nose or sneezing • New burning on urination, • Classify the ulcer
- Nasal congestion frequency or urgency extent of tissue involvement
- Sore throat, hoarseness, or • Flank or suprapubic • Note the presence of difficulty swallowing tenderness purulence, devitalized tissue
- Dry cough
- Change in character of urine and cellulitis (cloudy, dark, foul-• Measure the size and depth of smelling) the lesion(s)

YES (to any of the above) Process to Action Plan and More Thorough Assessment

Upper Respiratory Infection

- Call physician (per facility protocol)
- Symptomatic relief (i.e., decongestant)
- Monitor hydration status
- Observe for worsening condition

Urinary Tract Infection

- Call the physician for appropriately collected urinalysis
- Monitor hydration status
- Observe for worsening condition

Soft Tissue Infection

- Call the physician for appropriate treatment
- Monitor hydration status
- Observe for worsening condition

SYMPTOMS OF WORSENING CONDITION

- Unstable vital signs
- Resident appears toxic, diaphoretic, more confused, dyspneic, or cyanotic
- Unable to eat or drink

YES (to any of the above) Process To Action Plan and Continued Assessment

- Call a physician. If unable to access the primary physician, call 911 Report all factors of your assessment.

Body Substance Precautions

Diseases Transmitted by Airborne Route

The following diseases are transmitted in whole or in part by the airborne route. Residents with these diseases need to be assigned to private rooms equipped with special ventilation, and negative air pressure and have a “STOP SIGN ALERT” posted on the door. The door should remain closed at all times. In rooms where special ventilation is not available, fans can be placed in the window facing out to create negative pressure.

Diseases	How Long to Apply Airborne Precautions	Comments
** Chickenpox (Varicella)	Until all lesions are crusted	Persons who are not susceptible do not need to wear a mask. Exposed susceptible residents should be isolated beginning on the 8th day after the first exposure until 21 days after the last exposure.
** Disseminated Shingles (Herpes Zoster or localized Herpes Zoster in immunocompromised resident)	Duration of illness	Localized lesions in immunocompromised residents frequently become disseminated. Use the same precautions as for disseminated disease.
* Tuberculosis (TB) – pulmonary; confirmed or suspected	In most instances, the duration can be guided by clinical response and reduction in the number of TB organisms on sputum smear. Usually, this occurs within 2-3 weeks after chemotherapy has begun. When the resident is likely to be infected with INH-resistant organisms, apply precautions until the resident is improving and the sputum smear is negative for TB organisms.	Prompt use of multiple effective anti-tuberculosis drugs is the most effective means of limiting transmission. Residents should be taught to cover the nose and mouth with several layers of tissues when coughing or sneezing. A mask must cover the resident’s nose and mouth when out of the room for any reason.
Rubeola (Hard Measles)	4 days after the appearance of the rash	Communicability is minimal after the second day of the rash. The vaccine virus is not communicable. Persons that are not susceptible do not need to wear a mask. Search for and immunize exposed susceptible (within 72 hours of exposure) of giving IG (within 6 days of exposure).

* Wear a mask with minimal designation as N-95 ** All persons who are not immune to these diseases should not enter the rooms of these residents

NOTE: Suspected or diagnosed Mycobacterium Tuberculosis infection is a reportable Category I disease, which must be reported to the Department of Health within 24 hours as required by 19 CSR 20-20.020. See Appendix I for a complete copy of 19 CSR 20-20.020 which lists all reportable diseases.

The facility shall also report to the Division of Aging when a resident is diagnosed as having a communicable disease as required by 13 CSR 15-14.042(78) and 13 CSR 15-15.042(34). See Appendix C for relevant portions of those rules.

Examples of Situations Using the Body Substance Precaution System

Because the BSP system is a judgment and skill-based system, each individual makes his/her own decisions about when to wear gloves and uses other barriers based on his/her skill and interaction with the resident's body substances, non-intact skin, or mucous membranes. Facilities also establish policies and procedures for when staff must use barrier precautions. Here are some examples of typical situations:

When a Resident Has a Rash or Skin Lesions

When a resident has a rash on his/her body or skin lesions, it could be due to any number of causes. A critical index of suspicion is essential to determine whether the rash is varicella (chickenpox or zoster), herpes simplex, scabies, syphilis, impetigo, drug reaction, or due to any number of other conditions. The most important intervention for rashes or skin lesions is the use of appropriate protective barrier precautions (e.g., gloves and possible gown), followed by describing the rash to the resident's physician so appropriate testing can be performed and/or a diagnosis can be obtained. In many cases, prompt recognition of the rash, identification of the cause, and prompt appropriate intervention can prevent transmission to the care provider and others. Gloves and gowns should be worn when caring for a person with a rash caused by a communicable condition.

Suctioning Residents

Eye protection and masks should be used only if splashing is likely to occur. Most persons who suction residents frequently have learned how to position their heads so that they are not splashed. Suctioning of a resident's airway should ALWAYS be one with the care provider wearing gloves on both hands. In addition, if a care provider puts hands into a resident's mouth for ANY reason, (e.g., for examination or when doing mouth care), gloves should be worn followed by hand washing after glove removal.

Hand Washing Policy

POLICY: Hand washing is generally considered the most important single procedure for preventing nosocomial infections; proper procedures must be followed.

All students and faculty members are required to wash their hands after each direct or indirect contact for which handwashing is indicated by accepted professional practices.

Waterless antiseptic soap may be used for handwashing per The Center for Disease Control (CDC) Guidelines. Hands should be washed with soap and water after no more than ten uses of the waterless antiseptic soap.

Center for Human Potential staff follows the Center for Disease Control's, Guidelines for Hand Washing and Hospital Environmental Control, 1985, and more recent handwashing recommendations as included in other CDC Guidelines.

PROCEDURE:

The absolute indications for, and the ideal frequencies are not known; however, in the absence of a true emergency, personnel should always wash their hands, even when gloves are worn:

- As promptly and thoroughly as possible after contact with blood, body fluids, secretions, excretions, equipment, and articles contaminated by them, whether or not gloves are worn
- After gloves are removed
- Before performing procedures in which a normally sterile part of the body is entered
- Before taking care of particularly susceptible patients
- Before and after touching wounds
- After situations in which microbial contamination of hands is likely to occur
- As promptly and thoroughly as possible between patient contact
- When otherwise indicated to avoid transfer of micro-organisms to other patients and environments
- When indicated between tasks and procedures on the same patient to prevent cross-contamination of different body sites
- After using the toilet
- After eating, drinking, and smoking
- Before preparing food
- After cleaning and sanitizing environmental surfaces, toilets, or bathrooms

Gloves should be worn when in contact with blood, body fluids, secretions, excretions, and non-intact skin. However, gloves are not a substitute for handwashing. Hands should be washed as indicated above even when gloves are worn.

When handwashing is indicated, in most cases a vigorous, brief, at least 15 seconds, rubbing together of all surfaces of lathered hands, followed by thorough rinsing under a stream of water is recommended. If hands have obvious contamination on them, more time will be required. After thorough rinsing, hands should be dried with a clean paper towel. The water faucet should be turned off with a paper towel to avoid re-contaminating the hands.

Self-Protection Guide General Information on Hand Hygiene

Introduction

Good hand hygiene is one of the most critical control strategies in outbreak management. Hand hygiene is defined as any method that removes or destroys microorganisms on hands. It is well-documented that the most important measure for preventing the spread of pathogens is effective hand washing. Hand hygiene programs should include clear guidance on procedures for the removal of common pathogens from the hands. Included in this program should be detailed instructions on when, where, why, and the “how-to” of proper hand hygiene, including the use of soap and water, followed by effective hand drying. Instructions should also be given on the effective use of antiseptic hand washes and hand rubs/sanitizers.

Hand Washing and Drying

Hand washing is defined as the vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under a stream of water. Hand washing suspends microorganisms and mechanically removes them by rinsing them with water. The fundamental principle of handwashing is removal, not killing.

The amount of time spent washing hands is important to reduce the transmission of pathogens to other food, water, people, and inanimate objects, such as doorknobs, hand railings, and other frequently touched surfaces. Proper hand hygiene involves the use of soap and warm, running water, and rubbing hands vigorously for at least 20 seconds. The use of a nail brush is not necessary or desired, but close attention should be paid to the nail areas, as well as the area between the fingers.

Wet hands have been known to transfer pathogens much more readily than dry hands or hands not washed at all. The residual moisture determines the level of bacterial and viral transfer following hand washing. Careful hand drying is a critical factor for bacterial transfer to skin, food, and environmental surfaces.

The drying time required to reduce the transfer of these pathogens varies with drying methods. Repeated drying of hands with reusable cloth towels is not recommended and should be avoided.

Proper Hand Washing with Soap and Water

Follow these instructions for washing with soap and water:

- Wet your hands with warm, running water and apply liquid or clean bar soap. Lather well.
- Rub your hands vigorously together for at least 15 seconds.
- Scrub all surfaces, including the backs of your hands, and wrists, between your fingers, and under your fingernails.
- Rinse well.
- Dry your hands with a clean or disposable towel.
- Use a towel to turn off the faucet.

Using Alcohol-Based Hand Antiseptics

The use of alcohol-based hand antiseptics (hand sanitizers) does not replace the need for frequent and proper handwashing. The efficacy of most alcohol-based hand antiseptics approximates simple hand washing. In addition, many alcohol-based hand antiseptics have very poor activity against bacterial spores, protozoan cysts, and certain non-enveloped viruses, such as noroviruses. Alcohol-based hand antiseptics appear to have very good to excellent activity against many bacteria and some enveloped viruses. Some scientific evidence suggests that ethanol-based hand antiseptics containing 60-90 percent alcohol, appear to be the most effective against common pathogens, including non-enveloped viruses that cause acute gastroenteritis. In general, ethanol-based hand antiseptics appear to have greater antimicrobial activity against viruses than isopropanol-based hand antiseptics, although both appear to offer some activity against these pathogens.

It should be noted that alcohol-based hand antiseptics are not effective on hands that are visibly dirty or contaminated with organic materials. Hands that are visibly dirty or contaminated with organic material must be washed with soap and water, even if hand antiseptics are to be used as an adjunct measure. It is also worth noting that the amount of alcohol-based hand antiseptic is important to its overall effectiveness. Failure to cover all surfaces of the hands and fingers will also greatly reduce the efficacy of alcohol-based hand antiseptics.

To Use an Alcohol-Based Hand Sanitizer:

- Apply about ½ teaspoon of the product to the palm of your hand.
- Rub your hands together, covering all surfaces of your hand, until they are dry.

If your hands are visibly dirty, however, wash them with soap and water rather than a sanitizer.

Use of Self-Protection Materials Guidelines

Self-Protection Materials Procedure with any Patient	WASH	GLOVES	GOWN	MASK AND PROTECTIVE EYEWEAR
Talking with patient				
No evidence of communicable diseases				
Evidence of communicable disease				X -Mask Only
Examining patient; contact with blood/body fluid not likely	X			

Examining patient; contact with blood/body fluid likely (Wound Care)	X	X	X	
Taking vital signs	X			
Any procedure likely to produce splashing or splattering of blood/body fluids	X	X	X	X
Handling soiled linen and other soiled materials	X	X		
Handling waste, linen, and other materials extensively contaminated and contact is likely	X	X	X	X

Spalding Community Strategy for Pandemic Influenza Mitigation

Based upon: Early, Targeted, Layered Use of Nonpharmaceutical Interventions

www.pandemicflu.gov

The goals of the Federal Government’s, and Spalding University’s response to pandemic influenza are to limit the spread of a pandemic; mitigate disease, suffering, and death; sustain infrastructure and lessen the impact on the economy and the functioning of society.

Without mitigating interventions, even a less severe pandemic would likely result in dramatic increases in the number of hospitalizations and deaths. In addition, an unmitigated severe pandemic would likely overwhelm our nation’s critical healthcare services and impose significant stress on our nation’s critical infrastructure.

This means that Spalding University must be prepared to face the first wave of the next pandemic without vaccines and potentially without sufficient quantities of influenza antiviral medications. In addition, it is not known if influenza antiviral medications will be effective against a future pandemic strain. During a pandemic, decisions about how to protect the public before an effective vaccine is made available need to be based on scientific data, ethical considerations, consideration of the public’s perspective of the protective measures and their impact on society, and common sense. Evidence to determine the best strategies for protecting people during a pandemic is very limited. Retrospective data from past influenza pandemics and the conclusions drawn from those data need to be examined and analyzed within the context of modern society.

The pandemic mitigation interventions will include:

1. Isolation and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home healthcare setting, depending on the severity of an individual's illness and /or the current capacity of the healthcare infrastructure.
2. Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.
3. Dismissal of students from school and all school-based activities, coupled with appropriate social distancing in the university community to achieve reductions of out-of-school social contacts and community mixing.
4. Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services. Enable the institution of workplace leave policies that align incentives and facilitate adherence with the nonpharmaceutical interventions (NPIs) outlined above.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).
2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).
3. Dismissing students from school and school-based activities for up to 12 weeks, coupled with protecting the university community through the reduction of out-of-school social contacts and community mixing.

All such university-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette. Spalding must be prepared for the cascading second and third-order consequences of the interventions, such as increased workplace absenteeism related to child-minding responsibilities if local schools dismiss students and childcare programs close.

Decisions about what tools to use during a pandemic should be based on the observed severity of the event, its impact on specific subpopulations, the expected benefit of the interventions, the feasibility of success in modern society, the direct and indirect costs, and the consequences on critical infrastructure, healthcare delivery, and society. The most controversial elements (e.g., prolonged dismissal of students from schools) are not likely to be needed in less severe pandemics, but these steps may save lives during severe pandemics.

Blood-Borne Pathogen / Infection Control Policy

Students enrolled in the MSAT program at Spalding University will undergo Blood-Borne Pathogen (BBP) training before placement in any possible exposure situation, including, clinical education experience through the program. Documentation of each student's completion of the BBP will be accessible by the Clinical Education Coordinator and available upon request. The annual BBP training is scheduled to occur annually during the beginning of the fall semester or arranged otherwise by the clinical education coordinator.

Students must complete an orientation session with the designated preceptor at each clinical education site to discuss information about policies and procedures specific to each clinical education site, including, but not limited to, BBP policies, post-exposure plan, personal protective equipment and barriers available, sanitation methods available and immediate access to each of these in the event of an exposure.

The MSAT program at Spalding University has the following policy on

Blood-Borne Pathogens and Infection Control:

Standard precautions shall be utilized by all *MSAT* students and faculty members. In specific patient care settings where there are no established facility standards for infection control as with care provided in independent living, the students, faculty, and staff will follow the established MSAT policies as outlined below. These policies will be reviewed annually by the *MSAT* faculty and the CORF Infection Control Team. These policies will be monitored for compliance by the CORF Administrator and assistant administrator through observation of the staff.

The MSAT program will follow the standards as outlined in the Department of Aging and Disability Services, Minimum Standards for all HCSS/Agencies, Standard 97.285, Infection Control. Compliance by the Agency, employees, and contractors will follow the guidelines as outlined:

- A. The Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81
- B. The Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens
- C. The Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of human immunodeficiency virus and hepatitis B virus.

PROCEDURE:

1. Gloves shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces with blood or body fluids, and for performing intravenous therapy and other vascular access procedures. Gloves shall also be worn during oral motor, feeding, or dysphagia training activities.
2. Gloves shall be changed after contact with each patient.

3. Masks and protective eyewear or face shields shall be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure to mucous membranes of the mouth, nose, and eyes.
4. Gowns shall be worn during procedures that are likely to generate splashes of blood and other body fluids.
5. Hands and other skin surfaces shall be washed immediately and thoroughly after contact with blood or other body fluids. Hands should be washed immediately after gloves are removed.
6. Healthcare workers with cuts and abrasions on their hands shall use the proper protective barriers to prevent exposure to blood and body fluids. Healthcare workers who have exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling patient-care equipment until the condition is resolved.
7. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices shall be available for use in areas in which the need for resuscitation is predictable.
8. Pregnant healthcare workers are not known to be at a greater risk of contracting the HIV infection than healthcare workers who are not pregnant; however, if a healthcare worker develops HIV infection during pregnancy the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant healthcare workers shall be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
9. Any patient-care equipment soiled with blood, body fluids, secretions, and excretions will be handled in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
10. Reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately; single-use items are discarded properly.
11. The therapy area will follow procedures for the routine care, cleaning, and disinfection of environmental surfaces, mats, beds, equipment, and other frequently touched surfaces.
12. Linen soiled with blood, body fluids, secretions, and excretions will be handled, transported, and processed in a manner that prevents skin and mucous membrane exposures and contamination of clothing.
13. All healthcare workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during the following procedures:
 - a. When cleaning used instruments
 - b. During the disposal of used needles
 - c. When handling sharp instruments after procedures

14. To prevent needle stick injuries, needles should NOT be recapped, purposely bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

15. 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. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the processing area.

16. Precautions should be especially observed in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

REFERENCE: Guidelines for Isolation Precautions in Hospitals, Infection Control and Hospital Epidemiology, Vol. 17, No. 1, January 1996

U.S. Department of Health and Human Services Public Health Service Centers of Disease Control, Atlanta, Georgia 30333

MMWR May 15, 1998, Vol. 47, NORR-7, Public Health Service Guidelines for the Management of Healthcare Worker Exposure to HIV

Standard Precautions for Infection Control			
Precautions	When Used	Examples of Diseases	Instructions
Standard (previously known as Universal Precautions)	All patients	All patients	Use barrier precautions as needed to prevent contact with blood, body fluids, excretions, secretions, and contaminated items. Wash hands before and after contact or glove use. Wash hands and change gloves between patients.
Airborne	Diseases spread by droplet nuclei particle	Measles, Varicella, TB	*Follow facility procedures such as Private room, negative air pressure, discharge air to the outside, or filter air. N95 Respirator for all persons entering the room.
Droplet	Diseases spread by droplets	H Influenza, Meningitis, Pertussis, Diphtheria, Pneumonia, Rubella, Mumps	Private room, if possible. Wear regular masks if working within 3 feet of contact.
Contact	Diseases/organisms spread by contact with skin or surfaces	Multi-drug-resistant bacteria: C. Difficile E Coli Hepatitis A Shigella Herpes simplex (severe) Highly contagious skin infections Lice, Scabies	Glove when entering the room. Change gloves after contact with infective material. Wear a gown for contact with the patient or environmental surfaces. Mask per hospital MRSA policy.

Precautions to Prevent Transmission of Bloodborne Pathogens

CLEANING AND DECONTAMINATING SPILLS OF BLOOD OR OTHER BODY FLUIDS

POLICY:

Approved chemical germicides shall be used to decontaminate spills of blood and other body fluids.

PROCEDURE:

1. Small Spills

- a. Put on gloves or any other protective barrier needed
- b. Remove visible material by using disposable paper towels and dispose of them in a proper container
- c. Clean the area with a cleaning agent and rinse with tap water
- d. Decontaminate area or equipment using a germicidal solution; use spray or pour germicide and wipe with paper towels and dispose of in a proper container

2. Large Spills

- a. Flood contaminated areas with the germicidal solution
- b. Leave the area flooded for at least 30 minutes to kill time. Paper towels shall be used to cover the contaminated area
- c. Put on gloves or any other protective barrier needed
- d. Remove visible material using disposable paper towels
- e. Clean the area using a cleaning agent and rinse with tap water
- f. Decontaminate the area using a germicidal solution

3. Discard used paper towels, gloves, and any other protective barrier used into bags labeled contaminated waste and dispose of them in appropriate containers.

4. Wash hands thoroughly.

DISINFECTION OF PATIENT-CARE EQUIPMENT

POLICY:

All medical devices or patient-care equipment contaminated with blood or other body fluids shall be cleaned according to protocol and then disinfected based on policy and manufacturer's recommendations.

PROCEDURE:

1. Gloves must be worn during the cleaning and disinfecting procedure.
2. Other types of protective barriers such as gowns and eye shields shall be worn if deemed necessary.

3. Contaminated medical devices shall be thoroughly cleaned with a cleaning agent before they are disinfected.
4. Devices or items, such as laryngeal mirrors, that contact intact mucous membranes shall receive high-level disinfection.
5. Chemical germicides shall be used for high-level disinfection.

HANDLING OF CONTAMINATED LINENS

POLICY:

Soiled linen shall be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and persons handling the linen.

PROCEDURE:

1. All soiled linen shall be bagged at the location where it was used.
2. Soiled linen shall NOT be sorted or rinsed in the patient-care areas.
3. Linen soiled with blood or body fluids shall be placed and transported in bags that are marked as, "contaminated linen".
4. Contaminated linen that needs to be washed shall be washed in water at least 71° C (160° F) for 25 minutes. If low-temperature (less than 70° C/158° F) laundry cycles are used, chemicals suitable for low-temperature washing at the proper use concentration should be used.
5. Gloves shall always be worn and other protective barriers if needed, shall be used when handling linen contaminated with blood or body fluids.
6. Hands shall be washed thoroughly after handling soiled linen.

HANDLING AND DISPOSAL OF SHARPS POLICY:

Sharp objects, such as needles and razors, shall be handled in such a manner as to protect staff, residents, and families.

PROCEDURE:

1. Needles are not to be bent, broken, or recapped.
2. Needles should be taken to the nearest puncture-resistant container for proper disposal.
3. If straight-edge razors are used, the blades shall be disposed of in the puncture-resistant container. Disposable razors shall be handled as sharps.
4. Notify the facility when the puncture-resistance container is $\frac{3}{4}$ full. The facility will maintain, dispose of, and replace as per facility policy.

Regulated Waste Bio-hazardous Waste Plan

Definition of Bio-Hazardous Waste (BHW):

Bio-Hazardous Waste is any solid waste or liquid waste, which may present a threat of infection to humans. The term includes, but is not limited to non-liquid human tissue and body parts, discarded sharps, human blood, human blood products, laboratory waste that contains human disease-causing agents, and body fluids. The following are included:

1. Used, absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood and absorbent materials saturated with blood or blood products that have dried. Absorbent material includes items such as bandages, gauze, and sponges.
2. Non-absorbent disposable devices that have been contaminated with blood, body fluids, or blood-contaminated secretions or excretions and have not been sterilized or disinfected by an approved method.
3. Other contaminated solid waste materials represent a significant risk of infection because they are generated in medical facilities which are for persons suffering from diseases requiring isolation criteria.

Body Fluids: Those fluids that have the potential to harbor pathogens such as human immunodeficiency virus and Hepatitis B Virus and include lymph, semen, vaginal secretions, cerebrospinal synovial, pleural, breast milk, pericardial and amniotic fluids. Body excretions such as nasal discharges, saliva, sweat, tears, urine, and vomitus should be treated as BHW.

Sharps: Devices with physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin. All needles, whether contaminated or not, are considered bio-hazardous. Examples include but are not limited to, needles, scalpels, contaminated intact or broken glass, or hard plastic.

Site-Specific Bio-Hazardous Waste:

Based on the definition of Bio-Hazardous waste, items to be considered BHW at this location are as follows:

Segregation and Handling

Bio-hazardous waste is identified and segregated from other waste at its point of origin into its proper container. "Point of Origin," is defined as the room or area at which the BHW is generated.

All "sharps" shall be discarded into leak-proof, puncture-resistant containers located at each clinical education site.

All non-sharp BHW shall be disposed of directly into red impermeable plastic bags or bio-hazardous containers that meet the OSHA and HRS specifications. Red bags or bio-hazardous containers are located at each clinical education site.

Any staff handling BHW shall at a minimum wear gloves.

When three-fourths are filled, all sharps containers and red bags shall be sealed. Bagged BHW being prepared for off-site transport shall be enclosed in a rigid-type container. If fiberboard is used, it shall meet the construction requirements defined in DOT 178.205 Code of Federal Regulations.

Co-Mixing

All solid waste, mixed with bio-hazardous waste shall be managed as BHW.

Labeling

1. All containers of BHW shall be labeled as required by State law.
2. When red bagging is used, all waste containing blood or body fluids will be tagged with a "**BIOHAZARD**" label.
3. Tags shall be used as a means to prevent accidental injury or illness to staff that is exposed to hazardous or potentially hazardous conditions, equipment, or operations that are out of the ordinary, unexpected, or not readily apparent. Tags shall be used until the identified hazard is eliminated or the hazardous operation is completed. Tags will not be used where signs, guarding, or other positive means of protection are being used.
4. Bags or other receptacles containing articles contaminated with potentially infectious material, including contaminated disposable items, shall be tagged or otherwise identified. The tag shall have the signal word "BIOHAZARD," or the biological hazard symbol. If the outside of the bag is contaminated with body fluids, a second outer bag shall be used.
5. All required tags shall meet the following criteria:
 - a. Tags shall contain a signal word and a major message.
 - b. The signal word shall be "BIOHAZARD," or the biological hazard symbol.

- The major message shall indicate the specific hazardous condition or the instruction to be communicated to the staff.
- The signal word shall be readable at a minimum distance of five feet (1.52m) or such greater distance as warranted by the hazard
- The tag's major message shall be presented in either pictographs, written text, or both.
- The signal word and the major message shall be understandable to all staff that may be exposed to the identified hazard.
- All staff shall be informed as to the meaning of the various tags used throughout the workplace and what special precautions are necessary.
- Tags shall be affixed as close as safely possible to their respective hazards by a positive means such as string, wire, or adhesive that prevents their loss or unintentional removal.

6. Inquiries concerning the use of tags should be directed to the Facility Director/Infection Control Designee.

BHW shall be labeled before transport off-site at the generating facility. The label shall be securely attached or permanently printed on each bag, container, or outer layer of packaging and be clearly legible and easily readable. The following shall be included in the labeling:

1. Facility name and address
2. Date the waste was sealed (on sharps container and red bag package)
3. The international biological hazard symbol
4. The phrase "Bio-Hazardous Waste" or "Infectious Waste"

Contingency Plan (Spill Kit)

Surfaces contaminated with spilled or leaked BHW shall be contained and cleaned with a solution of detergent to remove visible soil and shall be disinfected with one of the following:

1. Spray and wipe with one of the following: 5% Hypochlorite solution, i.e., bleach (1:10 bleach: water made within 48 hours).
2. A chemical germicide that is registered by the EPA as a hospital disinfectant and is tuberculocidal and used following instructions.

Liquid waste created by these chemical disinfecting operations shall be disposed of in a sewage system.

The disinfectant utilized at each facility may vary.

* A generic substitution may be utilized.

Storage and Treatment of BHW

All on-site storage of BHW shall be in a designated area away from general traffic flow patterns and be accessible only to authorized personnel. Storage of BHW shall not be for a period greater than 30 days. The 30-day time period for storage shall commence when the first item of BHW is placed into a red bag or when the sharps container is full.

All areas primarily used for the storage of BHW, other than the point of origin, shall be constructed of smooth, easily cleanable material that is impervious to liquids and capable of being readily maintained in a sanitary condition. If the facility does not have impervious flooring, a rubber container must be placed between the floor covering and the BHW receptacle.

BHW is removed per contract service.

Treatment of BHW

The facility utilizes an off-site transportation company, which is registered with the Environmental Protection Agency.

Records

All BHW records are kept on the premise for 3 years or per state requirements per regulatory requirements (i.e., manifests, certificate of disposal).

Responsibility

Infection Control Committee is responsible for implementing and reviewing compliance with this plan.

MASTER OF SCIENCE ATHLETIC TRAINING (MSAT)

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Revised July 2018

Spalding University's Master of Science in Athletic Training is committed to providing a safe and healthful learning/work environment for our students and faculty. In pursuit of this goal, the following post-exposure control plan is provided to minimize the impact of occupational exposure to bloodborne pathogens.

As preparatory risk reduction measures, all MSAT students must complete all immunization vaccination requirements and report before entering the MSAT program.

NOTE: The Coordinator of Clinical Education will ensure that this procedure is communicated with the contact individual of the clinical education site. The clinical site procedure, if different from this procedure, be followed.

Should an MSAT student experience an exposure incident, IMMEDIATE action steps are required:

- First Aid measures – clean the wound, flush eyes, or other mucous membranes
- Communicate with the MSAT Clinical Coordinator
 - Coordinator of Clinical Education, Elisabeth Shoulders
 - Email: eshoulders@spalding.edu
 - Office (502) 873-4306
 - Cell (270) 547-9708

A confidential medical evaluation and follow-up by the student's Primary Care Provider (PCP) should occur immediately following the incident. If the student does not have a PCP, the MSAT Clinical Education Coordinator will facilitate (with the MSAT student's written permission) an appointment with a local licensed healthcare professional.

Additional actions to take post-exposure:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, Hepatitis C Virus (HCV), and Hepatitis B Virus (HBV) infectivity; document that the source individual's test results were conveyed to the student's PCP or health care provider.
- If the source (individual or contaminated object from source individual) is already known to be HIV, HCV, and/or HBV positive, new testing is not required.

- Assure that the exposed student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect the exposed student's blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.
- If the student does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed student elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The MSAT Coordinator of Clinical Education ensures that:

- All MSAT students have met the risk reduction and prevention measures upon beginning the MSAT Program
- That health care professional(s) responsible for student's post-exposure hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood-borne pathogens standard

The Coordinator of Clinical Education (with the MSAT student's written permission) and/or the MSAT student exposed ensures that the health care professional evaluating the MSAT student after an exposure incident receives the following:

- Description of the MSAT student's duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, the results of the source individual's blood test
- Relevant MSAT student records, including vaccination status

The MSAT Coordinator of Clinical Education will provide the MSAT student with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The MSAT Coordinator of Clinical Education will review the circumstances of all exposure incidents to determine:

- Controls in use at the time
- Work practices followed
- Description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of incident
- Activity when the incident occurred
- The student's training

The MSAT Coordinator of Clinical Education will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

This MSAT Post-Exposure Policy will be reviewed on an annual basis as a part of the MSAT Program Evaluation process. If revisions to this MSAT Post Exposure Policy are necessary, the MSAT Clinical Education Coordinator will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding faculty, MSAT students, and university administrators to the exposure determination list, etc.)

This MSAT Policy was adapted from *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards*, <https://www.osha.gov/Publications/osha3186.pdf/>.

INCIDENT REPORTING

In the event of possible exposure, the MSAT student/faculty member/staff of Spalding University shall complete an incident report including information about the exposure, and post-exposure evaluation and follow-up as needed. The following template of the Incident Report shall be utilized.

Spalding University MSAT Bloodborne Pathogen Exposure Incident Report

<p>GENERAL INFORMATION</p>	<p>Source Individual NAME: _____ DOB: _____ Contaminant Individual(s): _____ DATE OF INCIDENT: _____ TIME AND PLACE: _____</p>
<p>DESCRIPTION OF INCIDENT</p>	<p>BRIEFLY SPECIFY ALL RELEVANT CIRCUMSTANCES CONNECTED WITH THE INCIDENT (PROVIDE FACTS ONLY, NO OPINIONS):</p>
<p>WITNESSES</p>	<p>PROVIDE NAMES AND ADDRESSES OF ALL WITNESSES:</p>

Printed Name

Signature of Person Completing Report

Date

Master of Science in Athletic Training Program

Therapeutic Modalities Safety Policy

To ensure student safety and to comply with Commission on Accreditation of Athletic Training Education (CAATE) standards, the Master of Science in Athletic Training (MSAT) program at Spalding University has set forth the following policies for therapeutic modality safety.

Therapeutic Equipment

All therapeutic equipment at all clinical education sites must be inspected, calibrated, and maintained according to the manufacturer's guidelines, or, at minimum, annually. All inspections, calibrations, and maintenance must be thoroughly documented, each year, through the Therapeutic Equipment Table provided by the CAATE. Each piece of therapeutic equipment must be listed on the Therapeutic Equipment Table, and if a piece of equipment was not calibrated or safety checked, it must be documented with the reasoning why calibration or a safety check was not performed. The Clinical Education Coordinator will work with clinical education site supervisors to ensure that all equipment has been properly maintained and documented before the placement of students in the MSAT program at Spalding University for each site.

Hydrotherapy

Clinical education sites that have any form of hydrotherapy, including but not limited to, whirlpools, must demonstrate proper maintenance and safety checks of the whirlpools. Each clinical education site must have documented proof that all whirlpools are connected to Ground-Fault Circuit Interrupters (GFCI), that whirlpool motors are inspected annually and are in proper working order, and that all cables to the whirlpool and motor are intact with no damage. The MSAT program at Spalding University must have annual documentation on file of safety checks on whirlpools or other applicable hydrotherapy for each clinical education site.

Use of Therapeutic Equipment

Students enrolled in the MSAT program at Spalding University must be officially enrolled in the program and instructed on athletic training clinical skills before performing those skills on patients. The students of the MSAT program at Spalding University must either be currently enrolled in, or have completed MSAT-530, Therapeutic Modalities, and Evidence-Based Application before they can perform skills on patients using any therapeutic modalities. If a student is currently enrolled in the MSAT 530 course, the student may only perform therapeutic modalities that have been covered within the course and that the student has demonstrated proficiency. The students of the MSAT program at Spalding University must always be DIRECTLY supervised during the delivery of any athletic training services, including therapeutic modalities, by the preceptor, and the preceptor must be physically present and can intervene on behalf of the athletic training student and the patient. It is encouraged that students in higher-level clinical education experiences begin to utilize critical thinking and problem-solving skills to determine which therapeutic modalities to utilize for optimal patient care and determine appropriate settings and parameters for each therapeutic modality. However, the preceptor must approve and direct all athletic training services provided by the MSAT student of Spalding University.

Reporting Safety Concerns

If a student or other personnel in the MSAT program at Spalding University notes any damage or concerns with any of the therapeutic modalities at a clinical education site, the student or personnel must immediately discontinue the use of the affected therapeutic modality, and must immediately report the damage or concern to the preceptor. All therapeutic modalities with any possible safety hazards must be fixed according to appropriate manufacturer guidelines to ensure patient and practitioner safety. If a therapeutic modality is determined to have a safety concern or hazard, it is not to be used under any circumstances until it has been completely repaired according to manufacturer guidelines.

Health Insurance Portability and Accountability Act – HIPAA

Affiliating Agency and Spalding University acknowledge, that Spalding University will require its students, as a condition of participation in this clinical experience, to maintain protected health information, as defined at 45 C.F.R. § 160.103, of Affiliating Agency’s patients and all other information which relates to or identifies a particular patient. This information includes but is not limited to the name, address, medical treatment or condition, financial status, or any other personal information that is deemed to be confidential under applicable state and federal laws (collectively, “Patient Information”), following all such applicable standards of professional ethics, state and federal laws, including without limitation the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d et seq., and the Health Information Technology for Economic and Clinical Health Act, as each may be amended from time to time, and any current and future regulations promulgated thereunder, all collectively referred to herein as, “HIPAA.”

Affiliating Agency and Spalding University agree that only for purposes of HIPAA, students shall be considered members of Affiliating Agency’s workforce, as that term is defined as 45 C.F.R. § 160.103 when receiving training under this Agreement at Affiliating Agency, and as such, neither party shall be considered a business associate of the other, and no business associate agreement is required between the parties. Spalding University agrees to require students to comply with Affiliating Agency’s HIPAA policies and procedures, any other policies and procedures governing the privacy and security of patient information, and to participate in any training required by Affiliating Agency for workforce members. Notwithstanding the preceding, students are not and shall not be considered to be employees of the Affiliating Agency.

Students will not make copies of patient records or remove any Patient Information from the Affiliating Agency. Further, students will not include, and Spalding University will not request that students include, any Patient Information in any oral or written presentations, including without limitation papers, reports, or case studies. Further, notwithstanding any other provision set forth herein, Spalding University will not have access to any Patient Information, unless such access is otherwise permitted by HIPAA, any other applicable federal and state laws, and the Affiliating Agency’s confidentiality and privacy and security policies and procedures unless Spalding University first obtains the written permission of Affiliating Agency.

All students enrolled in the MSAT program at Spalding University will complete HIPAA training annually, scheduled to occur during the beginning of the fall semester, or arranged otherwise by the clinical education coordinator. Proof of completion of HIPAA training will be accessible by the Clinical Education Coordinator and available upon request.

The Family Educational Rights and Privacy Act of 1974 (FERPA)

All students enrolled in the MSAT program at Spalding University will complete FERPA training annually to be scheduled with BBP and HIPAA training. Both first- and second-year students will complete this training annually, scheduled to occur during the beginning of the fall semester, or arranged otherwise by the clinical education coordinator. Further information about FERPA is publicly available to students on the University Catalog website <https://catalog.spalding.edu/?id=109> Proof of completion of FERPA training will be accessible by the Clinical Educational Coordinator and available upon request.

Emergency Action Plan

All clinical education sites must have a venue-specific Emergency Action Plan (EAP) that is based on well-established national standards or institutional offices charged with institution-wide safety.

The preceptor and the student shall discuss the EAP for each venue and location of each posted EAP at the initial orientation for each clinical education experience before the student begins patient care at a clinical education site.

Students must have immediate access to an EAP at all venues while completing clinical education at a site. Each clinical education site must also provide current copies of EAPs for all venues to the Coordinator of Clinical Education to keep on file for accreditation purposes.

Chain of Command

If an athletic training student has a matter that needs to be addressed, it is important to follow a chain of command. The chain of command for the MSAT program at Spalding University is as follows.

1. Athletic Training Student
2. Preceptor
3. Coordinator of Clinical Education
4. Program Director
5. Dean of Graduate Education

MSAT Program Technical Standards Policy

In addition to the requirements stated in the application procedures for entry into the Spalding University MSAT program, you will also need to submit the MSAT Program Technical Standards form illustrating that you are physically and mentally qualified to participate in the expected athletic training academic, and clinical requirements.

As a potential athletic training student, you should be aware of the physical and mental requirements needed to pass the academic and clinical components of the MSAT program. If you are unable to pass the physical and mental requirements, you will be unable to pass the national certification exam required to become a Certified Athletic Trainer.

Physical Demands

If you have physical limitations that may prevent you from completing the clinical component of the program, written permission from a physician must be provided to ensure that you can safely perform the required physical duties.

Some physical demands include:

- Transporting injured athletes from the field
- Carrying heavy 10-gallon water containers
- Carrying heavy medical kits
- Completing physical testing procedures of muscles and ligaments to all body joints, etc.
- Completing all taping procedures in a reasonable amount of time
- Running across uneven field surfaces in a reasonable amount of time to care for emergencies
- Assisting in lifting injured athletes and carrying said athlete for a short distance so they are out of harm's way
- Be able to perform CPR and First Aid procedures

Cognitive and Communication Abilities

The MSAT program contains rigorous coursework that, at times, may give the sense of feeling mentally overloaded with too much to learn and/or too many responsibilities to handle. In addition, you will be expected to demonstrate the ability to analyze, think critically, synthesize, and integrate information both from previous athletic training courses and within the current athletic training course to collectively apply the knowledge you are acquiring.

In the case where you feel overburdened with any academic expectation, you are strongly encouraged to contact your academic advisor to develop a plan to handle the academic and/or clinical requirements of the MSAT program. Every effort will be made to ensure your academic success. Please note that if a student earns less than a “B” in two or more courses, the student will then be dismissed from the MSAT program. In addition to the above requirements, students who earn a grade of a “C” for a 5-credit hour course will be dismissed from the program, as will students who earn one grade of “F” in any course.

You will also be expected to demonstrate and acquire interpersonal skills, which are appropriate for the many different personal and professional situations that you may encounter during your educational processes. Likewise, you must be able to demonstrate the ability to speak and write the English language to complete the requirements of the Athletic Training Program.

Requesting Special Needs

If you feel that you need special accommodations either upon admittance into the MSAT program, or after admittance into the MSAT program, you must contact Accessibility Services to submit appropriate documentation and have your need for accommodation reviewed. You will need to work with the MSAT Program Director and Accessibility Services to determine potentially reasonable and appropriate accommodation options that do not “fundamentally alter” and/or place an “undue burden on” the MSAT program or educational requirements and technical standards which are essential to the program of study. All potential needs will be designed following institutional standards and academic policies. You may contact the Accessibility Services office at any time if you wish to discuss available academic support services that are available at Spalding University.

If you become unable to meet the MSAT Program Technical Standards with or without accommodation, you cannot continue enrollment in the Athletic Training Program.

MSAT Program Technical Standards

All students applying for admission to the Athletic Training Program and subsequently for progression through the program must be able to meet all course performance outcomes. The Technical Standards for Admission and Progression listed below must be reviewed by each student upon admission to determine whether reasonable accommodation or modifications are necessary. If reasonable accommodations are required, the student must request such services from Accessibility Services, per University policy as stated in the Catalogue of Undergraduate and Graduate Studies on ADA Compliance.

CORE PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION

<u>ISSUE</u>	<u>STANDARD</u>	<u>SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL-INCLUSIVE)</u>
Critical Thinking	Critical thinking ability sufficient for clinical assessment	Identify cause-effect relationships in clinical situations, and develop the athletic training program.
Interpersonal	Interpersonal abilities to interact with individuals, families, and groups from a variety of social-emotional, cultural, and intellectual backgrounds	Establish rapport with patients/clients and colleagues.
Communication	Communicate clearly and sufficiently for interaction with others in verbal and written form	Explain intervention procedures; initiate teaching; interpret actions, assessments, and client responses; follow written and verbal directions accurately and consistently
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces	Move around in patient rooms, workspaces, and treatment areas, administer cardio-pulmonary procedures
Motor Skills	Gross and fine motor ability sufficient to provide safe and effective athletic training services	Calibrate and use equipment; position patients/clients safely within the scope of assessment and intervention strategies
Hearing	Auditory ability sufficient to monitor and assess health needs	Hear monitor alarms, emergency signals, auscultatory sounds, and cries for help. Adequate ability to verbally communicate by phone and in person.
Visual	Visual ability sufficient for observation and assessment necessary in the athletic training process	Observe patient/client responses, measurement increments of equipment related to practice, and written documentation
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical assessments and/or those related to therapeutic intervention

Please select one of the following

No Accommodations Needed:

I certify that I have read and understand the Athletic Training Technical Standards, and I believe to the best of my knowledge that I can meet each of these standards without accommodation. I also understand that if I am unable, or become unable to meet the standards without accommodation, I must contact Accessibility Services to submit documentation, and have my need for accommodation reviewed. If I become unable to meet the Technical Standards with or without accommodation, I cannot continue enrollment in the Athletic Training Program.

Signature of Student

Date

Student Name (Printed)

Requesting Accommodations:

I certify that I have read and understand the Athletic Training Technical Standards. I am hereby requesting accommodations to meet the required Technical Standards. I am aware that through my need for accommodation, I must contact Accessibility Services, located in office 209 of Mansion East, to submit documentation and have my need for accommodation reviewed. To have requests for accommodations considered, I understand I will need to work with the Athletic Training Program Director and Accessibility Services to determine potentially reasonable and appropriate accommodation options. If I am unable to meet the Technical Standards with or without accommodations, I cannot continue enrollment in the Athletic Training Program.

Signature of Student

Date

Student Name (Printed)

Social Media Policy

Spalding University recognizes and supports its athletic training students' rights to freedom of speech, including the use of online social networks. As an athletic training student, you represent the MSAT program, the University, and the profession. As a result, you are expected to portray yourself in a professional manner at all times, including on social media. Below is a list of social media activities that are considered inappropriate and prohibited by the Spalding University MSAT program. Violation of the social media policy will result in disciplinary action as determined by Spalding University MSAT program administrators. Disciplinary action could include removal from the clinical education site, failure of a clinical education or didactic course, and possibly dismissal from the MSAT program.

- Violating HIPAA by posting confidential information or comments about patients.
- Derogatory comments about patients, fellow students, coaches, administrators, faculty, staff, or preceptors.
- Profane comments surrounding race, gender, sexuality, ethnicity, religion, political views, or other personal factors.
- Incriminating photos, videos, or statements regarding illegal criminal behavior, underage drinking, usage of illegal drugs, sexual harassment, or violence.
- Demeaning statements or threats that endanger the safety of another person.
- Information, photos, or other items that could negatively reflect on you, the University, the program, or the profession.

The MSAT Program faculty retains the right to determine any violation of the Social Media Policy and can require that a student remove the material in question from a social media platform.

Guidelines to consider when using online social networking sites

HIPAA /FERPA guidelines must be followed at all times. Identifiable information concerning patients or clinical education experiences must not be posted in any online forum, social media platform, or webpage.

It is especially important not to friend, follow, or engage your patients (especially underage high school or middle school students) in any way on social media. Make sure to check with your preceptor regarding their employer's/school's social media policy. It is your responsibility to be aware of and abide by the policies at your specific site.

All students must be aware of the potential danger involved with posting information and/or participating in online activities. Additionally, potential employers often check social media sites on applicants to screen candidates during the hiring process. Students should be aware that everything they post on social media can be a reflection of them, the program, the University, and the profession.

Master of Science in Athletic Training Program (MSAT)
Estimated Schedule of Costs

The following items represent projected costs for students enrolled in the MSAT Program. These costs are estimated costs provided for budgeting and planning purposes only. They do not represent actual costs one may incur through the program, for these vary based upon individual student needs.

1. University Tuition and Fees
 These are available from Enrollment Services and are updated each year. You can find the current schedule of tuition costs at <https://spalding.edu/admissions/tuition-and-fees/>.

2. Textbooks
 Estimated Costs of Textbooks (per semester) \$75- \$300
 (Academic A.T. program)
 Entire estimated program textbook costs: Varies

3. Castle Branch
 Background checks and re-checks and immunization tracking throughout the program timeframe \$110.75

4. Orientation
 Online Medical Terminology costs (if applicable) \$129.95

5. National Athletic Trainers' Association (NATA)
 Student Membership / Annual (Non-Certified) \$80.00
 - a. Kentucky Athletic Trainers' Society (KATS)
 Student Membership Included in NATA fees
 - b. Southeast Athletic Trainers' Association (SEATA)
 Student Membership Included in NATA fees

6. ATrack
 Clinical education documentation tracker \$90 lifetime fee/\$45 annual fee

7. Attire
 Students will be required to purchase MSAT polos for clinical education rotations. Students have the option to purchase additional MSAT attire, such as jackets. Professional attire, such as khakis, athletic shoes, and belts, is required while the student is out on clinical education rotations.

 MSAT Student Polo Shirts \$30/polo

8. Clinical Education Costs
 There may be additional costs for travel, lodging, meals, and other associated living costs due to some Clinical Education placements. All extra costs related to travel, lodging, meals, and other associated living costs are the sole responsibility of the student. The Program Director and Clinical Education Coordinator will communicate with all students before Clinical Education placement to ensure that any extra associated costs will be approved by the student.

 The following items are Clinical Education requirements:
 - a. Annual CPR Certified \$40.00-50.00
 - b. Immunizations/Titer Varies
 - c. TB Skin Tests annually \$10.00-15.00
 - d. Drug Testing *Required for some clinical education rotations



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