Athletic Training Education Program Policies Manual
(January 2007)

These Policies may also be found on the Athletic Training Program web site.
Program Policies

Anti-discrimination Policy
Minnesota State University, Mankato is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law.

University Policy
The activities of the University are administered in accordance with a variety of federal and state laws, MnSCU Board policies, assorted rules and regulations, and staff and student rights and responsibilities. Individuals may consult the following university publications for detailed descriptions of applicable policies and procedures: "The Basic Stuff," "The Faculty and Staff Handbook," and the "MNSCU Manual of Policies and Procedures." For more information concerning applicable university policy, contact the office of the Vice President for Academic Affairs.

University Probation/Suspension Policies
The University Policies governing “satisfactory Academic Progress, Probation, Probationary Status, Academic Misconduct, Suspension, Suspension Status” as stated in the University Bulletin are in effect. The student should refer to the bulletin for complete review of these policies.

Academic Misconduct Policy
Academic misconduct includes copying, plagiarism, or other forms of cheating consistent with the "Basic Stuff" student handbook. Academic misconduct may result in probation, or dismissal from the program, and may carry additional penalties regarding university policy.

Roles and Responsibilities
A successful athletic training educational program and a successful athletic training service program require that the educational staff, the clinical instructors and the students know their respective roles and work together to continually improve the quality of student education and service provided.

Responsibilities of the Athletic Training Student
Each student officially accepted into the athletic training education program is expected to follow all policies and procedures established by the University, the College of Allied Health and Nursing, the Department of Human Performance, all affiliated clinical sites (on and off campus), and the Athletic Training Education Program. Failure to abide by these policies, procedures and guidelines may result in probation and/or dismissal from the program. In addition, each student is expected to maintain academic excellence, the highest professional and ethical standards, and to take an active role in their classroom and clinical education.
Responsibilities of the Athletic Training Education Faculty
The faculty within the Athletic Training Education Program are responsible for classroom education and clinical instruction, and academic advising for students enrolled in this program. It is the responsibility of the faculty to provide the athletic training student with the highest possible level of instruction, and to help prepare the student to function clinically. These efforts should culminate in the development of clinical skills and knowledge sufficient to become a certified/licensed/registered athletic trainer.

Responsibilities of the Program Director
The Program Director is responsible for the day-to-day operation, coordination, supervision, and evaluation of all aspects of the athletic training educational program. It is the responsibility of the faculty to provide the athletic training student with the highest possible level of instruction, and to help prepare the student to function clinically. These efforts should culminate in the development of clinical skills and knowledge sufficient to become a certified/licensed/registered athletic trainer.

Responsibilities of the Clinical Coordinator
The Clinical Coordinator is responsible for coordinating athletic training student clinical experiences, including the maintenance and development of varied clinical settings both on, and off campus; classroom and clinical instruction and student assessment; assessment of program Approved Clinical Instructors (ACI) and Clinical Instructors (CI) and to a limited degree to supervise students in a clinical setting. For the purposes of program coordination, the Clinical Coordinator is responsible to the Program Director and the Department Chair. These efforts, on the students’ behalf, should culminate in the development of clinical skills and knowledge sufficient to become a certified/licensed/registered athletic trainer.

Responsibilities of the Approved Clinical Instructors
An approved clinical instructor (ACI) is a faculty or staff member who provides direct supervision and instruction of students in the clinical aspect of the athletic training educational program. An ACI shall have current BOC recognition as a Certified Athletic Trainer and have appropriate experience, as such, in the clinical supervision of athletic training students. ACIs must have a minimum of one year experience as an BOC Certified Athletic Trainer. The clinical instructor should also possess a strong academic orientation, demonstrated clinical teaching skills, and a sincere interest in the professional preparation of athletic training students. Demonstrated involvement in athletic training and sports medicine through publications, public speaking, research, and membership in related professional organizations is highly desirable.

ACIs are responsible for a large portion of the student's education. Students learn, in part, by doing. Experience is a rich resource, yet experience needs to be individualized, and guided. Allowing the student to develop their experiences through "guided self-direction" will be a key for a successful clinical experience. Every setting, from the athletic training room, to the practice field/court/track/arena, to game situations, is a learning environment. The ACI should: 1) provide the student with an orientation for
each setting; 2) provide adequate and equitable opportunities for clinical instruction, including cognitive and psychomotor skills; 3) report any student misconduct, policy/procedure violations, or gross clinical deficiencies to the program director; 4) provide continuous and ongoing evaluation of student performance remembering that student performance should be consistent with their current coursework; 5) only allow the student to perform skills for which they have been evaluated both clinically and didactically; 6) all ATC's are taught, and utilize techniques in slightly different ways, the ACI should explain any differences in technique by using sound empirical evidence. Variety in clinical experience is a valuable resource, however the student must understand the logic behind the differences. The ACI should refrain from making statements such as "that’s wrong, this is the right way," or "you were taught wrong." Instead, try to use phrases such as "have you thought about doing it this way," or here is a method that I like to use because…"

Additional recommendations to the ACI for the enhancement of the student's clinical experience: 1) conduct discussions or "rounds" regarding athlete injury status and progress; 2) review material on a thematic basis (in addition, the program director and faculty will periodically let you know what the students are currently covering in class so you may coordinate); 3) review case studies; 4) require the student to present cases to, and assist the team physician; 5) present the student with scenarios; 6) require the student to demonstrate proficiency in various skills, and with various equipment; 7) require the students to teach/review with each other; 8) allow the student to discuss athlete status and progress with the coaching staff; 9) help students to think critically, and to understand your thought process and philosophy regarding decision making; 10) allow the students to travel whenever possible.

**Important note:** Remember that the Head Athletic Trainer and other ATC/ACI are responsible for the provision of health care services to patients/student-athletes, while the Athletic Training Program Director is responsible for all aspects of the educational program. Any questions regarding student-athlete health care should be directed to the ATC/ACIs or CIs, all questions regarding the educational program, the students, and their clinical and didactic education should be directed to the Program Director. Any questions or concerns involving both aspects, ie patient health care and athletic training student education, should be brought to the attention of the ATC/ACI or CI and the Program Director.

**Athletic Training Student Hour Policy**
The workload of the Athletic Training Student (ATS) must be carefully monitored (by the ACI and by the ATS) and must be realistic for students who also are completing very rigorous course requirements. ATS clinical experiences must be consistent with campus student worker policies (MSU undergraduates are limited to 15 hours per week during the academic year and graduate students are limited to 20 hours per week). These policies are consistent with federal and state work-study guidelines, as per the MSU financial aid office. When establishing the ATS’s schedule for the clinical experience, consideration must be given to the student’s academic schedule to allow adequate time off and “days off” from the clinical experiences for study. (Please use the NCAA practice guidelines
for athletes, as a comparison point) Therefore, MSU undergraduate ATSs must be limited to no more than 20 hours per week (the ATS may not ‘volunteer’ more hours) during the academic year and must have at least one day per week off at all times. On a ‘day off’ the ATS will perform no work related to the clinical rotation. Opportunity will be given to all ATSs to gain clinical experiences, such as pre-season camps, winter break, etc., outside of the normal academic year; however, it must be recognized that these opportunities are purely voluntary and noncompulsory. Clinical education is an academic requirement therefore students are subject to all University standards for academic conduct and academic dishonesty, as per http://www.mnsu.edu/judicial/ and the “Basic Stuff Handbook” located at http://www.mnsu.edu/welcome3/Publications/basic-stuff/policies.html

Athletic Training Students Acting as a First Responder Policy

Team travel without direct visual and auditory supervision by a Minnesota State University, Mankato Athletic Training Education Program Approved Clinical Instructor (ACI) is contrary to CAATE Standards and Guidelines and therefore, to Minnesota state law. Both state that a student is not to be considered an athletic training student when the student is not supervised by a program ACI or CI as required by the accredited academic institution. Therefore, the student will not travel with a team, or cover practices, events, or athletic training room(s) without direct supervision. It is important that the athletic training student understand that if s/he does function for very brief periods of time without direct supervision (i.e. the ACI/CI leaves the scene momentarily) they are doing so as an unsupervised first responder, may only provide first aid services, and is purely voluntary and non-compulsory. A student may not be coerced into providing any unsupervised activity.

A student is to be considered supervised if an MSU ACI or CI is physically present during team practices, competitions, open athletic training room hours and while traveling with an MSU athletic team, or during patient care. Where an ACI/CI or ATC is not available to provide “constant visual and auditory supervision with the ability to immediately intervene on behalf of the student and/or patient” the student is considered unsupervised. Since unsupervised activity is not a requirement of the program the student is acting outside of the academic program and must be aware of this status. In addition, student liability insurance is only effective when the student is performing supervised functions as requirements of his/her clinical courses.

Therefore the purpose of this document is to define the student’s position and responsibilities when not directly supervised. This may only occur occasionally when an ACI/CI is required to leave the scene momentarily. In these cases the student is not and cannot be required to remain, but may voluntarily choose to do so. Should this occur on a regular basis the student must notify program director and/or the clinical coordinator immediately. There will be no exceptions, to be considered an athletic training student the student must be directly supervised.

*An athletic training student will not be allowed to travel to a practice or competition site where an MSU ACI/CI will not be present.
Should an ACI/CI occasionally to leave the scene momentarily, the Athletic Training Student:
- Understands that remaining at the location is voluntary and non-compulsory.
- May apply only advanced first aid and lifesaving techniques, as well as basic athletic training techniques that a qualified coach would obtain in required athletic training related coursework such as preventative taping, wrapping and bracing, preventative stretching, superficial heat and cold applications, therapeutic massage, immediate primary injury assessment and first aid, and referral of injured patients to an appropriate medical authority, i.e. the ATC, MD, dentist, or emergency room.
- Must maintain a current first aid/CPR card.

When Not DIRECTLY Supervised by an Program ACI the Athletic Training Student MUST NOT:
- Apply penetrating, or superficial electrical or acoustic modalities, to a patient (student-athlete);
- Apply mechanical modalities, such as traction, intermittent compression, to a patient;
- Make return-to-play decisions, perform secondary assessment of injury, or provide any functions beyond that of a first responder.

Dispense or distribute prescription or over-the-counter medication. However, for the purpose of patient convenience and self-administration, the athletic training student may carry the patient’s documented medication in the medical kit thereby making the medication immediately accessible to the patient (student-athlete).

Definition of Supervised Clinical Hours
You may count supervised clinical hours worked in the following settings:
I. Primary Setting- The Primary Setting must be the athletic training room that serves as the physical setting in which the minimum hours of direct supervision are accumulated. The MSU Athletic Training Room meets the criteria to serve as our “Primary Setting.” (Minnesota State Athletic Training Room)
II. Secondary Setting - The Secondary Setting may include athletic practice and game coverage, and on-campus satellite athletic training rooms. (ALL practice settings used by MSU athletic teams)
III. Affiliated/Allied Setting - The Allied Setting may include sports medicine clinic, summer sport camps, high school settings, etc. These settings MUST have a formal/contractual affiliation with the MSU Athletic Training Program.

Supervision by a Certified/Registered Athletic Trainer (ATC/R)
Supervision involves “constant visual and auditory interaction between the student and the approved clinical instructor at the site of supervision between the athletic training student and the ACI” who instructs, supervises and assesses the student’s clinical experience.” The ACI MUST be recognized as a clinical supervisor for the Minnesota State University Athletic Training Education Program. The supervising ACI MUST be on-site where the athletic training experience hours are being obtained and
must be able to immediately intervene on the patients behalf. This is in accordance with the BOC, and with CAATE’s “Standards for an Accredited Educational Program for the Athletic Trainer,” and is a part of the students educational experience in accordance the “Minnesota Athletic Trainer’s Act.”

The following will NOT count as “supervised clinical experience” and should not be recorded as such by the athletic training student:

I. Hours supervised by an ATC/R who IS NOT recognized as a clinical supervisor of this program.

II. Hours obtained in a setting NOT designated as either a Primary, Secondary, or Allied Setting of this program.

III. Hours spent when a clinical supervisor is not “on-site.” In this case there should be no athletic training student on-site.

IV. Students not formally accepted into the Athletic Training Education Program may not be supervised by the University clinical supervisors for the purpose of accumulating hours toward BOC requirements.

V. Hours spent traveling with a team, lodging, etc. only those spent in game, and game preparation may count and only if a MSU ATC/R is present.

Recording of Supervised Clinical Hours
It is YOUR responsibility to properly record and, at the end of each two week period, total your hours on the form provided to you by the Program Director or Clinical Coordinator. You may only record those hours that meet the above qualifications, and you may only record hours for which you worked. You must sign/date AND have your ACI or CI sign/date your bi-weekly hour reporting sheet. Any discrepancies may subject the student to sanctions described in the Athletic Training Student Contract of Understanding. (see this manual) Recorded hours MUST be broken up into the specific site categories defined on the recording form. All addition should be re-checked, and will be verified by the Program Director or Clinical Coordinator. Failure to properly record may result in those hours NOT counting toward your grade. The Bi-Weekly Clinical hour recording sheets are always due to the Clinical Coordinator within five (5) business days following the end of the two week period (every other Friday). Please see attached example of recording form on the following page.

Clinical Experience Requirements

The athletic training Board of Certification (BOC) requirements, as well as the Commission on Accreditation of Athletic Training Education (CAATE) Standards for Accreditation of Entry-Level Athletic Training Education Programs, state that a graduate of a CAATE accredited educational program, must complete an academic program, and clinical experiences in "no less than two years." The BOC no longer maintains a minimal clinical hour requirement, however four of the programs courses (HP 346, 347, 484, 485) have a substantial clinical requirement. In effect, directly supervised clinical experiences where the student integrates clinical skills (psychomotor skills and clinical proficiencies) into the practical setting, must be accumulated each semester during the junior and senior years as requirements of the clinical courses listed
above. The supervised clinical experiences of those graduating from an accredited program **must** be obtained in athletic training and clinical settings formally affiliated with this accredited program.

To be eligible to take the board examination, the BOC requires candidates to have graduated from a CAATE accredited athletic training program. As such, you are required to complete all didactic and clinical requirements of the program which includes the four clinical techniques courses (HP 346, 347, 484, 485). Requirements for these courses include clinical experiences under the direct supervision of a program Approved Clinical Instructor (ACI) or Clinical Instructor (CI) while gaining clinical experience "with a variety of different populations including genders, varying levels of risk, protective equipment (to minimally include helmets and shoulder pads), and medical experiences that address the continuum of care that would prepare a student to function in a variety of settings.” As such, the student will gain clinical experience at local high schools, sports medicine clinics, family practice clinics, emergency care settings, and student health center, among others. These clinical experiences will be evaluated by your assigned ACI(s) or CI(s) and will constitute a part of your grade for each clinical course. Any course required for the program that is not completed, or passed with a grade of C or higher, must be repeated or the student will not graduate. In addition, athletic training students **may not** perform **any** clinical task for which s/he has not received formal classroom instruction and assessment.

During the first year of clinical experience the student will attend weekly clinical experiences, supervised by, and scheduled with, an approved clinical instructor as assigned by the program. This experience will include evening and weekend assignments but is limited to a maximum of 20 hours per week during the academic year. The student will be assigned three ten-week rotations per academic year (1.5 rotations per semester) in on-campus or off-campus (high school) settings. The anticipated experiences obtained by the students should include cognitive, psychomotor and affective skills in the prevention, recognition/evaluation, management/treatment, rehabilitation, organization/administration, and education/counseling of patients with injuries related to activity. It is during this year that the student will learn skills, be evaluated in class with oral-practical examinations, and begin utilizing these skills in the clinical setting under the direct supervision of clinical instructors.

During the second year of formal clinical experience, the student will attend weekly clinical experiences, supervised by, and scheduled with, an approved clinical instructor as assigned by the program. This experience will include evening and weekend assignments but is limited to a maximum of 20 hours per week during the academic year. The student will be assigned three ten-week rotations per academic year (1.5 per semester) with various clinical instructors and involving a variety of clinical, collegiate sport settings, including rotations in the University Athletic Training Facility, and at a local high school. The student will be assigned to a clinical instructor each rotation, and not to a specific sport or facility. This will include evening and weekend assignments and is limited to a maximum of 20 hours per week during the academic year. In turn, the student will gain exposures, under direct supervision, to patients that are involved in high-risk physical
activity including equipment intensive, upper extremity and lower extremity intensive injury sports. These clinical experiences will include practice and game coverage, pre-event preparation, athletic training room coverage, clinical rotations, and a variety of clinical experiences. In addition, the second year clinical experience will involve a general medical and an orthopedic clinical experience at local health care facilities. The experiences obtained by each student will include cognitive, psychomotor and affective skills in the prevention, recognition/evaluation, management/treatment, rehabilitation, organization/administration, and education/counseling of injuries related to activity.

During this second year of clinical experiences, in conjunction with the clinical techniques courses, the student will be provided a clinical proficiencies assessment booklet, (there is an additional copy of this booklet in the ATS Handbook), and must have each of the clinical skills evaluated and signed by an approved clinical instructor (if satisfactorily completed) prior to the completion of the academic year. Please refer to the ATS program Requirements contract.

In addition, both the first and second year students are assessed by their respective ACI or CI during each clinical experience (this will occur twice each semester). Each assessment contains three major components 1) personal attributes of the student, 2) professional attributes of the student, and 3) overall clinical proficiencies commensurate with the student's level in the program. These assessments are also used in determining the clinical course grades.

*Please note that clinical experiences in athletic training are a required component of the athletic training students' education and will be a scheduling priority; outside work, activities, or obligations (other than personal or family related) will not be given priority during the scheduling process.

**Please note that clinical experiences will take place during weekday afternoons, evenings and weekends as required by the clinical instructors (within the 20 hour per week limit).

***Any clinical experiences obtained outside of the normal academic year (i.e. when students are required to be on campus) are voluntary, but must still be directly supervised by a program ACI.

****The student bears the cost and responsibility of transportation to and from assigned clinical settings (e.g. travel to local clinics and high schools) as well as the cost of appropriate clothing as per program dress code. The student is not required to travel outside of Mankato/North Mankato city limits, at his/her own expense, for a clinical experience.

Costs Associated with Clinical Experiences
Costs associated with student clinical experiences will be the responsibility of the student. These costs include but are not limited to transportation to off-campus clinical sites for regular daily rotations (Note: this does not pertain to travel with teams MSU or
high school for events or practices), student liability insurance which will be paid by the student as a special fee each year for the fall clinical courses HP 346 and HP 484, and clothing necessary to meet the ATEP dress code. Also note, some clinical sites may provide some funding opportunities for students, these funding opportunities exist only during pre-season training camps and during holiday breaks and the funds are at the digression of the clinical site however all policies, including direct supervision of students are always in effect. The educational program does not make financial awards for clinical experiences, other than defined academic scholarships, and awarded work study hours may not be counted toward clinical course requirements.

**Class Attendance**

Although faculty and clinical instructors may establish their own attendance policies, students are expected to **attend and participate** in scheduled classroom, laboratory, and clinical sessions. Athletic training students will not be excused for team travel from any upper-level athletic training courses where educational competencies/proficiencies are being introduced.

**Facilities, Equipment, and Supplies**

Facilities, equipment, and supplies are to be used for education and health care delivery service only. Facilities, equipment, and supplies are costly to purchase and maintain. Students are expected to use and maintain them professionally and appropriately. All equipment and supplies should be returned to its proper place following use. Remember that the Highland Center Athletic Training Room is a dual purpose facility, it is an educational laboratory and it is used to provide health care to student-athletes. Facilities, equipment, and supplies are not to be used for personnel use without permission.

**Eating and Drinking**

Eating and drinking in the classroom and clinical setting is prohibited. No food or drink should be allowed on or near areas where medical records are kept, where computers are located, where patients are receiving treatment, on or near therapeutic modalities, or near expendable supplies.

**Professionalism**

Faculty, staff, and students are expected to act professionally in the classroom, laboratory, and clinical settings, and in accordance with the professional ethics and standards of practice established by the National Athletic Trainers’ Association and the Minnesota Board of Medical Practice. This includes appropriate and consistent action with regard to all settings and policy enforcement, dress, and conduct. Athletic training students are viewed as an extension or and representative for the University and will maintain the highest of professional standards.

**Medical Information Confidentiality Policy**

“**Confidential Health Care Information**” is defined as all information relating to a patient’s health care history, diagnosis, condition, treatment, or evaluation obtained from a health care provider or staff person in contact with a patient. It is the responsibility of Athletic Training Education, through all of its students, to safeguard the medical
information on each patient, whatever form the information may come to knowledge (i.e., medical records, billing slips, appointment schedules, verbal, etc.).

All information regarding a patient’s medical conditions and treatments is confidential. This privileged information shared between them represents the essence of the special relationship between the patient and the health care provider, and as such, the information in the patient’s records, appointment logs, billing office, etc., must be protected from unauthorized disclosure.

As an athletic training student whose clinical experiences require working with confidential health care information, the following shall apply:

- The student shall read a medical record only as his/her position requires it;
- The student shall use this information only as his/her position requires it;
- The student may discuss the information only as his/her position requires it;
- The student must treat all such information impersonally as part of the day’s work.

As an student working directly with confidential health care information, I have been made aware by my supervisor that there are regulations pertaining to the confidentiality of health care information, and under no circumstances shall any information leave the premises either written or verbally, concerning any patient without that patient’s written informed consent.

I understand and agree that in the performance of my duties as an student of MINNESOTA STATE UNIVERSITY, MANKATO, I will hold all health care information in confidence and that violation of this confidentiality will result in disciplinary action (in accordance with program policy), as well as outside civil and/or criminal penalties, up to and including a fine and/or imprisonment.

Communicable Disease Transmission Policy

Prevention of Infection and Disease Transmission Policy

The purpose of this policy is to protect the health and safety of the students enrolled in the Athletic Training Education (ATEP) Program as they participate in the didactic and clinical education experiences required by the academic program in Athletic Training. It is designed to provide students, clinical instructors, and faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers and has been adopted, with permission, from the Duquesne University Department of Athletic Training; the recommendations were established on the basis of “existing scientific data, theoretic rationale, applicability and potential economic impact.”

Guidelines for Prevention of Exposure and Infection

1. All students must attend required OSHA and Blood-borne pathogen lecture annually to learn, practice, and be evaluated as successfully performing all
skills and tasks that will assist them in limiting their exposure in health care settings.

2. To limit exposure, students are required to use proper hand washing techniques and practice good hygiene at all times.

3. Students are required to use Universal Precautions **AT ALL TIMES** when functioning as health care professional students in health care settings and/or working with potential sources of infectious disease.

**Guidelines for Managing Potential Infection**

1. A student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her clinical instructor.

2. A student, who demonstrates signs of infection or disease that may place him/her and/or his /her patients at risk, should report that potential infection or disease immediately to Health Service (21 Carkowski Commons, 389-6276). If a student is in doubt of his/her health risk, that student should immediately report to Health Service for evaluation by a qualified health professional. *A student may utilize his/her family physician; however, the same requirements and notifications yielded from Health Service will be required of the personal physician.*

3. If a student feels ill enough (e.g. fever, diarrhea, other acute symptoms) to miss more than one day of class or clinical experience, that student should be evaluated by Health Service or his/her family physician.

4. Upon review by Health Service or the personal physician, the student must make it known that he/she is an Athletic Training student and that he/she is required to furnish the Program Director and Clinical Coordinator with notification of his/her health status and ability to participate in the required academic and clinical activities of the educational program.

5. Upon receipt of the health status notification from Health Service or the family physician, the student must present that notification to the Program Director or the Clinical Coordinator who will inform the other appropriate Athletic Training faculty who (in compliance with HIPAA) are required to know the student’s health status. The health notification will be placed in the student’s file within the Program Director’s office.

6. The student is required to notify his/her clinical instructor(s) of missed clinical experiences; this need to miss clinical time will be confirmed by the Clinical Coordinator with the designated clinical instructor. The student will assume responsibility for the notification of the Student Affairs office (389-1819) so that office may officially notify the student’s professors if the student is required to miss further class time.

7. The student should follow the Missed Class Policy as defined in the Athletic Training Handbook when any class or clinical assignment is missed, and should contact The Office of Disability Services if he/she wishes to have a class taped and/or if extended absence will occur.
Note that the student, regardless of the situation, will be required to complete all program requirements (didactic and clinical) in order to complete the program.

8. The student is responsible to keep the Program Director and the Clinical Coordinator informed of conditions that require extended care and/or missed class/clinical time. Additional health status notifications will be required until such time as the student is cleared to return to full participation in all academic and clinical requirements of the academic program.

9. If a student is required to miss more than 20% of didactic, laboratory, or clinical time during a semester, the course instructor in conjunction with the program director and Clinical Coordinator will determine the students status.

10. Note: See the Program Director or Clinical Coordinator for a copy of the full policy which includes “TABLE 1. Work restrictions for health care personnel exposed to or infected with infectious diseases in health care settings. Note: that the clinical judgment of the provider may supersede these guidelines.”

Athletic Training Student Dress Code
Revised Dress Code for Clinical Experiences

Rationale:
The purpose of this revision in the current athletic training student (ATS) dress code is to provide the minimum acceptable level of dress for the ATS during his or her assigned clinical experiences. This dress code represents the minimal acceptable level of dress for all clinical settings used by the Minnesota State Athletic Training Education Program. Please note that the Approved Clinical Instructor (ACI) or the clinical setting may require the ATS to dress at a level above this dress code, but may not be less stringent. In addition, the ATS will not be required to purchase clothing which is specific to any given clinical setting or rotation.

Statement of Purpose:
The Athletic Training Education Program (ATEP) at Minnesota State University, Mankato, believes that an environment in which all ATS display the highest levels of respect and professionalism will foster an educational environment that is consistent with learning and with the development of professional practice in athletic training. This policy applies to conduct during, and related to all assigned clinical experiences of the ATEP. An ATS entering the field upon graduation must understand that professional
appearance as a health care provider is crucial to the development of respect and patient confidence.

Dress Code:
1. The ATS must wear his or her nametag indicating that s/he is an “athletic training student” during all clinical experiences. The ATS will be provided a nametag upon admission to the program, however loss of the nametag or a name change will require the ATS to purchase a new nametag from the campus “Hub” at his or her expense.

2. The ATS must wear a polo style shirt, with collar, tucked into pants at all times unless the shirt is specifically tailored (Faculty and ACI judgement) to be left untucked, then the student must not expose his/her midriff, navel, hips, or undergarments. The polo must be solid color white, black, purple, yellow/gold and must not contain the logo of any organization, institution, team, etc. with the exception of the company logo who manufactured the shirt (e.g. Nike swoosh, Adidas logo, Ralph Lauren logo, etc). Minnesota State Athletic Training logo polos, tee-shirts, sweatshirts, and pullovers are also generally acceptable unless they are in poor condition, worn inappropriately (not tucked in), or the ATS’s ACI believes the shirt to be unprofessional. Finally, should the ATS purchase or be provided a shirt that is specific to an off-campus clinical setting s/he may wear that shirt, in that setting only, as long as the supervising ACI approves.

3. The ATS must wear khaki style pants/slacks that are khaki, white, tan/brown, green, black, or blue and must be in good condition (i.e. clean and free of holes, fraying, etc). Khaki style shorts may also be worn during warm weather, with ACI permission, and must be in good condition (i.e. see above and cutoffs are not acceptable). Denim shorts or pants are not acceptable.

4. The ATS must wear footwear appropriate to the setting. Dress shoes or gym/tennis shoes are allowed, however sandals, flip-flops, and high heels are not allowed.

5. The ATS may not wear any jewelry that does not convey a professional atmosphere. In addition, jewelry must not interfere with any functions that may be performed by an athletic trainer (e.g. lip piercing may interfere with rescue breathing, some types of ear rings may interfere with auscultations)

6. The ATS may not wear hats of any kind inside of a building (i.e. athletic training room or clinic). An appropriate hat may be worn out doors, however that hat must not contain any logo that is not specific to the institution and the hat must be worn correctly (e.g. baseball hats must be worn with the brim forward, etc.)

7. The above represents the minimal acceptable level of dress for the ATS in his/her clinical experiences as a part of the athletic training program at Minnesota State. The ATS must understand that the supervising ACI or clinical site may require specific dress or uniform that exceeds the above dress code (e.g. dress slacks and blouse or a jacket and tie for a basketball game), however the ATS is not allowed to dress at a level below this code.
Enforcement:
The ATS is expected to dress accordingly at all times, thus “enforcement” should be a moot issue. However, program faculty and ACIs will enforce this dress code by 1) first violation will result in a verbal warning to the ATS and requiring the ATS to change into appropriate clothing and/or wear his/her nametag. It is the ATS responsibility to assure the availability of clean, proper fitting clothing and nametag, 2) second violation will result in a written warning, this warning will be kept in the students record, 3) third violation will result in clinical probation, and a 4) fourth violation may result in dismissal from the program. While a verbal warning will be allowed for the first dress code violation due to the newness of the policy, the steps 2-4 listed above mirror the “Athletic Training Student Program Contract of Understanding” and this policy will replace the previous dress code beginning Fall Semester 2005.

Clinical Deficiencies
Clinical deficiencies will be weighted equally with academic infractions and therefore may affect the student's academic status. Students are expected to be punctual, to be in attendance for all scheduled times, take initiative in determining their own schedule, be responsible and take initiative regarding their own learning, and to be professional. All clinical instruction courses must be completed, all requirements and proficiencies satisfied before a grade is submitted.

Proficiency Assessment Policy
Students must satisfactorily complete the assigned clinical proficiencies (those assigned to each clinical course, HP 346, 347, 484, 485) before progression. Completion of proficiencies, as assigned per course, must occur or the student will either receive a failing grade, a grade of “D” (both will require the student to re-take the course), or the student will receive an “incomplete” for the course until each proficiency has been completed.

Ethical Conduct Policy
All Athletic Training Students are expected to act professionally and ethically at all times, strictly adhering to the NATA’s Code of Ethical Conduct (a copy is contained within this handbook).

Athletic Training Student Program Contract Of Understanding

ACADEMIC PROGRESS
The Athletic Training Student Must:

1. Maintain a minimum cumulative GPA of 2.75 or better,
2. Maintain a minimum GPA of 3.0 or better, within all designated major courses. A course grade of D or below within a major course must be taken and improved to a C or better,
3. All students are subject to academic standards for ethical conduct as outlined in the University Bulletin MSU Student Handbook, the NATA...
Code of Ethics. Academic dishonesty will result in probation, see the University Bulletin for the academic dishonesty policies.

4. Satisfactory progress toward the Athletic Training major, and highly suggest progress toward a second major or minor.

**CLINICAL HOURS/EXPERIENCES**
The Athletic Training Student must:

1. Fulfill program requirements for clinical hours/experiences,
2. Must complete all scheduled hours/experiences as assigned by program ACI/CIs for clinical courses, failure to do so will negatively impact your respective grade,
3. Academics (classes) take priority over clinical hours, however, class during assigned clinical hours should be avoided if possible,
4. Clinical hours and scheduled events must take priority over outside activities or work, ACI/CIs will schedule around with you and your (within reason) personal needs such as weddings, family engagements, outside work, etc. (see "Clinical Experience Requirements")
5. Follow all policies of the academic program, including the First Responder policy, Athletic Training Student Hour policy, etc. as provided in the Student Handbook,
6. Appropriate dress, as required by ACI/CIs will include uniform shirts, name tags, MSU Athletic Training apparel purchased by staff or students, or other for special events. Inappropriate dress includes torn or dirty clothing, tights, clothing advertising alcohol, bars or in otherwise questionable taste. MSU Athletic Training apparel must be worn while working during open hours. All clothing must be functional, the student should be able to perform all duties without restriction. (see "Student Dress Code")
7. Athletic Training jackets and clothing should not be worn for outside activities that may be considered unprofessional, such as parties and bars, etc.
8. All athletic training students are expected to conduct themselves within the N.A.T.A.'s Code of Professional Conduct, (see "NATA Code of Ethics").

**PROBATION - (Academic)**

All athletic training students are expected to follow all academic requirements. Mid-semester academic performance will be reported to the curriculum director, students falling below expectations will receive a written warning. Failure to show sufficient academic progress, or students falling below requirements will result in probation for one (1) semester. A third failure to meet program academic requirements will result in dismissal from the Athletic Training Program.

**PROBATION - (Clinical)**
All students are expected to follow clinical hours/experiences requirements. Failure to do so will, after the first violation, result in a written warning to be kept as a part of the student's record. Second violation will result in five (5) weeks of probation. A third failure to meet clinical hours/experiences requirements will result in dismissal from the Athletic Training Program.

The above requirements have been reviewed with me by the Certified Athletic Training Staff. I understand and agree to work within these requirements. (A signed copy will be kept in your program file)

Weather Cancellation Policy
If MSU's classes are cancelled or the University is closed, classes and therefore your clinical hours are also cancelled. Students should remain home and not risk his/her health or safety by attempting to travel to campus, the University is closed for a reason. Listen to or watch local radio and television stations: AM radio KYSM 1230, KTOE 1420; FM radio KMSU 89.7, KXLP 93.3, KDOG 96.7, KEEZ 99.1, KYSM 103.5; and television WCCO ch. 4, KEYC ch. 12 (10 on cable), KARE ch. 11, KSTP ch 5, and KMSP ch 9, to find out if the weather has caused a cancellation of Minnesota State classes. You may also call Minnesota State Information at 389-2463.

Prevention of Infection and Disease Transmission Policy
The purpose of this policy is to protect the health and safety of the students enrolled in the Athletic Training Education (ATEP) Program as they participate in the didactic and clinical education experiences required by the academic program in Athletic Training. It is designed to provide students, clinical instructors, and faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers and has been adopted, with permission, from the Duquesne University Department of Athletic Training; the recommendations were established on the basis of “existing scientific date, theoretic rationale, applicability and potential economic impact.”

Guidelines for Prevention of Exposure and Infection
4. All students must attend required OSHA and Blood-borne pathogen lecture annually to learn, practice, and be evaluated as successfully performing all skills and tasks that will assist them in limiting their exposure in health care settings.
5. To limit exposure, students are required to use proper hand washing techniques and practice good hygiene at all times.
6. Students are required to use Universal Precautions AT ALL TIMES when functioning as health care professional students in health care settings and/or working with potential sources of infectious disease.

Guidelines for Managing Potential Infection
11. A student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her clinical instructor.

12. A student, who demonstrates signs of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease immediately to Health Service (21 Carkowski Commons, 389-6276). If a student is in doubt of his/her health risk, that student should immediately report to Health Service for evaluation by a qualified health professional. A student may utilize his/her family physician; however, the same requirements and notifications yielded from Health Service will be required of the personal physician.

13. If a student feels ill enough (e.g. fever, diarrhea, other acute symptoms) to miss more than one day of class or clinical experience, that student should be evaluated by Health Service or his/her family physician.

14. Upon review by Health Service or the personal physician, the student must make it known that he/she is an Athletic Training student and that he/she is required to furnish the Program Director and Clinical Coordinator with notification of his/her health status and ability to participate in the required academic and clinical activities of the educational program.

15. Upon receipt of the health status notification from Health Service or the family physician, the student must present that notification to the Program Director or the Clinical Coordinator who will inform the other appropriate Athletic Training faculty who (in compliance with HIPAA) are required to know the student’s health status. The health notification will be placed in the student’s file within the Program Director’s office.

16. The student is required to notify his/her clinical instructor(s) of missed clinical experiences; this need to miss clinical time will be confirmed by the Clinical Coordinator with the designated clinical instructor. The student will assume responsibility for the notification of the Student Affairs office (389-1819) so that office may officially notify the student’s professors if the student is required to miss further class time.

17. The student should follow the Missed Class Policy as defined in the Athletic Training Handbook when any class or clinical assignment is missed, and should contact The Office of Disability Services if he/she wishes to have a class taped and/or if extended absence will occur.

Office of Disability Services
Minnesota State University
132 Memorial Library
Mankato, MN 56001
FAX: 507-389-1199
Phone: 507-389-2825 (Voice/TTY)

Note that the student, regardless of the situation, will be required to complete all program requirements (didactic and clinical) in order to complete the program.
18. The student is responsible to keep the Program Director and the Clinical Coordinator informed of conditions that require extended care and/or missed class/clinical time. Additional health status notifications will be required until such time as the student is cleared to return to full participation in all academic and clinical requirements of the academic program.

19. If a student is required to miss more than 20% of didactic, laboratory, or clinical time during a semester, the course instructor in conjunction with the program director and Clinical Coordinator will determine the student’s status.
TABLE 1. Work restrictions for health care personnel exposed to or infected with infectious diseases in health care settings. **Note:** that the clinical judgment of the provider may supersede these guidelines.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Clinical Restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis (pink eye)</td>
<td>Restrict from pt contact and contact w/pt environment</td>
<td>Until discharge ceases</td>
</tr>
<tr>
<td>Diarrheal Diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute stage</td>
<td>Restrict from pt contact, contact w/patient's environment or food handling</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Convalescent stage</td>
<td>Restrict from care of high-risk pts; consult w/local and state officials regarding need for negative stool cultures</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Exclude from duty</td>
<td>Until antimicrobial therapy completed and 2 cultures obtained &gt;24 hrs apart negative</td>
</tr>
<tr>
<td>Enteroviral infections</td>
<td>Restrict from care of infants neonates, and immuno-compromised patients and their environments</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Restrict from pt contact, contact w/patient's environment, and food handling</td>
<td>Until 7 days jaundice</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Do not perform exposure-prone procedures until counsel from an expert review panel has been sought; panel should make recommendations; refer to state regulations</td>
<td>Until Hep B e</td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>Restrict from patient contact and heal</td>
<td>Until lesions</td>
</tr>
<tr>
<td>Condition</td>
<td>Precautions</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Orofacial</td>
<td>Evaluate for need to restrict from care of high-risk patient</td>
<td></td>
</tr>
<tr>
<td><strong>Human Immunodeficiency virus (HIV)</strong></td>
<td>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should make recommendations; refer to state regulations</td>
<td></td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 7 days after rash appears</td>
</tr>
<tr>
<td>Post exposure exposure</td>
<td>Exclude from duty</td>
<td>From 5(^{th}) day after 1(^{st}) through 21(^{st}) day after last exposure and/or 4 days after rash appears</td>
</tr>
<tr>
<td>Meningococcal infections</td>
<td>Exclude from duty</td>
<td>Until 24 hours after start of effective therapy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Illness</th>
<th>Status</th>
<th>Exclusion Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mumps</strong></td>
<td>Active onset of parotitis</td>
<td>Exclude from duty Until 9 days after</td>
</tr>
<tr>
<td></td>
<td>Post exposure</td>
<td>Exclude from duty From 12th day after 1st through 26th day after or until 9 days after</td>
</tr>
<tr>
<td><strong>Pediculosis (lice)</strong></td>
<td>and observed to be free of</td>
<td>Restrict from patient contact Until treated adult and immature</td>
</tr>
<tr>
<td></td>
<td>lice</td>
<td></td>
</tr>
<tr>
<td><strong>Pertussis (whooping cough)</strong></td>
<td>Active catarrhal stage</td>
<td>Exclude from duty From beginning of through 3rd week after paroxysms or until 5 days after effective antimicrobial therapy Until 5 days after start antimicrobial therapy</td>
</tr>
<tr>
<td></td>
<td>onset of days after start</td>
<td></td>
</tr>
<tr>
<td></td>
<td>antimicrobial therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post exposure</td>
<td>Exclude from duty Until 5 days after start antimicrobial therapy</td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td>Active appears</td>
<td>Exclude from duty Until 5 days after rash</td>
</tr>
<tr>
<td></td>
<td>Post exposure</td>
<td>Exclude from duty From 7th day after 1st through 21st day after</td>
</tr>
<tr>
<td></td>
<td>last exposure</td>
<td></td>
</tr>
<tr>
<td><strong>Scabies</strong></td>
<td>by medical evaluation</td>
<td>Restrict from patient contact Until cleared</td>
</tr>
<tr>
<td><strong>Staphylococcus aureus infection</strong></td>
<td>Active (draining skin have resolved lesions)</td>
<td>Restrict from contact with patients and patient's environment or food handling Until lesions</td>
</tr>
<tr>
<td></td>
<td>Carrier state</td>
<td>No restriction, unless personnel are epidermiologically linked to transmission of the organism</td>
</tr>
<tr>
<td><strong>group A</strong></td>
<td>patient's environment or food handling started</td>
<td></td>
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<tr>
<td>-------------------------------</td>
<td>---------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active disease</td>
<td>Exclude from duty</td>
<td>Until proved</td>
</tr>
<tr>
<td>noninfectious</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella (chicken pox)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active disease</td>
<td>Exclude from duty</td>
<td>Until all lesions dry</td>
</tr>
<tr>
<td>and crust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postexposure exposure</td>
<td>Exclude from duty</td>
<td>From 10th day after 1st through 21st day (18th day if VZIG given) after last exposure</td>
</tr>
<tr>
<td><strong>Zoster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Localized, in lesions dry and crust</td>
<td>Cover lesions; restrict from care of healthy person</td>
<td>Until all high-risk patients</td>
</tr>
<tr>
<td>Generalized or localized lesions dry and crust in immunosuppressed person</td>
<td>Restrict from patient contact</td>
<td>Until all</td>
</tr>
<tr>
<td>Post exposure through 21st day (28th day if VZIG given) exposure or, if all lesions dry</td>
<td>Restrict from patient contact</td>
<td>from 10th day after 1st through 21st day (28th day if VZIG given) after last varicella occurs, until and crust</td>
</tr>
<tr>
<td><strong>Viral respiratory infections</strong>, Consider excluding from the care of high risk patients or contact with their environment during community outbreak of RSV and influenza</td>
<td></td>
<td>Until acute</td>
</tr>
</tbody>
</table>

Approved: