

**North Georgia College & State University  
Athletic Training Education Program  
Information, Rules and Regulations: 2009-2010 Student Handbook**

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## **Welcome to the Athletic Training Education Program**

The Commission on Accreditation of Athletic Training Educational Programs (CAATE) accredited Athletic Training major provides a concentrated program of courses designed to prepare students for any career in the profession of athletic training. In addition to the academic curriculum, students gain hands-on experience through a variety of clinical rotations. At the time of graduation, the athletic training student is prepared to take the Board of Certification (BOC) exam.

The Athletic Training Education Program (ATEP) has been designed by implementing the National Athletic Trainers' Association (NATA) educational competencies and proficiencies. The Commission on Accreditation of Athletic Training Educational Programs (CAATE) standards and guidelines has also been followed.

Athletic Training is recognized by the American Medical Association as an allied healthcare profession. The certified athletic trainer (ATC) is a highly educated and skilled professional specializing in the prevention, treatment and rehabilitation of athletic injuries and illness. In cooperation with physicians and other allied health personnel, the ATC functions as an integral member of the athletic healthcare team. The certified athletic trainer can work in a variety of settings: secondary schools, colleges or universities, sports medicine clinics, professional sports, health clubs and industrial settings.

**Statement:** Students desiring to be certified through the Board of Certification (BOC) will be required to take and pass the BOC exam. Graduation from the ATEP is not contingent on passing the national exam.

### **Athletic Training Mission Statement**

The mission of the Athletic Training Education Program at North Georgia College & State University is to provide quality academic and clinical preparation for individuals pursuing any career in the athletic training profession. Through a program that enhances physical, mental and social well being, students will become well-rounded allied health professionals who have mastered the cognitive, psychomotor and affective domains in all areas of athletic training.

### **History of Athletic Training at NGCSU**

The Athletic Training Educational Program (ATEP) is housed within the School of Education, Department of Health and Physical Education. The ATEP began as an emphasis area in 1998. The Georgia Board of Regents approved the ATEP as a major in the fall of 2001. During the fall of 2002, CAAHEP granted the ATEP five years of accreditation status. Each year an annual report is submitted to the Commission on Accreditation of Athletic Training Educational Programs (CAATE).

### **Admission Requirements**

Admission to the ATEP is required to enroll in any of Athletic Training classes (Except ATEP 2335, 2336 and 2001). A student must complete a minimum of 40 semester hours of credit in order to begin the application process. Admission status is determined as soon as a student has submitted all of the necessary materials.

To be eligible for admission into the ATEP, a student must submit all of the following:

1. Current transcript showing a minimum of 40 semester hours of credit completed.
2. Current transcript showing a 2.50 or better overall grade point average.

3. Current transcript showing successful completion of the Regents' Test (transfer students from non-University System of Georgia institutions must complete the Regents' Test during their first semester enrolled at NGCSU).
4. Current transcript showing all Area A classes, BIOL 2250 and BIOL 2251 with a C or better and ATEP 2335, 2336, and 2001 with a B or better. A plan of study approved by the School of Education Admissions Office indicating the anticipated completion of all required prerequisite courses is also acceptable. All prerequisite courses must be completed with minimum grade requirements prior to enrolling in the professional preparation phase of the program.
5. A completed Application Form for the NGCSU ATEP.
6. A completed NGCSU ATEP Observational Hours in Athletic Training Form signed by a NATA-BOC certified athletic trainer. Fifty Athletic Training Observational hours are required.
7. A completed NGCSU ATEP Physical Form signed and dated by a medical physician. This physical also includes a Technical Standards Form required by the ATEP. The Technical Standards Form must be signed and dated by the medical physician as well as the applicant.
8. An ATEP immunization form signed and dated by a medical physician.
9. A completed ATEP Health Insurance Form. Students must maintain current health insurance throughout the duration of the program.
10. Proof of current Professional Rescuer or Healthcare Provider (American Heart Association or American Red Cross) certification.
11. Proof of current Standard First Aid (American Red Cross or American Heart Association) certification.
12. Completed request for a criminal background check (admission may be revoked if serious offenses are found).
13. 2 letters of recommendation (1 from non-NGCSU certified athletic trainer) from non-familial sources.
14. Letter of application stating why student wants to enter the program.
15. Interview with ATEP Admission Committee.

All forms required for admission can be obtained by accessing the NGCSU ATEP web site or by contacting the ATEP coordinator. Please send completed admission materials to: ATEP Admissions, School of Education attention Dana Turner.

Completed packets will be reviewed to determine if all admission criteria have been met. Applicants will be contacted during the first week in April to schedule an interview with the ATEP admissions committee. Interviews will be conducted the first two weeks in April. Once all interviews have been completed the committee will meet to select fourteen students for admission into the ATEP. The student's interviews along with all other admission requirements are the basis for acceptance into the program. Students will receive a letter indicating their status within the ATEP. Students meeting the requirements but not selected for admittance into the program will be ranked and placed on the waiting list.

A student's acceptance will be withdrawn if prerequisite course grade(s) do not meet minimum requirements. Students will be notified of this possibility at the time of admission. If a student's acceptance is withdrawn, the highest ranking candidate on the waiting list will receive a letter of acceptance.

Students not accepted into the program can appeal the decision by writing a letter of appeal to the School of Education Student Recognition and Awards Committee. This committee will review the appeal and render a final decision.

If by August 1st, the maximum number of students admitted has not been attained, students may be admitted under provisional status. Students who do not meet the overall 2.5 GPA requirements will be considered for admission into the ATEP, provided all other criteria have been met and submitted. A student must have a minimum 2.40 overall GPA to be considered for admission under appeal. A student must submit a letter to the School of Education Admissions office requesting provisional admission. Applicants will be reviewed and student(s) with the highest overall GPA will then be admitted into the ATEP on provisional status. Provisional students must complete his or her first semester in the ATEP with a 2.5 GPA. If this is not achieved, then he or she will be removed from the ATEP.

### **Athletic Training Program of Study**

#### **Advising**

An academic advisor from the ATEP will be assigned to each student entering the program. Students are responsible for obtaining an appointment with their advisor every semester. A program of study must be submitted to the Registrar's office during the first semester of the professional phase of the ATEP.

#### **Core Curriculum Requirements**

**60 hours**

All baccalaureate degree programs at NGCSU have as a requirement the satisfactory completion of at least 60 semester credit hours comprising the six areas of the Core Curriculum. A complete description of Areas A-E of the core curriculum can be found on page 86 of the Undergraduate Bulletin. Individual degree programs may specify exceptions and/or particular courses that must be taken within each Area A-E of the core curriculum. Those exceptions and/or course requirements, and Area F of the core curriculum are shown below.

Area A    no exceptions  
Area B    no exceptions  
Area C    no exceptions  
Area D    no exceptions  
Area E    no exceptions

#### **Area F. Courses Appropriate to Major**

**18 hours**

PHED 2000	3 hours
BIOL 2250	4 hours
BIOL 2251	4 hours
Foreign Language 1001 or COMM 1110	3 hours
ATEP 2335	3 hours
ATEP 2001	1 hour

#### **Health & Physical Education Courses**

**22 hours**

PHED 4450, 4460, 4480	(3 hours each)
PHED 3014, 3012, 3305, 3380, 3395, 3023	(2 hours each)
PHED 3380L	(1 hour)

<b>Athletic Training Courses</b>	<b>27 hours</b>
ATEP 3468, 4336, 4465, 4466, 4467, and 4468	(3 hours each)
ATEP 3365, 3370, 4469	(2 hours each)
ATEP 3365L, 3370L, 4470	(1 hour each)

<b>Other Requirements</b>	<b>11 hours</b>
ATEP 2336	(2 hours)
Elective	(2 hours)
MATH 2400	(3 hours, if not taken in Area D)
ATEP 3001, 3002, 4001, 4002	(1 hour each)

Requirements in addition to the 120 hours (exclusive of PHED 1000):

- Regents' Test or exemption (see page 79 of the Undergraduate Bulletin)
- U.S. and Georgia Constitution & History Requirement (see page 75 of the Undergraduate Bulletin)
- Military Science Requirement for Military Students (see page 75 of the Undergraduate Bulletin)

The Athletic Training Education Program requires a student to hold current Professional Rescuer or Health Care Provider CPR/AED and Standard First Aid (American Red Cross)

**Athletic Training Suggested Course Sequence**

**Sample Program of Study – Four Years**

\* courses that MUST be taken during that semester

**For the Athletic Training Education Program** to stay in the proper sequence

**Freshman Year:**

Course Name	Course Number	Credit Hours	Total for
<b>Fall Semester</b>			<b>15</b>
English Composition I	ENGL 1101	3	
Foundations of Leadership	PSYC 1001	1	
Introduction to Philosophy	PHIL 1001	3	
* Principles of Biology I w/Lab	BIOL 1107 & Lab	4	
Survey of World History/Civilization II	HIST 1112	3	
Guided Elective	Elective	1	

<b>Spring Semester</b>			<b>16</b>
English Composition II	ENGL 1102	3	
Math	MATH 1101 or 1111	3	
Survey of World History/Civilization	HIST 1111	3	
* Principles of Biology II w/Lab	BIOL 1108 & Lab	4	
* Athletic Training I	ATEP 2335	3	

**Sophomore Year:**

<b>Fall Semester</b>			<b>17</b>
World Literature I	ENGL 2111	3	
Foreign Lang (1001 level) / Public Speaking	SPAN/GRMN/FREN/COMM 1110	3	
* Human Anatomy and Physiology I	BIOL 2250	4	
* Athletic Training I Practicum	ATEP 2335	2	
Intro. To Health and Physical Education	PHED 2000	3	
*Weight Training Techniques	PHED 3012	2	

<b>Spring Semester</b>			<b>17</b>
Wellness	PHED 1000	3	
Introduction to General Psychology	PSYC 1101	3	
American Government	POLS 1101	3	
* Human Anatomy and Physiology II	BIOL 2251	4	
* Athletic Training Internship I	ATEP 2001	1	
Foreign Language (1002)	SPAN/GRMN/FREN	3	

**Junior Year:****Fall Semester** **15**

* Critical Injury Management	ATEP 4465	3
*Orthopedic Assessment I	ATEP 4336	3
*Therapeutic Modalities	ATEP 3370/L	3
*Exercise Physiology	PHED 4450	3
*Lifeguard Training	PHED 3014	2
*Athletic Training Internship II	ATEP 3001	1

**Spring Semester** **14**

* Orthopedic Assessment II	ATEP 4466	3
*Therapeutic Exercise &Pathology of Injury	ATEP 3365/L	3
* Kinesiology	PHED 4460	3
* Cardio-Conditioning	PHED 3023	2
* Athletic Training Internship III	ATEP 3002	1
*Applied Pharmacology	ATEP 4469	2

**Senior Year:****Fall Semester** **14**

* General Medicine in Athletic Training	ATEP 4467	3
* Biomechanics	PHED 4480	3
Community and Consumer Health	PHED 3395	2
* Research and Design	ATEP 4470	1
* Athletic Training Internship IV	ATEP 4001	1
* Exercise Testing and Prescription	PHED 3380	3
Guided Elective	Elective	1

**Spring Semester** **15**

* Athletic Training Capstone	ATEP 4468	3
* Org. and Admin.of Athletic Training	ATEP 3468	3
Guided Elective	elective	3
* Nutrition	PHED 3305	2
* Elementary Statistics	MATH 2400	3
* Athletic Training Internship V	ATEP 4002	1

**Additional Financial Regulations**

Athletic Training Attire (approx. \$150.00)  
 Athletic Training Lab Fees (\$100.00 per semester)  
 Liability Insurance (approx. \$35.00 per year)  
 Gas money – varies for each rotation.  
 Professional Memberships

**Additional Expectations**

Two hours per week of assigned proficiency evaluation time with an ACI  
 Mandatory in-services (scheduled on syllabi or posted in AT Room)  
 Professional development activities (HPE majors club, conferences, volunteer work)  
 NATA Membership  
 SEATA Membership  
 GATA Membership recommended memberships such as the Georgia Athletic Trainers’ Association (GATA), Southeast Athletic Trainers’ Association (SEATA), and the National Athletic Trainers’ Association (NATA).

**Clinical Rotation Regulations**

Students in the ATEP are required to gain experience through various clinical rotations. These rotations are assigned during all four semesters in the ATEP. An average of 20 hours per week is required for successful completion of these rotations. Rotations include, but are not limited to: a rehabilitation clinic, orthopedic clinic, general medicine practice, NGCSU athletic teams, high school football and additional high school teams. An approved clinical instructor (ACI) will

evaluate student performance two times per semester. A student must achieve an 80% average or better on these evaluations to remain in the ATEP.

### **Clinical Rotation Schedule**

**All students (junior and seniors) are expected to attend pre-season high school football practices. Coverage of pre-season football is mandatory. Senior students that will be covering soccer at NGCSU are expected to attend football practices until soccer pre-season begins. Participation at NGCSU pre-season physicals, August 9<sup>th</sup>, is also mandatory.**

Students are required to obtain **250** hours each semester. These hours are to be obtained during the 14 week semester. *Although pre-season practice is mandatory, these hours will not be counted toward the 250 total for the semester.*

Each Monday, all students are required to meet with assigned ACIs. The ACIs will decide the student's schedule for the week. **This schedule (20 hour average) must come first in the Athletic Training Student's life.** Hours above the 20 hours per week will be banked and the student will be allowed to utilize these hours when special circumstances arise. The student's schedule is to be signed by the student and the ACI each Monday. The hours for the week must be initialed by the ACI and the sheet is to be turned into the Program Coordinator every Tuesday. The hours will be tabulated and kept in the students file housed in the Program Coordinators office.

**Students must complete a minimum of 250 hours per semester to advance within the ATEP.**

The schedule of rotations will go as follows:

#### **Fall Junior Year**

- Student will be with an assigned ACI at High School Football for an average of 20 hours per week. **Pre-season coverage of football practice begins on August 3rd and is mandatory.**
- An additional 2 hours per week is required for individual proficiency evaluations.

#### **Spring Junior Year**

- Rotations will be with an ACI at High School with various sports (wrestling, swimming, volleyball...). This will be an average of 10 hours per week
- Rotations will be assigned to an ACI at NGCSU for an average of 10 hours per week. This will be a general assignment in the athletic training room and gaining experience with any sports going on at that time.
- An additional 2 hours per week is required for individual proficiency evaluations.

#### **Fall Senior Year**

- 2-week rotation with an ACI at the Rehabilitation Institute or Pro Therapy. This will be an average of 20 hours per week.
- The remaining weeks (depending on other rotations) will be with an ACI at NGCSU, working with an upper extremity or lower extremity team. This will be an average of 20 hours per week
- An additional 2 hours per week is required for individual proficiency evaluations.
- Students working with in-season sport teams that are competing during breaks (Thanksgiving, Christmas, Spring Break, etc...) will be expected to be on campus.

## **Spring Senior Year**

- 2-week rotation at Specialty Clinics of Georgia (shadowing Dr. John Vachtsevanos, the team orthopedist). This will be an average of 20 hours per week.
- 2 weeks shadowing Dr. Kulish at Kulish Family Medicine, team general practitioner. An average 20 hours per week.
- The remaining weeks (depending on other rotations) will be with an ACI at NGCSU, working with an upper extremity or lower extremity team (opposite that of last semester). This will be an average of 20 hours per week.
- An additional 2 hours per week is required for individual proficiency evaluations.
- Students working with in-season sport teams that are competing during breaks (Christmas, Spring Break, etc...) will be expected to be on campus.

### **Retention Standards of the Athletic Training Education Program**

1. Compliance with the rules and regulations prescribed for all students at NGCSU.
2. Compliance with the ATEP rules and regulations in the Athletic Training Student Handbook.
3. Adherence to the National Athletic Trainer's Code of Ethics.
4. Completion of all courses in the academic major with a grade of a "C" or better.
5. Achieve an 80% average or better on student clinical evaluations for each semester.
6. Achieve a 75% or better on all proficiencies imbedded in the ATEP curriculum.
7. Completion of 250 hours each semester.
8. Demonstration of competence in the use of oral and written language.
9. Maintain current Professional Rescuer or Healthcare Provider (American Red Cross or American Heart Association) certification.
10. Maintain current Standard First Aid certification (American Red Cross or American Heart Association).
11. Maintenance of a grade point average of a 2.5 for all course work attempted.

### **Suspension**

Failure to meet any of the retention standards can result in the student being suspended from the ATEP. There is no probationary period. A student who fails to meet the retention standards because of illness or other non-academic issues may receive special consideration as his or her case merits. This program has the right to establish additional standards for academic progression based on either academic or clinical performances.

### **Appeals**

A student denied admission to or continuance in the ATEP may appeal the decision to the School of Education's Admission and Recognition Committee. Appeals must be made in writing and should clearly state why an exception should be considered. An adverse decision by the committee may be appealed in writing to the Vice President of Academic Affairs, whose decision shall be final.

### **Technical Standards**

The Athletic Training Education Program at North Georgia College & State University is a rigorous and intense program that places specific requirements and demands on the students

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

### **ATEP Supervision Policy**

An Approved Clinical Instructor (ACI), or a Clinical Instructor (CI) must be present at all times when an athletic training student is working with an athlete or patient. There are no exceptions to this i.e., an ACI or a CI must be present when an athletic training student is: performing modalities, performing rehabilitation (in rehabilitation room or wellness center), covering practice, covering games, working with an athlete in the athletic training room, out on any clinical rotation, or traveling. At no time is an athletic training student permitted to work with an athlete or patient when unsupervised. It is the responsibility of the athletic training student to abide by this policy. If this policy is broken, the student will be suspended from the ATEP (see Retention/Probation/Suspension and Appeals in this handbook). All ACIs and CIs are expected to report any athletic training student who chooses to not abide by this policy. The ATEP coordinator must have an ATS signed ATEP supervision policy on record.

### **Travel Policy**

As part of the senior athletic training student's experience, travel with assigned teams will be required as part of the clinical rotation. There is no assigned travel time with any sports team, unless an ACI over that team is also traveling. ACI's from high school teams may travel. Travel will be decided by your assigned ACI and the ATEP Clinical Coordinator.

### **Dress Regulations**

Maintain a level of grooming and dress commiserating with the professional nature of athletic training. Clothing, jewelry, hair, make-up and nails must comply with the program standards. This policy adheres to the NGCSU School of Education policy, the NGCSU Athletics policy as well as the policies from the various clinical rotation sites. **Failure to comply with dress code will result in suspension from the ATEP.**

1. Khaki Pants (Khaki, Blue, or White) or Bermuda Shorts (Khaki, Blue or White). Shorts must be proper length – when hands are down at sides, fingertips still touch material. Wind pants (blue/black) may be worn for outside/weather practices. Any shirt worn must be high enough on the chest as to not expose any breast tissue while leaning over.
2. For practice or in AT Room, NGCSU athletic training t-shirts or collared shirts are to be worn – tucked in at all times.
3. For games/events – NGCSU athletic training collared shirts.
4. Collared shirts with sleeves must be worn on all rehabilitation and physician rotations.
5. NGCSU athletic training hats are to be worn outside only. No other hat is permissible.

6. Sneakers are the footwear of choice. (Exception – rainy days/ “sloppy fields” – then boots may be more appropriate.)
7. All attire must be clean, neat and pressed.
8. Nametags are to be worn at all times in AT room and on all rotations. Nametags are to be worn around the neck or attached to the upper right or left clavicular area.
9. No excessive jewelry (more than 2 earrings per ear for females, no earrings for males, no other noticeable body piercings or ornamentations).
10. No uncovered tattoos.
11. Personal hygiene must be professionally acceptable. (finger nail must be shorter than the end of finger, conservative nail coloring; no excessive perfume, make-up etc; clean and groomed appearance while on all clinical rotations)
12. When on other rotations, NGCSU dress code is abided by. If an assigned clinical rotation site has additional concerns or codes, they must be adhered to as well.

### **Confidentiality**

Athletic training students (ATS) at NGCSU have a great deal of access to the student-athlete medical records and personal information. On various rotations, the ATS will have access to patient files, office visits, surgeries etc. This is an excellent educational experience for the ATS.

Do not discuss any injuries, diseases, problems or concerns of the athletes/patients with anyone except your supervisor at the time. **Any** information about the athlete/patient is confidential. Do not leak information to friends, fellow teammate, and the press, even the athlete’s parents if that athlete is over 18 years of age. Certified athletic trainer, team physician or coach will handle all public comments about injuries. The ATEP program coordinator will maintain a current signed confidentiality/security form from all ATS.

### **Athletic Training Room Rules**

The athletic training student must abide by and enforce the following:

1. The AT room must be treated as a medical facility.
2. No food/drinks are permitted.
3. No athletes permitted in AT room without supervision.
4. Athletes cannot administer treatments on themselves.
5. AT students must be officially evaluated by an ACI on a skill before performing and administering it in the AT room.
6. Supplies/equipment should not be removed for the AT room without permission of a faculty/staff ATC.
7. Athletes are required to wear sneakers or sandals in the AT room.
8. No loitering, visiting, gossiping, swearing or shouting in the AT room.
9. All personal belongings are to be left outside of the AT room.
10. No cellular phones permitted in the AT Room.
11. Computer use is only for injury documentation/athlete rehabilitation information. No athlete should use computer.
12. Answer all phone calls appropriately – “Athletic Training Room, this is (your name), how may I help you?” The telephone is not to be used for personal reasons.

## **Sexual Harassment**

NGCSU endorses the Board of Regents policy on sexual harassment. The policy reads as follows:

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

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

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

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

## **Health and Safety Issues:**

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

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

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

### **Standard Operating Procedures**

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

Hands should be washed:

After removing gloves

After completion of work and before leaving the athletic training room

Before touching eyes or mouth

Before and after eating, drinking, applying makeup, changing contact lenses, and using the lavatory facilities  
Immediately after contamination with a specimen or reagent

Gloves should be worn:

Whenever the athletic training student has cuts, scratches, or breaks in the skin  
In any situation in which hand contamination with blood or body fluids is likely to occur

NOTE: GLOVES SHOULD BE CHANGED AFTER CONTACT WITH EACH ATHLETE.

Sharps Disposal

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

Protective Body Clothing

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

Facial Protection

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

Eyewash

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

Food and Drink

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

Spills

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

Disinfectant

A 10% solution of household bleach and water (1 part bleach plus 9 parts water) is an affective disinfectant for both bacterial and viral organisms, or an EPA commercially prepared disinfectant may be used. All work areas should be wiped clean of visible material, cleaned with disinfectant and allowed to air dry after a spill of blood or other body fluids and when work activities are completed. Utility gloves must be worn for all cleaning and decontamination. DISINFECTANT MUST BE KEPT OUT OF REACH OF CHILDREN.

Disposal of Contaminated Waste

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

#### Cleaning Equipment

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

#### Special Considerations

##### Pregnant ATS and ATC'

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

##### ATS and Certified ATC' with Dermatitis

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

#### Procedure for Reporting Accidents

Report all accidents to Clinical Instructor immediately.

If the accident involves personal injury (including all exposures to blood or body fluids) report the incident to a Clinical Instructor within 24 hours of the incident.

- EMERGENCIES
- Please see Appendix for Emergency Procedures for each assignment as well as emergency procedures for suspicious packages, tornados, fire, and bomb threats
  - Initiate the 911 Procedures

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

#### References:

Centers for Disease Control. Recommendations for prevention of HIV transmission in health-care settings. MMWR Supplement. August 21, 1987, 36.

Department of Labor/Department of Health and Human Services. Protection against occupational exposure to hepatitis b virus (HBV) and human immunodeficiency virus (HIV). Federal Register. October 30. 1987, 52, 41817.

## Blood-borne Pathogen Policy

The following blood-borne pathogen policy is designed to insure the safety of the ACI's, CI's, athletic training students and patients involved with the Athletic Training Education Program (ATEP) at North Georgia College and State University (NGCSU).

Prior to being admitted into the ATEP at NGCSU, the athletic training students will have received instruction in the management of a bleeding athlete to control bleeding as well as prevention of transmission of blood-borne pathogens in the courses of ATEP 2336 and ATEP 2001. A review of universal precautions to prevent transmission of blood-borne pathogens will be conducted in August prior to the athletic training students starting their fall clinical experience rotation. Prior to being admitted into the ATEP, the athletic training students will be required to complete the Hepatitis B vaccination series.

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

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

- Wash any needle stick cuts with soap and water
- Flush splashes to the nose and mouth with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Report the exposure to your supervising ACI or CI.

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

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

Date \_\_\_\_\_

### **Communicable Disease Policy**

The following communicable disease policy is designed to insure the safety of the ACI's, CI's and athletic training students involved with the Athletic Training Education Program (ATEP) at North Georgia College and State University (NGCSU). Athletic training students will acknowledge this policy via a signature at the end of this document.

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

In the event an ACI, CI, or athletic training student is diagnosed with a communicable disease it is the responsibility of the ATEP to prevent further transmission of infection. This may warrant the infected person from coming to work or having contact with patients. Infected personnel will be required to seek medical attention. In conjunction and consultation with the physician, the ATEP will utilize the Communicable Disease Safety Guidelines (Table 1) to determine when the infected personnel may return to having patient interaction.

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

\_\_\_\_\_  
Date

Disease/Problem	Work Restriction	Duration
Conjunctivitis	Restrict from patient contact	Until discharge ceases
Cytomegalovirus infections	Restrict from care of high-risk patients	
Diarrheal diseases Acute (with others)	Restrict from patient care	Until symptoms resolve
Convalescent stage, <i>Shigella</i> spp.		Until symptoms resolve, consult with local & state health dept. regarding need for negative stool cultures
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained >24

**Table 1- Communicable Disease Safety Guidelines**

		hours apart are negati ve
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from patient care	Until 7 days after onset of jaundice
Hepatitis B  Personnel with acute or Chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures	No restriction*, refer to state regulations; standard precautions should always be observed  Do not perform exposure-prone procedures until counsel from	Until Hepatitis B antigen is negative

	<p>an expert review panel has been sought ; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker ; refer to state regulations</p>	
Hepatitis C	<p>No restriction*, refer to state regulations; standard precautions should always be observed</p> <p>Do not</p>	<p>Until Hepatitis C antigen is negative</p>

	perform exposure-prone procedures until counsel from an expert review panel has been sought ; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker ; refer to state regulations	
Herpes simplex Genital  Hands (herpetic whitlow)	No restriction  Restrict from patient contact	Until lesions heal

Orofacial	t Evaluate for need to restrict from case of high-risk patients	
Human Immunodeficiency Virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought ; panel should review and recommend procedures the worker can perform; taking into account specific procedure as well as skill and techni	

	que of the worker ; refer to state regulations	
Influenza	No Pt. Contact	Until resolve symptoms

<b>Disease/Problem</b>	<b>Work Restriction</b>	<b>Duration</b>
Mononucleosis	No patient contact	Until asymptomatic
Measles		
Active	Exclude from duty	Until 7 days after the rash appears
Postexposure (susceptible personnel)	Exclude from duty	From 5 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure and/or 4 days after rash appears.
Meningococcal infections/Viral Meningitis	Exclude from duty	Until 24 hours after start of effective therapy
Mumps		
Active	Exclude from duty	Until 9 days after onset of parotitis.
Postexposure (susceptible personnel)	Exclude from duty	From 12 <sup>th</sup> day after 1 <sup>st</sup> exposure through 26 <sup>th</sup> day after last exposure or until 9 days after onset of parotitis.
Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice
Pertussis		
Active	Exclude from duty	From beginning of catarrhal stage through 3 <sup>rd</sup> week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended	
Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after rash appears
Rubella		
Active	Exclude from duty	Until 5 days after rash appears
Postexposure (susceptible personnel)	Exclude from duty	From 7 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure
Scabies	Restrict from patient contact	Until cleared by medical eval

Staphylococcus aureus infection/Impetigo		
Active, draining skin lesions	Restrict from contact with patients environment	Until lesions have resolved
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal infection, group A	Restrict from patient care, contact with patients environment	Until 24 hours after adequate treatment started
Tuberculosis		
Active disease	Exclude from active duty	Until proved noninfectious
PPD Converter	No restriction	
Varicella		
Active	Exclude from duty	Until all lesions are dry and crust
Postexposure (susceptible personnel)	Exclude from duty	From 10 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure
Zoster		
Localized, in healthy person	Cover lesions; restrict from care of high-risk patients	Until all lesions dry and crust
Localized in immunosuppressed person	Cover lesions; restrict from care of high-risk patients	Until all lesions dry and crust
Postexposure (susceptible personnel)	Restrict from care of high-risk patients	From 10 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust
Viral respiratory infections, acute febrile	Consider excluding from the care of high risk patients or contact with their environment during community outbreak of RSV and influenza.	Until acute symptoms resolve
Fifth's Disease	Restricted in care of high risk/pregnancy	Until symptoms resolved

## **APPENDIX A**

### **Academic Calendar and Clinical Rotations**

ATEP student academic calendar:

Fall 2008

July 30 – ATEP Orientation 1:00pm AT Room  
Aug 19 – Fall classes begin  
Aug 26 – Drop/Add ends at 5pm  
Sept 7– Labor Day Holiday  
Oct 9 – Fall Break  
Oct 13 – Last day to withdraw with a “W”  
Oct 19-30 Spring Advisement  
Nov 2 – Spring registration begins  
Nov 25-27 Thanksgiving Holiday  
Dec 3-8 Final Exams

Spring 2009

Jan 6 – Spring classes begin  
Jan 13 – Drop/Add ends at 5pm  
Jan 18 – MLK day  
Jan 20 – Deadline to apply for graduation  
Mar 1 – Last day to withdraw with a “W”  
March 15-19 – Spring Break  
March 8-12 – Fall/Summer Advisement  
March 22-26 – Fall/Summer Advisement  
March 29 – Fall/Summer registration begins  
April 21-24 – Final Exams  
May 1-2 – Graduation

## 2008 - 2009 Senior Clinical Rotations

	PRO THERAPY	PRO THERAPY	KULISH FAMILY
Aug 24-28	Denise		
Aug31-Sept4	Denise		
Sept 7-11	Bentley		
Sept 14-18	Bentley		
Sept 21-25	Amy		
Sept 28-Oct2	Amy		
Oct 5-9	Sara		
Oct 12-16	Sara		
Oct 19-23	Ashley		
Oct 26-30	Ashley		
Nov 2-6	Dusty		
Nov 9-13	Dusty	Anna	
Nov 16-20		Anna	
<b>Winter Break</b>	<b>SPECIALTY CLINICS</b>	<b>SPECIALTY CLINICS</b>	<b>KULISH FAMILY</b>
Jan 11-15	Amy		Anna
Jan 18-22	Amy		Anna
Jan 25-29	Anna		Amy
Feb 1-5	Anna		Amy
Feb 8-12	Bentley		Sara
Feb 15-19	Bentley		Sara
Feb 22-26	Sara	Ashley	Bentley
Mar 1-5	Sara	Ashley	Bentley
Mar 8-12			Ashley
Mar 15-19			
March 22-26	Dusty		Denise/Ashley
March 29-April 2	Dusty		Denise
April 5-9	Denise		Dusty
April 12-16	Denise		Dusty
April 19-23			

**ATEP Student**

**Fall Sports/ACI**

**Spring Sports/ACI**

<b>Amy Musselman</b>	<b>Womens Basketball/Cheer Tracy Johnson</b>	<b>Baseball Amanda Williamson</b>
<b>Sara Edwards</b>	<b>Mens Basketball/XC Matt Daniel</b>	<b>Womens Soccer Amanda Williamson</b>
<b>Anna Kyle Shealy</b>	<b>Mens Soccer Tracy Johnson</b>	<b>Softball TBA</b>
<b>Dusty Tate</b>	<b>Womens Soccer Amanda Williamson</b>	<b>Mens Basketball/Track Matt Daniel</b>
<b>Ashley Mathis</b>	<b>Tennis/Rifle/Golf Jessica Poole</b>	<b>Mens Soccer Tracy Johnson</b>

	<b>Bentley Phillips</b>	<b>Softball TBA</b>	<b>Tennis/Rifle/Golf Jessica Poole</b>
	<b>Denise Kuechenmeister</b>	<b>Baseball Amanda Williamson</b>	<b>Womens Basketball/Cheer Tracy Johnson</b>
<b>Student</b>		<b>Clinical Site</b>	<b>HS ACI</b>
Casey Hulsey		North Hall	Dan Click
Jessica Bell		North Hall	Dan Click
Amanda Coker		North Hall	Dan Click
Ashley Pearce		Chestatee High	Chris Phillips
Ava Martin		Chestatee High	Chris Phillips
		Riverside	Jason
Devin Smith		Military	Nierenhausen
		Riverside	Jason
Alex Kenna		Military	Nierenhausen
Erin Darsey		Gainesville High	Jennifer Bradberry
Elizabeth Burch		Gainesville High	Jennifer Bradberry
			<b>NGCSU ACI</b>
			Jessica Poole
			Jessica Poole
			Tracy Johnson
			Matt Daniel
			Matt Daniel
			Amanda Williamson
			Amanda Williamson
			Derek Suranie
			TBA

		<b>Spring 2009</b>	
Devin Smith		Chestatee High	Chris Phillips
Elizabeth Burch		Chestatee High	Chris Phillips
		Riverside	Jason
Amanda Coker		Military	Nierenhausen
		Riverside	Jason
Erin Darsey		Military	Nierenhausen
Alex Kenna		North Hall	Dan Click
Ashley Pearce		North Hall	Dan Click
Ava Martin		Gainesville High	Jennifer Bradberry
Casey Hulsey		Gainesville High	Jennifer Bradberry
Jessica Bell		Gainesville High	Jennifer Bradberry
			Jessica Poole
			Jessica Poole
			Tracy Johnson
			Tracy Johnson
			TBA
			Derek Suranie
			Amanda Williamson
			Matt Daniel
			Matt Daniel

## **APPENDIX B**

### **ATEP Chain of Command**

**Bob Michael**  
Dean of School of Education

**Richard Oates**  
Associate Dean of Education

**Derek Suranie**  
ATEP Coordinator/Clinical  
Coordinator

**Jessica Poole**  
Head Athletic Trainer/Approved  
Clinical Instructor

<b>Matt Daniel</b> Assistant Professor/ Approved Clinical Instructor/ Athletic Trainer/ Public Relations	<b>Amanda Williamson</b> Approved Clinical Instructor/ Athletic Trainer/ Athletic Insurance	<b>Tracy Johnson</b> Approved Clinical Instructor/ Athletic Trainer/ Inventory & Supplies	Graduate Assistant Approved Clinical Instructor/Athletic Trainer
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**Affiliated Approved  
Clinical Instructors:**  
Michael Clanton, Jennifer Bradberry, Jason Nierenhausen, Dan Click,  
Chris Phillips, Brian Moore

**Senior Athletic Training Education Students:** Sara Edwards, Denise Keuchenmeister, Ashley Mathis, Amy Musselman, Zach Norris, Kelly Osborne, Bentley Phillips, Anna Shealy, Dusty Tate

**Junior Athletic Training Education Students:** Erin Darsey, Casey Hulse, Ava Martin, Elizabeth Burch, Devin Smith, Alex Kenna, Amanda Coker, Ashley Pearce, Jessica Bell

**APPENDIX C**

**Job Descriptions**

**Athletic Training Education**  
**Program Coordinator/Clinical Coordinator**  
**Clinical Instructor Educator**  
2009-2010 Job responsibilities  
**Derek Suranie, MEd.,ATC**

1. Maintain ATEP accreditation status (CAATE annual reports, coordinate implementation of self-study, coordinate accreditation site-visits).
2. Ensure that all standards, guidelines, competencies and proficiencies are being met, evaluated over time and are current. Responsible for all curricular content.
3. Maintain Georgia Board of Regents compliance with comprehensive review of program.
4. Oversee all aspect of athletic training at NGCSU.
5. Delineate individual faculty and staff responsibilities within athletic training at NGCSU.
6. Conduct personnel evaluations of program faculty for professional development planning
7. Recommend budget items for the program and for faculty development.
8. Represent ATEP concerns and issues to the School of Education Executive Committee.
9. Develop schedule and teaching assignments of classes for each semester and the two year projected schedule.
10. Coordinate curriculum development and changes for the ATEP.
11. Teach undergraduate courses in athletic training and health and physical education.
12. Advise professional level athletic training education students.
13. Clinical Instructor Educator – ACI workshops.
14. Coordinate clinical rotation schedule for ATEP students.
15. Coordinate and implement programmatic assessment plan.
16. Serve on the School of Education Executive Committee and Professional Education Committee. Service to the department, school, university and community.
17. Oversee all aspects of clinical rotations.
18. Maintain ACI evaluations, CI evaluations, Clinical site evaluations, and Student clinical evaluations.
19. Maintain current ACI credentials, maintain current MOU's with each clinical site, maintain.
20. Visit clinical sites on a regular schedule basis.

Fall 2008

- (3) ATEP 3370
- (3) ATEP 4336
- (1) ATEP 4470
- (1) ATEP 3001
- (1) ATEP 4001

Spring 2009

- (3) ATEP 4466
- (2) ATEP 4469
- (1) ATEP 3002
- (1) ATEP 4002

**Assistant Professor/Head Athletic Trainer**  
**Approved Clinical Instructor**  
2009-2010 Job responsibilities  
**Jessica Poole, MEd.,ATC**

1. Coordinate NGCSU athletic training room coverage, practice coverage and team coverage both home and away.
2. Coordinate summer sports camps team coverage.
3. Maintain cleaning and maintenance schedule for NGCSU AT room.
4. Ensure that every athlete has a current complete folder - physical exam as well as current insurance...
5. Maintain NCAA compliance with drug testing...
6. Maintain current OSHA standards for at students and coaches. Including OSHA training, site biohazardous compliance as well as modality calibration.
7. Responsible for tennis, rifle and golf.
8. ACI – must meet with each assigned student individually for a scheduled two hours per week. Clinical proficiencies should be evaluated at this time. Complete clinical evaluations on each student.
9. Teach undergraduate courses in athletic training and health and physical education.
10. Advise intro and pre-professional level athletic training education students.
11. Accreditation responsibilities as assigned by ATEP coordinator.
12. Service to department, school, university and community.

Fall 2008  
(3) ATEP 4465  
(3)ATEP 2335

Spring 2008  
(3) ATEP 3365  
(3) ATEP 4468

**Assistant Professor/Public Relations Manager**  
**Approved Clinical Coordinator**  
2009-2010 Job responsibilities  
**Matt Daniel, MEd.,ATC**

1. Publish and distribute all public relations/recruiting materials.
2. Advisor for the ATEP student organization.
3. Schedule leadership/team building events and social meetings.
4. Student recruitment for ATEP – high schools, junior colleges, freshmen, and sophomores at NGSCU...
5. ACI – must meet with each assigned student individually for a scheduled two hours per week. Clinical proficiencies should be evaluated at this time. This is separate from a student's 20 hours of clinical rotation. Complete clinical evaluations on each student.
6. Athletic Coverage as assigned by Head Athletic Trainer
7. Accreditation responsibilities as assigned by ATEP coordinator.
8. Teach undergraduate courses in athletic training and health and physical education.
9. Advise intro and pre-professional level athletic training education students
10. Service to the department, school, university and community.

Fall 2007  
(3) ATEP 2335  
(2) ATEP 2336

Spring 2008  
(3) ATEP 2335  
(1) ATEP 2001  
(3) ATEP 3468

**Approved Clinical Instructor**  
**Athletic Insurance Coordinator**  
Athletic Trainer  
2009-2010 Job responsibilities  
**Amanda Williamson, ATC**

1. Responsible for maintaining all aspects of Athletic Insurance
2. ACI – must meet with each assigned student individually for a scheduled two hours per week. Clinical proficiencies should be evaluated at this time. This is separate from a student's 20 hours of clinical rotation. Complete clinical evaluations on each student.
3. Athletic coverage as assigned by Head Athletic Trainer – coverage of practices, home/away game coverage.
4. Accreditation responsibilities as assigned by ATEP coordinator.
5. Service to the department, school, university and community

**Approved Clinical Instructor  
Inventory & Supplies Coordinator**

Athletic Trainer

2009-2010 job responsibilities

**Tracy Johnson, MEd.,ATC**

1. Responsible for maintaining current inventory list and yearly ordering of supplies.
2. ACI – must meet with each assigned student individually for a scheduled two hours per week. Clinical proficiencies should be evaluated at this time. This is separate from a student's 20 hours of clinical rotation. Complete clinical evaluations on each student.
3. Athletic coverage as assigned by Head Athletic Trainer – coverage of practices, home/away game coverage.
4. Accreditation responsibilities as assigned by ATEP coordinator.
5. Service to the department, school, university and community

### **Approved Clinical Instructor**

Athletic Trainer

2009-2010 job responsibilities

Katie Lundy, ATC

1. ACI – must meet with each assigned student individually for a scheduled two hours per week. Clinical proficiencies should be evaluated at this time. This is separate from a student's 20 hours of clinical rotation. Complete clinical evaluations on each student.
2. Athletic coverage as assigned by Head Athletic Trainer – coverage of practices, home/away game coverage.
3. Accreditation responsibilities as assigned by ATEP coordinator.
4. Service to the department, school, university and community

### **Approved Clinical Instructor Job Description**

- 1.) Potential Clinical Instructors must receive 5 hours of training with a Clinical Instructor Educator (CIE) in order to be approved clinical instructors (ACI'S).  
Resulting from this training, the ACI must be familiar with the ATEP at NGCSU as a whole, be familiar with the Learning Over Time Concept, know the various Learning Styles as well as Teaching Styles associated with Clinical Education, know what it takes to be an effective clinical instructor, as well as have knowledge of NGCSU ATEP's methods of evaluation and assessment of the athletic training student.
- 2.) ACI's must be a faculty member at NGCSU, obtain adjunct faculty status at NGCSU or be a graduate assistant athletic trainer employed by NGCSU.
- 3.) Any ACI must be a certified athletic trainer through the NATA-BOC for a minimum of one year, and be in good standing. Any ACI must also be a licensed athletic trainer through the Georgia Board of Athletic Trainers as well as be in good standing.
- 4.) ACI's must provide constant audio and visual supervision, as well as provide effective feedback to the assigned athletic training students.
- 5.) Must meet with student on a planned, scheduled time to evaluate clinical proficiencies.
- 6.) ACI's must be aware of and have students complete the leaning objectives for assigned rotation in proper sequence and on time.
- 7.) Complete student evaluations.

## **Athletic Training Education Program Medical Director and Team Physician Job Description**

1. As medical director, individual is responsible for the coordination and guidance of the medical aspects of the ATEP. As team physician he/she is the clinical practitioner providing services to the athletes and those involved in physical activity.
  - should have a sincere interest in the professional preparation of the athletic training student
  - willing to share knowledge through ongoing informal discussion - (Every Wednesday at 1:15 – 2:30. Athletic training students do not have class at this time, so all have opportunity to meet)
  - shares knowledge through providing a general medicine clinical rotation for the ATEP students
  - shares knowledge through monthly guest lectures
2. Must be in good standing with respective credentialing/licensing agency
3. Willing to help guide ATEP and act as proponent of the ATEP within the medical community as well as the local community
4. Willing to encourage other physicians to be involved with instruction of the athletic training student
5. Medical Director/Team Physician must be hired through NGCSU as adjunct faculty.
6. Medical Director/Team Physician involvement will be documented on a yearly basis and used as part of the overall assessment of the ATEP

### **Athletic Training Education Program Team Orthopedist Job Description**

1. As team orthopedist, individual is the clinical practitioner for orthopedic injuries, providing services to the NGCSU athletes and those involved in physical activity
  - a. should have a sincere interest in the professional preparation of the athletic training student
  - b. willing to share knowledge through ongoing informal discussion, when attending NGSCU home events, and when athletic training students bring athletes to office
  - c. willing to share knowledge through providing an orthopedic clinical rotation for the ATEP students
  - d. shares knowledge through monthly guest lectures
2. Must be in good standing with respective credentialing/licensing agency
3. Willing to help guide ATEP and act as proponent of the ATEP within the medical community as well as the local community
4. Willing to encourage other physicians to be involved with instruction of the athletic training student
5. Team orthopedist involvement will be documented on a yearly basis and used as part of the overall assessment of the ATEP

## **APPENDIX D**

### **Disabilities Services/Student Help/Essential Functions**

# **ACADEMIC PROGRAM ACCESS FOR STUDENTS WITH DISABILITIES**

## **SECTION I**

**POLICIES FOR ACCESS OF INDIVIDUALS WITH DISABILITIES**

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**DEFINITIONS**

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## **SECTION IV**

**RIGHTS AND RESPONSIBILITIES OF THE UNIVERSITY**

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**RIGHTS AND RESPONSIBILITIES OF STUDENTS WITH DISABILITIES**

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**PROCEDURES FOR REQUESTING ACCOMMODATIONS**

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**PERSONAL CARE ATTENDANT POLICY**

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**APPEALS**

## **APPENDIX I**

### **CRITERIA FOR ACCEPTING OUTSIDE EVALUATIONS DOCUMENTING LEARNING DISABILITIES AS OUTLINED BY THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA**

## **APPENDIX II**

### **DOCUMENTATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN ADOLESCENTS AND ADULTS**

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DSM-IV-TR Diagnostic Criteria for ADHD\*

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Recommendations for Consumers

## **ACADEMIC PROGRAM ACCESS FOR STUDENTS WITH DISABILITIES**

**North Georgia College & State University**

**Dahlonega, Georgia**

### **SECTION I**

#### **POLICIES FOR ACCESS OF INDIVIDUALS WITH DISABILITIES**

North Georgia College & State University is committed to the full inclusion of individuals with disabilities and to the principle of individual rights and responsibilities. To that end, the policies and procedures of NGCSU reasonably ensure that a person with a disability is not on the basis of that disability denied full and equal access to and the enjoyment of academic programs and co-curricular activities or otherwise subjected to discrimination in such programs and activities.

The policies for access by individuals with disabilities at NGCSU are designed to ensure full compliance with all pertinent federal and state legislation, specifically to include Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990.

North Georgia College & State University houses the two-volume *ADA Compliance Guide* in the Division of Academic Support Programs, Office of Student Disability Resources, 122 Barnes Hall. This document is available for review by any university employee or student.

## SECTION II

### DEFINITIONS

For clarification, terms relevant to Section 504 and ADA are defined as follows:

**academic access:** procedures that embrace nondiscriminatory recruitment, admissions, and treatment of students

**accommodations:** physically accessible programs and services, classroom/learning modifications that reasonably ensure the participation of students with disabilities in college classes and activities, and instructional and testing adaptations

**auxiliary aids:** manual and technological aids (both hardware and software) for persons with impaired cognitive, sensory, motor, or speaking skills

**disabled individual:** a person who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment, or is regarded as having such an impairment

**"has a record of such "impairment":** a history of or is regarded as having a mental or physical condition that substantially limits one or more major life activities

**"major life activities":** means functions such as caring for oneself, performing manual tasks, walking seeing, hearing, speaking, breathing learning, working, and experiencing

**mental disability:** a disabling developmental or neurological condition that has adverse effects on an individual's cognitive or volitional functions--e.g., central nervous system disorders, head injuries, and specific learning disabilities

**physical disability:** any physical condition, anatomic loss/dysfunction, or disfiguration caused by bodily injury, birth defect, or illness

**qualified person with a disability:**

(with respect to post-secondary services) a person with a disability who meets the academic and technical standards for admission or participation in the education program or activity given appropriate accommodations;

(with respect to any other program or activity) a person with a disability who meets the essential eligibility requirements for participation in, or receipt from, that program or activity given appropriate accommodations

**programs:** academic majors and degree plans, including coursework and practica; research; housing; counseling; financial aid; physical education; athletics; recreation; student organizations; placement; and any other opportunities offered by the university

**psychological disability:** any persistent psychological or psychiatric disorder or emotional or mental illness resulting in impairment of educational, social, or vocational functioning--stress disorders, anxiety disorders, eating disorders, depression, and personality disorders

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## SECTION III

### RIGHTS AND RESPONSIBILITIES

To reasonably ensure the full translation of the policies for access of individuals with disabilities into procedures, as prescribed in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, the following rights and responsibilities are crucial:

- the right of the university to set and maintain standards for admitting and evaluating the progress of students
- the right of the individual with a disability to be included on the basis of criteria that do not unfairly discriminate because of the disability

To assure full consideration of both the right of the university to set and to maintain standards and the right of the individual with a disability to be free of discriminatory action, this document outlines the rights and responsibilities of students who have disabilities and the rights and responsibilities of the university. The procedures that follow create a mechanism for dispute resolutions for those instances in which the usual channels have not resulted in a decision that is acceptable to both the individual and the administration of the university.

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## SECTION IV

### RIGHTS AND RESPONSIBILITIES OF THE UNIVERSITY

North Georgia College & State University recognizes that its basic responsibility is to identify and to maintain the academic and technical standards fundamental to providing quality academic programs while ensuring the rights of individuals with disabilities.

#### **Rights of the University**

- North Georgia College & State University has the right to identify and to establish the abilities, skills, and knowledge necessary for success in its programs and to evaluate applicants and students on this basis.

- North Georgia College & State University has the right to identify and to establish the abilities, skills, and knowledge that are fundamental to academic programs/courses and to evaluate each student's performance against these standards. Fundamental program and course standards are not subject to modifications--that is, the university is not required "to make modifications to policies if they would 'fundamentally alter' the nature of the services or programs . . . or cause an 'undue burden'" (ADA Compliance Guide).
- North Georgia College & State University has the right to request and to receive documentation that supports requests for modifications.
- North Georgia College & State University has the right to deny a request if the documentation reveals that no modification is necessary or if the individual fails to provide adequate documentation.
- North Georgia College & State University has the right to select among equally effective modifications for individuals with a disability.

### **Responsibilities of the University**

- North Georgia College & State University has the responsibility to ensure that its recruitment information and activities are available in accessible formats and facilities both within and outside the confines of the institution.
- North Georgia College & State University has the responsibility to evaluate applicants based solely on their qualifications and is prohibited from inquiring about disabilities prior to official acceptance to the university.
- North Georgia College & State University has the responsibility to make "reasonable modifications" to its policies, practices, and procedures so that people with disabilities can have access to all the goods, services, and other opportunities it provides.
- North Georgia College & State University has the responsibility to ensure that all its programs, viewed in their entirety, including but not limited to academic offerings, housing, transportation, student organizations, counseling, and placement, are accessible and usable.
- North Georgia College & State University has the responsibility to adjust, substitute, or waive any academic requirements *within* the policies of the Board of Regents that unfairly discriminate against a student with a disability and that are not essential to the integrity of the student's academic program.
- North Georgia College & State University has the responsibility to make reasonable modifications for disabled students in the delivery, instructional method, and evaluation system of a course.
- North Georgia College & State University has the responsibility to inform its applicants and students about modifications and the procedures for requesting such modifications. If the request for modification is denied, North Georgia College & State University has the responsibility to inform the individual of his/her right to appeal the decision.

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## **SECTION V**

## **RIGHTS AND RESPONSIBILITIES OF STUDENTS WITH DISABILITIES**

An individual with a disability has a right to an equal opportunity to participate in and to benefit from programs offered at North Georgia College & State University.

- A student with a disability has the right to an equal opportunity to learn.
- A student has the right to reasonable modifications in the location, delivery system, and instructional methodologies that limit access, participation, or ability to benefit.
- A student with a disability has the right to an equal opportunity to participate in and to benefit from the academic community, which includes access to services and co-curricular activities that, when viewed in their entirety, are comparable to those provided any student.
- A student with a disability has the right to confidentiality of all information and has the right to choose to whom information about his or her disability is disclosed.
- A student with a disability has the right to information regarding the availability of auxiliary aids and possible modifications, as well as procedures for making requests for either.
- A student with a disability has the right to be informed of procedures for initiating an appeal of a decision by the institution regarding auxiliary aids or modifications.
- A student with a disability has the right to be informed of procedures for initiating further appeal of an institutional decision through external channels--e.g., filing a complaint with the Office of Civil Rights or filing a case through the court systems.

### **Responsibilities of Students with Disabilities**

- A student with a disability has the same responsibility as any other student to meet and to maintain the university's academic standards.
- A student with a disability has the responsibility to provide complete, current (no older than three years) documentation of his or her disability as determined by a psychologist, psychiatrist, or other relevant physician, and this documentation must logically support the instructional or evaluative modifications requested.
- A student with a disability has the responsibility to follow published procedures for making a request for modifications and to do so in a timely fashion.
- A student with a disability at the university level has the responsibility to become a "self-advocate" through the guidance of disability specialists, faculty, and other professionals at the university.
- A student with a disability has the responsibility to follow published procedures for filing an appeal.

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## **SECTION VI**

### **ADMISSIONS**

Admission to North Georgia College & State University is based on the requirements outlined in the university's undergraduate and graduate bulletins. Admissions decisions ensure that an

applicant with a disability is not subjected to discrimination in admissions on the basis of his or her disability.

The Office of Admissions provides assistance and accessible admissions materials on request. Further information regarding specific admissions requirements is available through the Office of Admissions.

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## SECTION VII

### PROCEDURES FOR REQUESTING ACCOMMODATIONS

North Georgia College & State University complies with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act of 1990, acts which ensure that no student is denied benefits, excluded from participation, or otherwise subjected to discrimination because of a disability. A student has the legal responsibility to request necessary accommodations in a timely manner and to provide the institution with appropriate, current documentation of the disabling condition. Sufficient advanced notice of a request for an accommodation is required in order to give the Office of Student Disability Resources a reasonable period of time to evaluate the request and documentation. A student may submit a request and documentation any time during his enrollment at North Georgia College & State University, but no action based on the request and documentation is retroactive.

To receive disability accommodations at North Georgia College & State University, a student should complete the following in advance of the anticipated need for services and accommodations:

- A student must be officially admitted to North Georgia College & State University.
- A student requesting accommodations should register with the Office of Student Disability Resources by filing a *Voluntary Disclosure of Disability* form that is mailed with the student's official acceptance letter.
- A student should complete the *Request for Services and Accommodations* form. Current, written documentation from appropriate professional personnel is required and is subject to verification by North Georgia College & State University.
- Approval of reasonable accommodations will be made case-by-case based on the justification contained in the written documentation provided by the student.
- Students who believe they have experienced discrimination on the basis of a disability can seek resolution through grievance procedures established by North Georgia College & State University. Information and consultation on these procedures are available through the Office of Student Disability Resources, Rodney E. Pennamon, 122 Barnes Hall (706) 867-2782.

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## SECTION VIII

## **PERSONAL CARE ATTENDANT POLICY**

Federal regulations associated with the Americans with Disabilities Act specifically state that post-secondary institutions are *not* required to "provide attendant, individually prescribed devices, readers for personal use or study, or other devices or services of a personal nature" (30944). Specifically and definitively, personal care needs are the responsibility of the student. A student who needs personal assistance, as indicated by his or her documentation, should procure the most appropriate services to ensure safety. North Georgia College & State University, however, does have the responsibility to aid the student in need of personal care by accommodating the personal care attendant in the educational and residence environment.

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### **SECTION IX**

#### **AUXILIARY AIDS**

North Georgia College & State University seeks to ensure that individuals with disabilities who can meet the academic and technical standards for admission are not excluded from full participation in the programs the university operates as a result of the absence of necessary auxiliary aids or reasonable modifications.

A student with a disability is expected to exercise initiative in identifying and obtaining auxiliary aids and assistance through every reasonable channel available to them. The primary role of the university in this effort should be informative about and supportive of active self-advocacy on the part of the student. The university, however, does have the responsibility to determine the necessity of aids and to ensure that a student is not denied the right to participate in programs, benefits, classes, or services because of the absence of reasonable and appropriate auxiliary aids that would make participation possible. Furthermore, the university has the responsibility to provide auxiliary aids or to find reasonable alternatives that will allow full participation unless requests are determined to be unreasonable or will impose an undue hardship on the university. Every attempt will be made to ensure availability of necessary auxiliary aids, but the university must have sufficient time to evaluate the request, determine the aid to be provided, and to identify sources for obtaining it.

A student who believes he or she will need auxiliary aids to participate fully in the activities inherent in the programs at North Georgia College & State University should make those needs known as early as possible, preferably as soon as he or she has been admitted or determined to have a disability. These requests should be made through direct contact with the Coordinator of Student Disability Resources. To expedite the process, requests should be accompanied by a written evaluation of the student's disability. For a student with a learning disability (LD), an Attention Deficit Disorder (ADD), or an Attention Deficit Hyperactivity Disorder (ADHD), this documentation must meet the criteria established by the University System of Georgia (Appendix 1).

## **SECTION X**

### **COURSE MODIFICATIONS AND SUBSTITUTIONS**

A student is required by the University System of Georgia to meet the essential requirements of his or her respective program. Any request for course modifications and substitutions will be decided on a case-by-case basis; however, the policies of the Board of Regents of the University System of Georgia preclude waiving any core course and allows for substitutions only in approved areas.

#### **Course Modifications**

When a student's documentation indicates course modifications, the Coordinator of Student Disability Resources will confer with members of the university's Committee on Learning Disabilities/Physical Challenges to determine appropriate, individualized modifications as supported by the documentation. The students will be notified of approved modifications via an official letter from the Vice President for Academic Affairs. Such modifications may require changes in the distribution and presentation of course material and in the evaluation of academic performance.

#### **Course Substitutions**

Courses may be substituted when documentation indicates that a certain disability precludes learning a specific subject, that modifications would most likely be futile, and that the course is determined not to be essential to the student's program of study or is a University System of Georgia core curriculum course. The Coordinator of Student Disability Resources, the Committee on Learning Disabilities/Physical Challenges, the head of the department of the student's major field of study, and the student's major advisor will recommend an appropriate course substitution to the Vice President for Academic Affairs for approval.

## **SECTION XI**

### **APPEALS**

North Georgia College & State University recognizes both the variation in the needs of students with disabilities and the variation in course contexts as an individual student progresses through his or her program of study. When needs arise, the student or the faculty member, as well as offices that serve students, may request that the Coordinator of Student Disability Resources and the Committee on Learning Disabilities/ Physical Challenges review current modifications and revise the modifications as appropriate. If this process fails to establish mutually acceptable modifications, the dissatisfied party may file an appeal.

If accommodations have been recommended and approved by the Vice President for Academic Affairs, faculty must accommodate the student as outlined. Should faculty or offices serving students fail to accommodate the student, the student may file an appeal. Similarly, if a faculty member or office serving students finds that the accommodations are unreasonable or place an undue hardship on the department/office, the party(s.) may file an appeal.

All appeals must be submitted in writing to the Vice President for Academic Affairs with a copy submitted to the Coordinator of Student Disability Resources.

### **Basis for Appeal**

Students may appeal on the basis of one of the following considerations:

- The access plan does not represent a reasonable accommodation of a student's disability. The basis for such an appeal should be that the respective disability, in the absence of requested alternatives or additional modifications, limits the student's full participation or accurate evaluation in a specific activity, service, program, or course. The appeal must include a rationale for the requested additions or alternatives.
- A particular course or requirement is not essential to the integrity of the program of instruction being pursued. The appeal must be based on documentation that the respective disability limits full participation in the academic program.

Faculty, department heads, area coordinators, and deans may appeal a student's access plan on the grounds that the modifications represent a fundamental, detrimental alteration in a course, program, or service.

### **Filing Appeals**

A student and his or her professor should make every effort to work together to implement modifications determined/approved to be reasonable and appropriate. If questions or concerns arise due to conflicts between a student's documented needs and course requirements or physical accessibility on campus, the Coordinator of Student Disability Resources should be contacted. The Coordinator will make every effort to resolve the conflict in a timely manner, either through counseling or by referral to the institution's Alternative Dispute Resolution (ADR) liaison. If neither of these procedures results in resolution, the student should appeal in writing to the Vice President for Academic Affairs. (A copy of the letter of appeal should be submitted to the Coordinator of Student Disability Resources.) If no resolution is reached through appeal to the Vice President for Academic Affairs, a student has the right to appeal to the President of North Georgia College & State University and, ultimately, to the Board of Regents of the University System of Georgia.

### **Alternative Dispute Resolution (ADR)**

North Georgia College & State University supports an initiative, which was begun by the Board of Regents of the University System of Georgia in 1994, that seeks to encourage less adversarial, more collaborative methods of conflict resolution. Through mediation, an impartial, trained mediator assists disputing parties in reaching a mutually agreeable, negotiated settlement of their

differences. While the mediator has no authority to make a decision or to impose a settlement upon the parties, he or she attempts to focus the attention of the parties on their needs and interests, not on rights and positions.

For more information about Alternative Dispute Resolution or to initiate mediation, one should contact

Dr. Mac Martin  
Campus Liaison to the Board of Regents for ADR  
210 Barnes Hall  
PH (706) 864-1819  
e-mail [mmmartin@ngcsu.edu](mailto:mmmartin@ngcsu.edu)

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## **APPENDIX I**

### **CRITERIA FOR ACCEPTING OUTSIDE EVALUATIONS DOCUMENTING LEARNING DISABILITIES AS OUTLINED BY THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA**

#### **CRITERIA FOR ACCEPTING OUTSIDE EVALUATIONS DOCUMENTING LEARNING DISABILITIES**

1. Documentation must be within three years of a student's application for assistance.
2. A specific learning disability must be clearly stated in the documentation. Support must show that a student exhibits one or more, but not all, areas of specific academic deficits; a correlated cognitive Deficit; and average intellectual ability. If any other diagnosis is applicable, it should be clearly stated.
3. One of the following individually administered intelligence tests must have been administered, with subscale scores reported:
  - a. WAIS-R
  - b. WISC-R
  - c. WISC-III
  - d. Stanford Binet

e. KAIT

4. Cognitive processing strengths, weaknesses, and deficits should be discussed. Clear documentation of Deficit areas is necessary in order for responding institutions to provide appropriate modifications; therefore, the following processing areas should be addressed:

a. Visual spatial abilities

b. Memory, to include auditory and visual and short-term and long-term

c. Fine motor skills/dexterity

d. Executive functions, to include verbal and nonverbal reasoning, cognitive flexibility, and automatically with cognitive tasks

e. Attention, to include auditory and visual

5. Oral language skills should be assessed and addressed through either formal instruments or informal analyses of a language sample since universities are primarily interested in whether or not a student's learning disability impacts oral language and/or if a separate speech disorder is also present.

6. Social/emotional status should be assessed and addressed through either formal assessment instruments and/or clinical interviews. Since college/university life is typically quite stressful for students with learning disorders, these institutions need information--e.g., personality characteristics, psychological welfare, self-esteem, and stress level--that help them fully assist a student.

7. Achievement assessment in the following areas is required:

a. Written language--spelling and written expression

b. Reading--decoding and comprehension, with emphasis on the student's ability to comprehend longer passages typical of higher education texts

c. Mathematics--applied word problems and calculations, specifically in algebra

8. Assessment instruments must have age appropriate norms for high school seniors/college freshman or older students. All standardized measures must be represented by standard scores or percentile ranks based on published norms; informal assessment can be presented as supplemental evidence.

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## **APPENDIX II**

# **DOCUMENTATION OF ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER IN ADOLESCENTS AND ADULTS**

## **Introduction**

This document provides consumers, schools, professional diagnosticians, and service providers with a common understanding and knowledge base of the components of documentation that are necessary to validate the existence of ADHD, the impact of ADHD on the individual's educational performance, and the need for accommodations for candidates seeking to register with various Educational Testing Service testing programs. The information and documentation to be submitted should be comprehensive in order to avoid or reduce unnecessary time delays in decision making related to the provision of services.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services. To establish that an individual is covered under the ADA, the documentation must indicate that the disability substantially limits some major life activity, including learning. The following documentation requirements are provided in the interest of assuring that documentation of ADHD demonstrates an impact on a major life activity, is appropriate to verify eligibility, and supports the request for accommodations, academic adjustments, and/or auxiliary aids.

In the main section of the document, information is presented in four important areas: (1) qualifications of the evaluator; (2) recency of documentation; (3) comprehensiveness of the documentation to substantiate the ADHD; and (4) evidence to establish a rationale to support the need for accommodation(s). Appendix A provides the diagnostic criteria for ADHD from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV-TR [American Psychiatric Association], 2000). Appendices B and C provide recommendations for consumers and a listing of resources and organizations.

## **Documentation Requirements**

### **I. A Qualified Professional Must Conduct the Evaluation**

Professionals conducting assessments and rendering diagnoses of ADHD and making recommendations for accommodations must be qualified to do so. Comprehensive training and relevant experience in differential diagnosis and the full range of psychiatric disorders are essential.

The following professionals would generally be considered qualified to evaluate and diagnose ADHD [provided they have comprehensive training in the differential diagnosis of ADHD and direct experience with an adolescent or adult ADHD population: psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. It may be appropriate to use a clinical team approach consisting of a variety of educational, medical, and counseling professionals with training in the evaluation of ADHD in adolescents and adults.

Use of diagnostic terminology indicating an ADHD by someone whose training and experience are not in these fields is not acceptable. It is also not appropriate for professionals to evaluate members of their own families.

The name, title, and professional credentials of the evaluator--including information about license or certification as well as the area of specialization, employment, and state of province in which the individual practices should be clearly stated in the documentation. All reports should be on letterhead, typed, dated, signed, and otherwise legible.

## **II. Documentation Must Be Current**

Because the provision of all reasonable accommodations and services is based upon ETS's assessment of the current impact of the disability on academic performance, it is in a candidate's best interest to provide recent and appropriate documentation. In most cases, this means that a diagnostic evaluation must have been completed within the past three years. Flexibility in accepting documentation that is more than three years old may be important under certain conditions if the previous assessment is applicable to the current or anticipated setting. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, reevaluation may be required. Furthermore, observed changes may have occurred in the individual's performance since the previous assessment, or new medications may have been prescribed or discontinued since the previous assessment was conducted. In such cases, it will be necessary to update the evaluation report. The update must include a detailed assessment of the current impact of the ADHD and interpretive summary of relevant information (see Section III, G) and the previous diagnostic report. If necessary, ETS consultants will recommend what aspects of the documentation need to be updated or augmented in order to be reviewed more fully.

## **III. Documentation Necessary to Substantiate the Diagnosis Must Be Comprehensive**

### **A. Evidence of Early Impairment**

Because ADHD is, by definition in the DSM-IV-TR, first exhibited in childhood (although it may not have been formally diagnosed) and manifests itself in more than one setting, relevant historical information is essential. The following should be included in a comprehensive assessment: clinical summary of objective historical information, establishing symptomology indicative of ADHD throughout childhood, adolescence, and adulthood as garnered from transcripts, report cards, teacher comments, tutoring evaluations, and past psycho-educational testing; and third party interviews when available.

### **B. Evidence of Current Impairment**

In addition to providing evidence of a childhood history of an impairment, the following areas must be investigated:

#### **1. Statement of Presenting Problem**

A history of the individual's presenting attentional symptoms should be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more settings.

## **2. Diagnostic Interview**

The information collected for the summary of the diagnostic interview should consist of more than self-report, as information from third party sources is critical in the diagnosis of ADHD. The diagnostic interview with information from a variety of sources should include, but not necessarily be limited to, the following:

- history of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time
- developmental history
- family history for presence of ADHD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner
- relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated
- relevant psychosocial history and any relevant interventions
- a thorough academic history of elementary, secondary, and post-secondary education
- a review of prior psycho educational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems
- relevant employment history
- description of current functional limitations pertaining to an educational setting that are presumably a direct result of problems with attention
- relevant history of prior therapy

## **C. Alternative Diagnoses or Explanations Should Be Ruled Out**

The evaluator must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological, and/or personality disorders that may confound the diagnosis of ADHD. This process should include exploration of possible alternative diagnoses and medical and psychiatric disorders as well as educational and cultural factors affecting the individual that may result in behaviors mimicking an Attention-Deficit/Hyperactivity Disorder.

## **D. Relevant Testing Information Must Be Provided**

Neuropsychological or psycho educational assessment is important in determining the current impact of the disorder on the individual's ability to function in academically related settings. The evaluator must objectively review and include with the evaluation report relevant settings. The evaluator must objectively review and include with the evaluation report relevant background information to support the diagnosis. If grade equivalents are reported, they must be accompanied by standard scores and/or percentiles. Test scores or subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADHD. Selected subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests, or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. Checklists and/or surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of ADHD and do not substitute for clinical observations and sound diagnostic judgment. All data must logically reflect a substantial limitation to learning for which the individual is requesting the accommodation.

### **E. Identification of DSM-IV-TR Criteria**

According to the DSM-IV-TR, "the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development" (p.85). A diagnostic report should include a review and discussion of the DSM-IV-TR criteria for ADHD both currently and retrospectively and specify which symptoms are present (see Appendix A for DSM-IV-TR criteria).

In diagnosing ADHD, it is particularly important to address the following criteria:

- symptoms of hyperactivity/impulsivity or inattention that cause impairment that must have been present in childhood.
- current symptoms that have been present for at least the past six months
- impairment from the symptoms present in two or more settings (for example, school, work, home)
- clear evidence of significant impairment in social, academic, or occupational functioning.
- symptoms that do not occur exclusively during the course of a Pervasive

Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

### **F. Documentation Must Include a Specific Diagnosis**

The report must include a specific diagnosis of ADHD based on the DSM-IV-TR diagnostic criteria. The diagnostician should use direct language in the diagnosis of ADHD, avoiding the use of such terms as "suggests," "is indicative of," or "attention problems."

Individuals who report only problems with organization, test anxiety, memory or concentration in selective situations do not fit the prescribed diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation(s).

### **G. An Interpretative Summary Must Be Provided**

A well-written interpretative summary based on a comprehensive evaluative process is a necessary component of the documentation. Because ADHD is in many ways a diagnosis that is based upon the interpretation of historical data and observation, as well as other diagnostic information, it is essential that professional judgment be utilized in the development of a summary, which must include

1. demonstration of the evaluator's having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity as a result of psychological or medical disorders or noncognitive factors
2. indication of how patterns of inattentiveness, impulsivity, and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD
3. indication of whether or not the candidate was evaluated while on medication, and whether or not the prescribed treatment produced a positive response
4. indication and discussion of the substantial limitation to learning presented by the ADHD and the degree to which it affects the individual in the testing context for which accommodations are being requested
5. indication as to why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are mediated by the accommodations

### **IV. Each Accommodation Recommended by the Evaluator Must Include a Rationale**

The evaluator must describe the impact, if any, of the diagnosed ADHD on a specific major life activity as well as the degree of impact on the individual. The diagnostic report must include specific recommendations for accommodations that are realistic and that post-secondary institutions, and examining, certifying, and licensing agencies can reasonably provide. A detailed explanation as to why each accommodation is recommended must be provided and should be correlated with specific functional limitations determined through interview, observation, and/or testing. Although prior documentation may have been useful in determining appropriate services in the past, current documentation must validate the need for services based on the individual's present level of functioning in the educational setting. A school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report. The documentation must include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations) and whether or not they benefited the individual. However, a prior history of accommodations without demonstration of a current need does not in itself warrant the provision of like accommodations. If no prior accommodations were proved,

the qualified professional and/or the candidate must include a detailed explanation of why no accommodations were needed in the past and why accommodations are needed at this time.

Because of the challenge of distinguishing normal behaviors and developmental patterns of adolescents and adults (e.g., procrastination, disorganization, distractibility, restlessness, boredom, academic under-achievement or failure, low self-esteem, chronic tardiness or in attendance) from clinically significant impairment, a multifaceted evaluation should address the intensity and frequency of the symptoms and whether these behaviors constitute an impairment in a major life activity.

If the requested accommodations are not clearly identified in the diagnostic report, ETS will seek clarification, and if necessary, more information. ETS will make final determination of whether appropriate and reasonable accommodations are warranted and can be provided to the individual.

## **V. Confidentiality**

ETS will adhere to its confidentiality policies regarding its responsibility to maintain confidentiality of the evaluation and will not release any part of the documentation without the candidate's informed consent or under compulsion of legal process.

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## **APPENDIX A**

### **DSM-IV-TR Diagnostic Criteria for ADHD\***

The following diagnostic criteria for ADHD are specified in the DSM-IV-TR:

A. Either (1) or (2):

1. six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

#### *Inattention*

(a) often fails to give close attention to details or make careless mistakes in schoolwork, work, or other activities

(b) often has difficulty sustaining attention in tasks or play activities

(c) often does not seem to listen when spoken to directly

(d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

(e) often has difficulty organizing tasks and activities

(f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

(g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)

(h) is often easily distracted by extraneous stimuli

(i) is often forgetful in daily activities

2. six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

### *Hyperactivity*

(a) often fidgets with hands or feet or squirms in seat

(b) often leaves seat in classroom or in other situations in which remaining seated is expected

(c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

(d) often has difficulty playing or engaging in leisure activities quietly

(e) is often "on the go" or often acts as if "driven by a motor"

(f) often talks excessively

(g) often blurts out answers before questions have been completed

(h) often has difficulty awaiting turn

(i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are

not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

The DSM-IV-TR specifies a code *designation* based on type:

**314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type:** if both Criteria A1 and A2 are met for the past 6 months

**314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type:** if Criterion A1 is met but Criterion A2 is not met for the past 6 months

**314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type:** if Criterion A2 is met but Criterion A1 is not met for the past 6 months,

**Coding note:** For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.

**314.9 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified:**

This category is for disorders with prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention-Deficit/Hyperactivity Disorder.

**\*Note.** From Diagnostic and Statistical Manual of Mental Disorders (4th edition, pp. 92-93), by the American Psychiatric Association, 2000, Washington, DC Copyright © 2000 by the American Psychiatric Association. Reprinted with permission.

[Back to top of the page](#) **APPENDIX B**

### **Recommendations for Consumers**

1. For assistance in finding a qualified professional:

a. contact the disability services coordinator at a college or university for possible referral sources; and/or

b. contact a physician who may be able to refer you to a qualified professional with demonstrated expertise in ADHD.

2. In selecting a qualified professional:

a. ask what experience and training he or she has had diagnosing adolescents and adults;

b. ask whether he or she has training in differential diagnosis and the full range of psychiatric disorders. Clinicians typically qualified to diagnose ADHD may include clinical psychologists, physicians (including psychiatrists), and neuropsychologists;

c. ask whether he or she has ever worked with a post-secondary disability service provider or with the agency to which you are providing documentation; and

d. ask whether you will receive a comprehensive written report.

3. In working with the professional:

a. take a copy of these guidelines to the professional; and

b. be prepared to be forthcoming, thorough, and honest with requested information.

4. As follow-up to the assessment by the professional:

a. schedule a meeting to discuss the results, recommendations, and possible treatment;

b. request additional resources, support group information, and publications if you need them;

c. maintain a personal file of your records and reports; and

d. be aware that any receiving institution or agency has a responsibility to maintain confidentiality.

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This page last modified on March 1, 2005, by [Ann Tallant](#)

## **APPENDIX E**

### **NATA Code of Ethics**

## **Code of Ethics**

### **PREAMBLE**

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

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

### **PRINCIPLE 1:**

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

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

### **PRINCIPLE 2:**

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

- 2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
- 2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.
- 2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
- 2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

### **PRINCIPLE 3:**

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

- 3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
- 3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
- 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
- 3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

### **PRINCIPLE 4:**

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

- 4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.
- 4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

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### **REPORTING OF ETHICS VIOLATIONS**

Anyone having information regarding allegations of ethical violations, and wishing to supply

such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee.

An individual may report information on the condition that the individual's name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

NATA  
Ethics Investigations  
2952 Stemmons Frwy  
Dallas, TX 75247-6196

## **APPENDIX F**

### **Athletic Training Practice Act of Georgia**

## Georgia's Athletic Training Practice Act

The State of Georgia was one of the first states to require licensure for the profession of athletic training. The Act was updated in 1991 and is now considered to be one of the strongest practice acts in the country. Below are excerpts of the Practice Act. (Georgia Code Section 43-5)

The Athletic Training Practice Act		
<a href="#">Definitions</a>	<a href="#">Georgia Board of Athletic Trainers</a>	<a href="#">Third Party Reimbursement in Georgia</a>
<a href="#">Qualifications for licensure</a>	<a href="#">Georgia Code Section 43-5</a>	

### **Section 43-5-1.** *(Definitions)--As amended by HB217, July 1, 2005*

As used in this chapter, the term:

(1) "**Athletic injury**" means any injury sustained by a person as a result of such person's participation in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina or any comparable injury which prevents such person from participating in such activities.

(2) '**Athletic trainer**' means a person with specific qualifications, as set forth in ~~Code Section~~ Code Sections 43-5-7 and 43-5-8 who, upon the advice and consent of a physician, carries out the practice of prevention, recognition, evaluation, management, disposition, treatment, or rehabilitation of athletic injuries; and, in carrying out these functions, the athletic trainer is authorized to use physical modalities, such as heat, light, sound, cold, electricity, or mechanical devices related to prevention, recognition, evaluation, management, disposition, rehabilitation, and treatment. ~~The term 'athletic trainer' shall not include any student, teacher, or other person who serves as an athletic trainer for an elementary school or high school, either public or private, within this state~~ Nothing in this Code section shall be construed to require licensure of elementary or secondary school teachers, coaches, or authorized volunteers who do not hold themselves out to the public as athletic trainers.

### **Section 43-5-8.** *(Qualifications for Licensure)*

An applicant for an athletic trainer's license must possess one of the following qualifications:

- (a) An applicant for an athletic trainer's license must have met the athletic training curriculum requirements of a college or university approved by the board and give proof of graduation.
- (b) The board shall be authorized to grant a license, without examination, to any qualified athletic trainer holding a license in another state if such other state recognizes licensees of this state in the same manner.
- (c) The board may grant a license without examination to any qualified applicant who holds a certification from the National Athletic Trainers Board of Certification.

(d) Any person who was issued a license prior to July 1, 2004, shall remain qualified for licensure, notwithstanding the requirement for proof of graduation in subsection (a) of this Code section, so long as the license remains current.

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#### 43-5-1.

As used in this chapter, the term:

(1) 'Athletic injury' means any injury sustained by a person as a result of such persons' participation in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina or any comparable injury which prevents such person from participating in such activities.

(2) 'Athletic trainer' means a person with specific qualifications, as set forth in Code Sections 43-5-7 and 43-5-8 who, upon the advice and consent of a physician, carries out the practice of prevention, recognition, evaluation, management, disposition, treatment, or rehabilitation of athletic injuries; and, in carrying out these functions, the athletic trainer is authorized to use physical modalities, such as heat, light, sound, cold, electricity, or mechanical devices related to prevention, recognition, evaluation, management, disposition, rehabilitation, and treatment. Nothing in this Code section shall be construed to require licensure of elementary or secondary school teachers, coaches, or authorized volunteers who do not hold themselves out to the public as athletic trainers.

(3) 'Board' means the Georgia Board of Athletic Trainers.

#### 43-5-2.

(a) The Georgia Board of Athletic Trainers, composed of four members who shall be appointed by the Governor and confirmed by the Senate, is created. To qualify as a member, a person must be a citizen of the United States and a resident of this state. Two members must be athletic trainers, one member must be a physician licensed by the state, and one member shall be appointed from the public at large and shall have no connection whatsoever with the practice or profession of athletic training.

(b) Members shall serve for a term of office of six years. All terms shall expire on January 31 of even-numbered years. In making the initial appointments, the Governor shall appoint one member for a term expiring in 1978, one member in 1980, and one member for a term expiring in 1982. The initial appointment for the member appointed from the public at large shall expire January 31, 1986.

(c) Each appointee to the board shall qualify by taking an oath of office within 15 days from the date of his appointment. On presentation of the oath, the Secretary of State shall issue commissions to appointees as evidence of their authority to act as members of the board.

(d) In the event of death, resignation, or removal of any member, the vacancy of the unexpired term shall be filled by the Governor in the same manner as other appointments.

#### 43-5-3.

(a) The board shall elect a chairman and a vice-chairman from its members for a term of one year and may appoint such committees as it considers necessary to carry out its duties.

(b) The board shall meet at least twice each year. Additional meetings may be held on the call of the chairman or at the written request of any two members of the board.

#### 43-5-4.

The division director shall keep a record of the board's proceedings in a book maintained for that purpose.

43-5-5.

Each member of the board shall be reimbursed as provided for in subsection (f) of Code Section 43-1-2.

43-5-6.

(a) The board is authorized to promulgate and adopt rules and regulations consistent with this chapter which are necessary for the performance of its duties.

(b) The board shall prescribe application forms for license applications.

(c) The board shall establish guidelines for athletic trainers in the state and prepare and conduct an examination for applicants for a license.

(d) The board shall adopt an official seal and the form of a license certificate of suitable design.

43-5-7.

No person shall hold himself or herself out as an athletic trainer or perform the services of an athletic trainer, as defined in this chapter, without first obtaining a license under this chapter; provided, however, that nothing in this chapter shall be construed to prevent any person from serving as a student-trainer, assistant-trainer, or any similar position if such service is not primarily for compensation and is carried out under the supervision of a physician or a licensed athletic trainer.

43-5-8.

(a) An applicant for an athletic trainer's license must have met the athletic training curriculum requirements of a college or university approved by the board and give proof of graduation.

(b) The board shall be authorized to grant a license, without examination, to any qualified athletic trainer holding a license in another state if such other state recognizes licensees of this state in the same manner.

(c) The board may grant a license without examination to any qualified applicant who holds a certification from the National Athletic Trainers Board of Certification.

(d) Any person who was issued a license prior to July 1, 2004, shall remain qualified for licensure, notwithstanding the requirement for proof of graduation in subsection (a) of this Code section, so long as the license remains current.

43-5-9.

(a) An applicant for an athletic trainer's license must submit an application to the board on forms prescribed by the board and submit the examination fee required by this chapter.

(b) The applicant is entitled to an athletic trainer's license if he possesses the qualifications enumerated in Code Section 43-5-8, satisfactorily completes an examination approved by the board, pays the required license fee, and has not committed an act which constitutes grounds for denial of a license under Code Section 43-5-10.

(c) Licenses issued by the board shall expire biennially. As a condition of license renewal, the board shall be authorized to require licensees to complete continuing education courses approved by the board.

43-5-10.

The board may refuse to issue a license to an applicant or may suspend or revoke the license of any licensee if he has:

- (1) Been convicted of a felony or misdemeanor involving moral turpitude, the record of conviction being conclusive evidence of conviction;
- (2) Secured the license by fraud or deceit; or
- (3) Violated or conspired to violate this chapter or rules and regulations issued pursuant to this chapter.

43-5-11.

(a) Any person whose application for a license is denied is entitled to a hearing before the board if he submits a written request to the board.

(b) Proceedings for revocation or suspension of a license shall be commenced by filing charges with the board in writing and under oath. The charges may be made by any person or persons.

(c) The division director shall fix a time and place for a hearing and shall cause a written copy of the charges or reason for denial of a license, together with a notice of the time and place fixed for hearing, to be served on the applicant requesting the hearing or licensee against whom the charges have been filed at least 20 days prior to the date set for the hearing. Service of charges and notice of hearing may be given by certified mail or statutory overnight delivery to the last known address of the licensee or applicant.

(d) At the hearing, the applicant or licensee has the right to appear either personally or by counsel, or both, to produce witnesses, to have subpoenas issued by the board, and to cross-examine the opposing or adverse witnesses.

(e) The board is not bound by strict rules of procedure or by the laws of evidence in the conduct of the proceedings, but the determination shall be founded upon sufficient legal evidence to sustain it.

(f) The board shall determine the charges on their merits and enter an order in a permanent record setting forth the findings of fact and law and the action taken. A copy of the order of the board shall be mailed to the applicant or licensee at his last known address by certified mail or statutory overnight delivery.

(g) On application, the board may reissue a license to a person whose license has been canceled or revoked, but the application may not be made prior to the expiration of a period of six months after the order of cancellation or revocation has become final; and the application shall be made in the manner and form as the board may require.

43-5-12.

(a) A person whose application for a license has been refused or whose license has been canceled, revoked, or suspended by the board may take an appeal, within 30 days after the order is entered, to any court of competent jurisdiction.

(b) A case reviewed under this Code section shall proceed in the superior court by trial de novo. Appeal from the judgment of the superior court lies as in other civil cases.

43-5-13.

(a) Nothing in this chapter shall be construed to authorize the practice of medicine by any person not licensed by the Composite State Board of Medical Examiners.

(b) This chapter does not apply to physicians licensed by the Composite State Board of Medical Examiners; to dentists, duly qualified and registered under the laws of this state who confine their practice strictly to dentistry; nor to licensed optometrists who confine their practice strictly to optometry as defined by law; nor to occupational therapists; nor to nurses who practice nursing only; nor to duly licensed chiropodists or podiatrists who confine their practice strictly to chiropody or podiatry as defined by law; nor to physical therapists who confine their practice to physical therapy; nor shall any provisions of this chapter be construed so as to limit or prevent any person duly licensed under the laws of this state to practice the profession for which he or she was licensed.

43-5-14.

Any person who violates Code Section 43-5-7 shall be guilty of a misdemeanor of a high and aggravated nature.

# **APPENDIX G**

## **Emergency Action Plans**

## **Emergency Plan: Baseball**

Emergency Personnel: NGCSU coaches present at all practices (CPR & first aid certified). Certified athletic trainer present at practices and present at all home events. Student athletic trainers present for pre-practice, practice and at home events.

Emergency Communication: Fixed telephone line located in press box (867-2835); additional telephone lines located in press box at softball complex (867 2837) adjacent to baseball complex.

Emergency Equipment: Baseball complex (AED, splint kit, spine board, crutches). Supplies maintained in athletic training room (trauma kit, splints, and spine board).

### **Roles of First Responders**

1. Immediate care of the injured or ill student-athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical system (EMS)
  - 911 call (provide name, address (201 Barlow Road), number of individuals injured, condition of injured, first aid treatment, specific directions, and other information as requested).
  - Notify campus police at 864-1500
4. Direction of EMS to scene.
  - Open appropriate gates.
  - Designate individual to “flag down” EMS and direct to scene.
  - Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Baseball complex is located at 201 Barlow Road.

- Turn onto Highway 9 south from Highway 60; turn left onto Barlow Road at traffic light; baseball complex is on your left.

## **Emergency Plan: Women's and Men's Basketball, Memorial Hall**

Emergency Personnel: NGCSU coaches present at all practices (CPR & first aid certified). Certified athletic trainer present at practices and present at all home events. Student athletic trainers present for pre-practice, practices and at home events.

Emergency Communication: Fixed telephone line in lobby of Memorial Hall (864-9918); additional fixed telephone lines accessible from equipment room adjacent to gym floor (864-1761) and athletic training room (864-1851).

Emergency Equipment: Supplies maintained in athletic training room (AED, trauma kit, splints, and spine board).

### **Roles of First Responders**

5. Immediate care of the injured or ill student-athlete.
6. Emergency equipment retrieval.
7. Activation of emergency medical system (EMS)
  - 911 call (provide name, address (130 Georgia Circle), number of individuals injured, condition of injured, first aid treatment, specific directions, and other information as requested).
  - Notify campus police at 864-1500
8. Direction of EMS to scene.
  - Designate individual to "flag down" EMS and direct to scene.
  - Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Memorial Hall is located at 130 Georgia Circle adjacent to public safety.

- Turn left onto Georgia Circle from Highway 60 North; turn right at fork in road; Memorial Hall is first building on right.

## **Emergency Plan: Cheerleading**

Emergency Personnel: NGCSU coaches present at all practices (CPR & first aid certified). Certified athletic trainer on campus during practices and present at all home events. Student athletic trainers present for pre-practice and at home events.

Emergency Communication: Fixed telephone line in lobby of Memorial Hall (864-9918); additional fixed telephone lines accessible from the athletic training room (864-1851).

Emergency Equipment: Supplies maintained in athletic training room (AED, trauma kit, splints, and spine board).

### **Roles of First Responders**

9. Immediate care of the injured or ill student-athlete.
10. Emergency equipment retrieval.
11. Activation of emergency medical system (EMS)
  - 911 call (provide name, address (130 Georgia Circle), number of individuals injured, condition of injured, first aid treatment, specific directions, and other information as requested).
  - Notify campus police at 864-1500
12. Direction of EMS to scene.
  - Designate individual to “flag down” EMS and direct to scene.
  - Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Memorial Hall is located at 130 Georgia Circle adjacent to public safety.

- Turn left onto Georgia Circle from Highway 60 North; turn right at fork in road; Memorial Hall is first building on right.

## **Emergency Plan: Women's and Men's Soccer**

Emergency Personnel: NGCSU coaches present at all practices (CPR & first aid certified). Certified athletic trainer present at practices and present at all home events. Student athletic trainers present for pre-practice, practices and at home events.

Emergency Communication: Fixed telephone line in baseball press box, adjacent to soccer complex (867-2835).

Emergency Equipment: Maintained at baseball complex (AED, splint kit, spine board, crutches).

### Roles of First Responders

13. Immediate care of the injured or ill student-athlete.

14. Emergency equipment retrieval.

15. Activation of emergency medical system (EMS)

- 911 call (provide name, address (201 Barlow Road), number of individuals injured, condition of injured, first aid treatment, specific directions, and other information as requested).
- Notify campus police at 864-1500

16. Direction of EMS to scene.

- Designate individual to "flag down" EMS and direct to scene.
- Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Soccer complex is located at 201 Barlow Road; adjacent to baseball complex

- Turn onto Highway 9 south from Highway 60; turn left onto Barlow Road at traffic light/ soccer/baseball/softball complex is on your left.

## **Emergency Plan: Softball**

Emergency Personnel: NGCSU coaches present at all practices (CPR & first aid certified). Certified athletic trainer present at practices and home events. Student athletic trainers present for pre-practice, practice and at home events.

Emergency Communication: Fixed telephone line located in press box (867-2837); additional telephone lines located in press box at baseball complex (867 2835) adjacent to softball complex.

Emergency Equipment: Softball complex (AED, splint kit, spine board, crutches). Supplies maintained in athletic training room (AED, trauma kit, splints, and spine board).

### **Roles of First Responders**

17. Immediate care of the injured or ill student-athlete.

18. Emergency equipment retrieval.

19. Activation of emergency medical system (EMS)

- 911 call (provide name, address (201 Barlow Road), number of individuals injured, condition of injured, first aid treatment, specific directions, and other information as requested).
- Notify campus police at 864-1500

20. Direction of EMS to scene.

- Open appropriate gates.
  - Designate individual to “flag down” EMS and direct to scene.
  - Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Baseball/Softball complex is located at 201 Barlow Road.

- Turn onto Highway 9 south from Highway 60; turn left onto Barlow Road at traffic light; baseball/softball complex is on your left.

## **Emergency Plan: Women's and Men's Tennis**

Emergency Personnel: NGCSU coaches present at all practices (CPR & first aid certified). Certified athletic trainer on campus during practices and present at all home events. Student athletic trainers present for pre-practice and at home events

Emergency Communication: Fixed telephone line in lobby of Memorial Hall (864-9918) across from tennis courts; additional fixed telephone lines accessible from public safety office (864-1500) adjacent to tennis courts and the athletic training room (864-1851).

Emergency Equipment: Supplies maintained in athletic training room (AED, trauma kit, splints, and spine board).

### **Roles of First Responders**

21. Immediate care of the injured or ill student-athlete.
22. Emergency equipment retrieval.
23. Activation of emergency medical system (EMS)
  - 911 call (provide name, address (Georgia Circle), number of individuals injured, condition of injured, first aid treatment, specific directions, and other information as requested).
  - Notify campus police at 864-1500
24. Direction of EMS to scene.
  - Designate individual to “flag down” EMS and direct to scene.
  - Scene control: limit scene to first aid providers and move bystanders away from area.

Venue Directions: Tennis complex is located on Georgia Circle behind public safety and across from the dining hall.

- Turn onto Georgia Circle from Highway 60; continue straight at stop sign; tennis complex is on the left.

# North Hall High School

## Emergency Plan: Football Practice Field, Tennis, Track, and Softball Field

Emergency Personnel: All Coaches present at certain location. Certified Athletic Trainer at practices and all home events.

Emergency Communication: 911 from any cell phone.

Emergency Equipment: AED, Splint Bag, Athletic Trainer Bag, at every practice if Athletic Trainer is Present. If Athletic Trainer is not present: AED, Splint Bag, Athletic Trainer Bag located in Athletic Trainer's room in the New Field House.

Roles of First Responders:

1. Immediate care of the injured or ill student-athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical service (EMS).
  - a. 911 call (provide name, address (4885 Mount Vernon Road), number of individuals injured condition of injured, first aid treatment, specific directions, and other information as requested.
  - b. Notify Athletic Director (Harold Daniels 7706546863)
4. Directions of EMS to scene.
  - a. Designate individual to "flag down" EMS and direct to scene.
  - b. Scene control (Coaches): limit scene to first aid providers and move by standers away from area.

Venue Directions: Football Practice Field, Track, and Softball Field are located at 4885 Mount Vernon Road; behind the school. From 60 South, you will turn left after Kroger grocery store and follow to school on left. From 60 North, you will turn right after Car Wash facility and follow to school on left. Immediately after you pass the school main entrance you will turn left and follow the road down the hill to the track. The Softball field is located behind the track and football practice field.

## North Hall High School

### **Emergency Plan: Football Game/Stadium, Wrestling Practice Building/Old Filed House and Baseball Stadium**

Emergency Personnel: All Coaches present at certain location. Certified Athletic Trainer at practices and all home events.

Emergency Communication: 911 from any cell phone.

Emergency Equipment: AED, Splint Bag, Athletic Trainer Bag, at every practice if Athletic Trainer is Present. If Athletic Trainer is not present: AED, Splint Bag, Athletic Trainer Bag located in Athletic Trainer's room in the New Field House.

Roles of First Responders:

5. Immediate care of the injured or ill student-athlete.
6. Emergency equipment retrieval.
7. Activation of emergency medical service (EMS).
  - a. 911 call (provide name, address (4885 Mount Vernon Road), number of individuals injured condition of injured, first aid treatment, specific directions, and other information as requested.
  - b. Notify Athletic Director (Harold Daniels 7706546863)
8. Directions of EMS to scene.
  - a. Designate individual to "flag down" EMS and direct to scene.
  - b. Scene control (Coaches): limit scene to first aid providers and move by standers away from area.

Venue Directions: Football Practice Field, Track, and Softball Field are located at 4885 Mount Vernon Road; behind the school. From 60 South, you will turn left after Kroger grocery store and follow to school on left. From 60 North, you will turn right after Car Wash facility and follow to a four way stop. Go through four way stop (the only one on Mount Vernon), take first left on Rilla Road. Entranced for North Hall Middle is on left turn in there and follow driveway to the right you will come to common area for the Football Game/Stadium, Wrestling Practice Building/Old Filed House and Baseball Stadium.

# North Hall High School

## Emergency Plan: Basketball Game/New Gym

Emergency Personnel: All Coaches present at certain location. Certified Athletic Trainer at practices and all home events.

Emergency Communication: 911 from any cell phone.

Emergency Equipment: AED, Splint Bag, Athletic Trainer Bag, at every practice if Athletic Trainer is Present. If Athletic Trainer is not present: AED, Splint Bag, Athletic Trainer Bag located in Athletic Trainer's room in the New Gym.

Roles of First Responders:

9. Immediate care of the injured or ill student-athlete.
10. Emergency equipment retrieval.
11. Activation of emergency medical service (EMS).
  - a. 911 call (provide name, address (4885 Mount Vernon Road), number of individuals injured condition of injured, first aid treatment, specific directions, and other information as requested.
  - b. Notify Athletic Director (Harold Daniels 7706546863)
12. Directions of EMS to scene.
  - a. Designate individual to "flag down" EMS and direct to scene.
  - b. Scene control (Coaches): limit scene to first aid providers and move by standers away from area.

Venue Directions: Football Practice Field, Track, and Softball Field are located at 4885 Mount Vernon Road; behind the school. From 60 South, you will turn left after Kroger grocery store and follow to school on left. From 60 North, you will turn right after Car Wash facility and follow to a four way stop. Go through four way stop (the only one on Mount Vernon), after you first left (Rilla Road). You will turn left into you first entrance for the school. The New Gym will be to your right.

# North Hall High School

## Emergency Plan: Wrestling Match/Old Gym

Emergency Personnel: All Coaches present at certain location. Certified Athletic Trainer at practices and all home events.

Emergency Communication: 911 from any cell phone.

Emergency Equipment: AED, Splint Bag, Athletic Trainer Bag, at every practice if Athletic Trainer is Present. If Athletic Trainer is not present: AED, Splint Bag, Athletic Trainer Bag located in Athletic Trainer's room in the New Gym.

Roles of First Responders:

13. Immediate care of the injured or ill student-athlete.
14. Emergency equipment retrieval.
15. Activation of emergency medical service (EMS).
  - a. 911 call (provide name, address (4885 Mount Vernon Road), number of individuals injured condition of injured, first aid treatment, specific directions, and other information as requested.
  - b. Notify Athletic Director (Harold Daniels 7706546863)
16. Directions of EMS to scene.
  - a. Designate individual to "flag down" EMS and direct to scene.
  - b. Scene control (Coaches): limit scene to first aid providers and move by standers away from area.

Venue Directions: Football Practice Field, Track, and Softball Field are located at 4885 Mount Vernon Road; behind the school. From 60 South, you will turn left after Kroger grocery store and follow to school on left. From 60 North, you will turn right after Car Wash facility and follow to a four way stop. Go through four way stop (the only one on Mount Vernon), after you first left (Rilla Road). You will turn left into second entrance for the school. The Old Gym will be directly in front of you.

# **Kulish Family Medicine**

## **Emergency Plan**

- Dr. Kulish stays with patient
- Dr. Kulish notifies Amanda of emergency
- Amanda advises front desk to call 911
- Amanda returns to patient to assist Dr. Kulish
- Front Desk directs Emergency Personnel to patient

# Emergency Plan: Pro Therapy Gainesville Clinic

## **Emergency Personnel:**

*Clinic:* certified athletic trainer and physical therapists (all Certified in CPR) on site

## **Emergency Communication:**

*Clinic:* certified athletic trainer carries cellular phone (Michael Clanton 706.338.2716);  
physical therapists carry cellular phones;  
fixed telephone line located at the front desk (770.539.9001)

## **Emergency Equipment:**

*Clinic:* certified athletic trainer carries trauma kit and splint kit; AED not available at this time.

## **Role of First Responders:**

1. Immediate care of injured or ill patients Athletic Trainers & Physical Therapists
2. Activation of EMS Front Desk Personnel
  - a. call 911  
Provide name,  
specific venue directions  
telephone number,  
number of athletes injured,  
condition of injured,  
first aid treatment
  - b. Remain on Line to receive information to pass on to treating clinicians
3. Equipment retrieval Athletic Trainers & Physical Therapists
4. Direction of EMS to scene Front Desk Personnel
  - a. open appropriate gates
  - b. flag down EMS and direct to scene
5. Scene control: limit scene to first aid providers and remove bystanders: Athletic Trainers & Physical Therapists
6. Notify Clinic Managers: Athletic Trainers & Physical Therapists

## **Venue Directions:**

Pro Therapy Gainesville Clinic is located at 655 Jesse Jewell Pkwy, Suite C Gainesville GA 30501

Cross Street Prior Street

Across from the Longstreet Clinic & Lawrence Pharmacy. Upstairs from Northeast Georgia Orthopedics

## Emergency plan for Lumpkin County High School

### I. Unconscious Athlete – Not breathing

- A. Log roll athlete if prone and open airway using either head tilt or jaw thrust if you suspect a cervical injury. Be ready to perform CPR.
- B. Traction should be maintained at the head by the SAT/ATC with the most experience.
- C. If victim is a football player, the face mask must be removed.
- D. Arrange for transport, continue care until EMS arrives.

#### Unconscious Athlete – Breathing

- A. Do not move or allow the athlete to move. Stabilize head. If prone, leave in found position unless they stop breathing. If supine, remove facemask.
- B. Call 911, use team physician if available.
- C. Continue to monitor vital signs.
- D. Perform secondary survey.
- E. If athlete regains consciousness, treat as in III.

#### Conscious Athlete – prone or supine

- A. Don't move or allow athlete to move.
- B. Get the athlete's attention and calm him/her.
- C. Check the athlete's chief complaint.
- D. If spinal cord is suspected:
  - 1. check breathing
  - 2. check movement of fingers and toes
  - 3. check for tingling, numbness, and sensation of extremities
  - 4. question for neck or spinal pain

#### Hemorrhage

- A. Identify type: venous or arterial, determine severity
- B. Call 911.
- C. Universal Precautions
- D. Apply direct pressure with a sterile cloth/gauze.
- E. Elevate extremity when possible.
- F. If direct pressure doesn't stem blood flow, use pressure points.
- G. Monitor vitals.
- H. Calm athlete.
- I. Clean scene to prevent contamination once athlete is cared for.

#### Shock

- A. Attempt to determine cause, treat if possible.
- B. Call 911.
- C. Maintain body temperature.
- D. Elevate legs if possible.

- E. Calm athlete.
- F. Check vital signs.

### **Fracture**

- A. Stabilize body part, remove clothing over injury site, call 911 for serious fracture.
- B. Control bleeding from injury site and treat for shock, if necessary.
- C. Check distal pulse, sensation, and capillary refill.
- D. Splint and immobilize the fracture.
- E. Check distal pulse, sensation, and capillary refill again.
- F. Ambulation: stretcher, carry, etc.

### **Closed Head Injury**

- A. Perform head/concussion evaluation noting any significant signs and symptoms.
  - 1. Olfactory – can they determine the smell of an alcohol pad
  - 2. Optic – can they read the scoreboard
  - 3. Oculomotor – check PEARL
  - 4. Trochlear – H pattern with eyes
  - 5. Trigeminal – clench teeth
  - 6. Abducens – H pattern
  - 7. Facial – make a mean face
  - 8. Vestibulocochlear – rub fingers in ears with eyes closed, can they hear?  
Rhomberg's
  - 9. Glossopharyngeal – swallow
  - 10. Vagus – swallow
  - 11. Accessory – shrug
  - 12. Hypoglossal – stick out tongue
  - 13. Check concentration -- have athlete add coin values in their head, count backward from 100 by seven, etc.
  - 14. Check orientation -- person, place, time
  - 15. Check anterograde memory -- what was the play they were running, what did they eat for pre-game meal?
  - 16. Check posterograde memory -- remember 3 unrelated objects
- B. Positive findings of a grade II or moderate head injury refer to the team doctor or doctor of choice for further evaluation. Refer to Chestatee Regional Hospital emergency room if you must.
- C. If they have only a mild concussion, give the athlete and a roommate a head card. Also give instructions for follow up care and referral to the team doctor or doctor of choice.
- D. Monitor the progress of the athlete looking for increase in the signs and symptoms of increasing intracranial pressure.

### **Heat Illness**

- A. Get athlete into a shaded area (if possible) and remove as much clothing as possible.
- B. Encourage athlete to drink cool fluids.

- C. If cramping begins, ice massage the area on stretch as long as cramping persists. Manage cramps *as long as they remain on the same side of the midline of the body*. Once cramps cross the midline, call the team physician or 911.
- D. Keep athlete cool and as calm as possible.
- E. Prepare to treat for shock, monitor vital signs.

### **Procedure To Follow for Emergency Care Of An Injured Athlete**

#### **I. Serious Injury**

- A serious injury is one in which the athlete will need to be hospitalized and there is little or no time to consult with the physician before acting. These injuries include (but are not limited to):
  1. Cessation of breathing and/or pulse
  2. Severe bleeding
  3. Obvious serious fracture
  4. Possible serious neck or back injury
  5. Serious head injury (either conscious or unconscious)
  6. Closed head injury
  7. Shock

**The following is the correct plan of action to be taken by either the Certified Athletic Trainer (ATC) and to be carried out by that person and whomever he/she may ask to help.**

- 1.) The ATC immediately attends to the injured athlete to evaluate the injury and provide care for any life threatening situations (rescue breathing, CPR, etc.)
- 2.) The ATC instructs someone (preferably another trainer or coach) to immediately make the following calls and relay all the information he/she gives. \*Be sure to choose someone who is level-headed and won't forget what you have told them
  - a) Call 911 and give the following information:
    - Your name and title
    - Nature of the injuries to the athlete and care being given
    - location of the injured athlete (be specific) and how to access area

**Softball:**  
**Football (practice):**  
**Football (game):**  
**PE Complex:**  
**Baseball:**

    - Inform them you will notify the team physician
  - a) Instruct the assistant coach to go to the front of the school and direct the ambulance
  - b) Call Dr. Parker/ Dr. Hochschild. Explain the nature of the injuries, and the athlete will be arriving by ambulance.
- 3.) Return to the field (unless the doctor is going to call back) and assist the other athletic trainers.
- 4.) The ATC should arrange to go to the hospital as the official representative of the athletic department. (This will be one of the staff athletic trainers unless they are

- absent) Make sure your team is covered (have home ATC cover your team or send coach with the athlete).
- 5.) The ATC should make arrangements to see that the following things are taken care of after the injured athlete is in the hands of the physician
    - a) Inform the coach as to the extent of the athlete's injuries.
    - b) Make arrangements to get athlete's clothing from locker room to hospital.
    - c) Make sure the parents are called and informed of their son/daughter.
  - Your first responsibility at an away contest is to find out about the emergency plan for the location of the event. If there is no procedure or inadequate staff available, put this procedure into action to the best of your ability.
  - Fill out all necessary paperwork including a referral form and follow-up as soon as possible with the Medical physician of choice if necessary.

## **II. Non-serious Injury**

- These are injuries which will require medical attention but are not life threatening or do not require immediate attention. Such injuries include (but are not limited to):
  1. Lacerations which will require suturing
  2. Possible fractures
  3. Orthopedic injuries that should have an early medical diagnosis (knees especially)
  4. Sickness

### **Procedure**

- 1.) The ATC should perform any necessary first aid. Fill out a referral form to send with athlete to MD of choice. Follow-up with MD if more medical care is needed
- 2.) Call the team physician and ask for advice.

Dr. Hochschild	Office:706-864-9619
Dr. Parker	Office:706-867-6505
- a. An athlete that will require orthopedic evaluation will be referred to Dr. Parker/ Dr. Hochschild. This procedure will be utilized during the first 24 hours of an injury. Referral can be made to Dr. Hochschild.
- 3.) NEVER TELL AN ATHLETE ANYTHING UNLESS YOU ARE SURE IN YOUR JUDGEMENT!!! The athlete will respect you more for saying "I don't know" than for trying to fake your way through.

## **III. General Illness**

- 1.) Refer athlete to ATC for consultation. At this time, a decision will be made whether or not to send the athlete to the Team Physician or a Doctor of their choice. Fill out a referral form to send with athlete to MD of choice. Follow-up with MD if more medical care is needed

**Gainesville High School EAP: Practice Field**  
(football practice, lacrosse games, soccer practice, track practice)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for practices and home competitions as allowed by athletic scheduling.

**Emergency Communication:** Currently there is a fixed telephone line in the Annex hallway for outgoing calls only. Additionally, the certified athletic trainer and coaches carry personal cellular telephones.

**Emergency Equipment:** supplies (AED accessible from New Gym, splint bag, and athletic trainer's kit); additional equipment is accessible from the athletic training room in the Annex.

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From the intersection of Jesse Jewell Parkway (GA- 365) and John Morrow Parkway (GA- 53):

1. Take John Morrow Parkway (GA- 53) West, follow for approximately 0.7 miles.
2. Turn RIGHT onto Rainey Street.
3. At three- way stop intersection, turn LEFT onto Century Place, follow the road approximately 0.3 miles.
4. The Gainesville Career and Vocational Building will be on the right- hand side of the road, after this building turn right into the parking lot and follow through to upper lot.
5. Turn LEFT between the Herb Valentine Athletic Center and the Annex. Access the track and practice field here.

**Gainesville High School EAP: Bobby Gruhn Field at City Park**  
(Freshman, JV, Varsity football games, Varsity Men's and Women's soccer games)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for home competitions as allowed by athletic scheduling.

**Emergency Communication:** Currently there is a no fixed telephone line at this venue. The certified athletic trainer and coaches carry personal cellular telephones.

**Emergency Equipment:** supplies (AED, splint bag, and athletic trainer's kit). For home Varsity football games there is an ambulance crew on standby directly outside the main gait entrance.

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From E.E. Butler Parkway and Jesse Jewell Parkway:

1. Follow E.E. Butler Parkway (US- 129) North for approximately 1.4 miles.
2. US- 129 will become Green St.
3. At the split of US- 129 and US- 60, follow US- 129.
4. Turn RIGHT onto Glenwood Dr. and follow for approximately 0.1 miles.
5. At the bottom of the hill, turn LEFT into the City Park entrance. The field beyond the tennis courts.

**Gainesville High School EAP: Lanier Point Softball Complex at Lanier Point  
Park**  
(softball practices and games)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for practices and home competitions as allowed by athletic scheduling.

**Emergency Communication:** Currently there is no accessible fixed telephone line at this venue. The certified athletic trainer and coaches carry personal cellular telephones.

**Emergency Equipment:** supplies (AED for home games, splint bag, and athletic trainer's kit).

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From John Morrow Parkway (GA- 53) West and Pearl Nix Parkway

1. Follow John Morrow Parkway (GA- 53) West for approximately 1.4 miles.
2. Turn LEFT onto Lanier Valley Dr. and follow for approximately 0.4 miles.
3. At 3- way stop, go straight to enter Lanier Point Park. Follow road approximately 0.3 miles to the Lanier Point Softball Complex entrance, across from the Visitor's Parking lot.
4. Field is the first one on the RIGHT hand side.

**Gainesville High School EAP: Ivey- Watson Baseball Field at Lanier Point Park**  
(baseball practices and games)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for practices and home competitions as allowed by athletic scheduling.

**Emergency Communication:** Currently there is no accessible fixed telephone line at this venue. The certified athletic trainer and coaches carry personal cellular telephones.

**Emergency Equipment:** supplies (AED for home games, splint bag, and athletic trainer's kit).

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From John Morrow Parkway (GA- 53) West and Pearl Nix Parkway

1. Follow John Morrow Parkway (GA- 53) West for approximately 1.5 miles.
2. Turn LEFT onto Lanier Valley Dr. and follow for approximately 0.4 miles.
3. At 3-way stop, go straight into Lanier Point Park.
4. Follow road approximately 0.2 miles to 2<sup>nd</sup> drive on the LEFT.
5. Turn LEFT onto Charlotte Ridgeway Dr.
6. Baseball field will be on the RIGHT hand side.

**Gainesville High School EAP: New Gym Basketball Court**  
(volleyball games/practices, men's and women's basketball games/practices, wrestling matches)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for practices and home competitions as allowed by athletic scheduling.

**Emergency Communication:** There are fixed telephone lines in the Men's and Women's Basketball coaches' offices. The certified athletic trainer and coaches carry personal cellular telephones.

**Emergency Equipment:** supplies (wall mounted AED in hallway, splint bag, and athletic trainer's kit). Additional supplies may be accessed from the P.K. Dixon Athletic Training room.

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From the intersection of Jesse Jewell Parkway (GA- 365) and John Morrow Parkway (GA- 53):

1. Take John Morrow Parkway (GA- 53) West.
2. Follow for approximately 0.7 miles.
3. Turn RIGHT onto Rainey Street.
4. At three- way stop intersection, turn LEFT onto Century Place.
5. Follow the road approximately 0.1 miles.
6. Turn RIGHT onto Elephant Trail.
7. The New Gym is on the RIGHT hand side, access the courts through the bottom level entrance adjacent to the parking lot.

**Gainesville High School EAP: Allen Creek Soccer Complex**  
(JV and Varsity Soccer practices, JV soccer games)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for practices and home competitions as allowed by athletic scheduling.

**Emergency Communication:** There is currently no accessible fixed telephone line at this facility.

**Emergency Equipment:** supplies (AED for games with ATC present, splint bag, and athletic trainer's kit)

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From E.E. Butler Parkway (US- 129) and Jesse Jewell Parkway (US- 365).

1. Cross over Jesse Jewell Parkway onto US- 129 South and follow for approximately 1.6 miles.
2. Turn RIGHT onto Monroe Dr. and follow for approximately 0.9 miles.
3. Turn LEFT onto Allen Creek Dr. to enter Allen Creek Soccer Complex.
4. Follow road to field indicated by 911 caller and dispatch information.

**Gainesville High School EAP: Annex Wrestling room**  
(wrestling practice)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for practices and home competitions as allowed by athletic scheduling.

**Emergency Communication:** Currently there is a fixed telephone line in the Annex hallway for outgoing calls only. Additionally, the certified athletic trainer and coaches carry personal cellular telephones.

**Emergency Equipment:** supplies (AED accessible from New Gym, splint bag, and athletic trainer's kit); additional equipment is accessible from the athletic training room in the Annex.

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From the intersection of Jesse Jewell Parkway (GA- 365) and John Morrow Parkway (GA- 53):

1. Take John Morrow Parkway (GA- 53) West, follow for approximately 0.7 miles.
2. Turn RIGHT onto Rainey Street.
3. At three- way stop intersection, turn LEFT onto Century Place, follow the road approximately 0.3 miles.
4. The Gainesville Career and Vocational Building will be on the right- hand side of the road, after this building turn right into the parking lot and follow through to upper lot.
5. Turn LEFT between the Herb Valentine Athletic Center and the Annex.
6. The Annex is the building to the right of the track.
7. Access the wrestling room by the 2<sup>nd</sup> door on the Annex building, under the covered walkway.

**Gainesville High School EAP: New Holland Elementary**  
(men's and women's lacrosse practices)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for practices and home competitions as allowed by athletic scheduling.

**Emergency Communication:** Currently there is no accessible land line telephone at this location.

**Emergency Equipment:** Coaches are given a first- aid kit to carry and maintain for practices; athletic trainer's kit and splint bag are available when the Certified Athletic Trainer is able to be at practices.

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From the intersection of E.E. Butler Parkway and Jesse Jewell Parkway:

1. Turn LEFT onto Jesse Jewell Parkway and follow for approximately 0.9 miles.
2. Turn RIGHT onto Barn Street.
3. At three- way stop intersection, turn LEFT onto Century Place, follow the road approximately 0.3 miles.
4. Take 2<sup>nd</sup> LEFT into parking lot behind New Holland Elementary.
5. Access field on the RIGHT hand side.

**Gainesville High School EAP: Longwood Tennis Courts**  
(tennis practices and matches)

**Emergency Personnel:** Certified Athletic Trainer, Courtney Fauquet (678-481-7399) and athletic training students on site for practices and home competitions as allowed by athletic scheduling.

**Emergency Communication:** Currently there is not a fixed telephone at this athletic venue. The certified athletic trainer and coaches carry personal cellular telephones.

**Emergency Equipment:** supplies (AED accessible from New Gym, splint bag, and athletic trainer's kit); additional equipment is accessible from the athletic training room in the Annex on the GHS campus.

**Roles of First Responders:**

1. Immediate care of injured or ill student- athlete
2. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of the injured, first aid treatment provided, specific directions, other information as requested)
  - b. Notify athletic director, Wayne Vickery, at 678-859-2378
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open appropriate gates into the specific arena as needed
  - b. Designate individual to "flag down" EMS and direct them to the scene
  - c. Scene control: limit the scene to first aid responders and move bystanders from the area

**Venue Directions:**

From John Morrow Parkway and the Pearl Nix Parkway (West- End Connector):

1. Turn RIGHT onto Pearl Nix Parkway and follow for approximately 0.2 miles.
2. The tennis courts are on the LEFT hand side of the road, across from Gainesville High School.

SPECIALTY CLINICS OF GEORGIA, PC  
1240 JESSE JEWEL PKWY.  
SUITE 300  
GAINESVILLE, GA 30501  
770-532-7202

## EMERGENCY ACTION PLAN

It is the purpose of this plan to establish a uniform emergency plan for all Specialty Clinic of Georgia Employees. These procedures should be followed and set forth the section of events during a civil emergency. All employees are obligated to follow the directives prescribed below and are accountable to these directives upon hiring here at Specialty Clinics of Georgia to understand and comply with the directives set forth in this Emergency Action Plan.

1. Emergency situations that may necessitate the implementation of the Emergency Action Plan are as listed below.
  - a. Major injuries requiring first aide or emergency life saving procedures.
  - b. Fire
  - c. Chemical spills
  - d. Severe weather (hurricane, tornado, mud slide, floods, etc.)
  - e. Bomb threats
  - f. Weapons
  - g. Triage
  - h. Biological, chemical, or nuclear attacks
  - i. General purpose
  
- a. **Injuries** – If you as an employee of Specialty Clinics of Georgia are ever injured on the job or while on the clock completing official business only, you are required to report any injuries that may have occurred during normal working hours to your clinical supervisor at which point in time an exposure evaluation incident report will be filled out, completed and presented to your immediate supervisor. These reports can be found on the OSHA training cork board in your office space. There is also a blank copy kept in your onsite training manuals. These can be requested from your supervisor or your OSHA clinical department head. All injuries must be documented as well as reported to your clinical supervisor the day of the accident. The only exclusion in this matter is after working hours (i.e. traveling from clinic to clinic or going to a class in Atlanta, etc.) the incident, if not serious, should be reported to your clinical supervisor the following work day. After hour incidents immediately go to the emergency room. Also, you need to have the emergency room, besides notifying your next of kin; also you are able to have them notify our office manager as well as the physician on call for our group.

If this is a patient injury that occurs during normal working hours, these measures should be followed. The first things are to always evaluate the patient's airway, breathing and circulation status followed by the neurostatus of the patient. If this is a critical injury (i.e. cardiac arrest, seizures, impalement, etc.), your ABCs should take priority.

The second thing you need to do is to designate someone in the office to call 911. If there is a physician in the facility, immediately have someone run and notify them of the situation. If this is during a clinical setting, all patient room doors should be closed. The patients inside the rooms should be notified that there is an emergency and we are closing the doors for patient privacy and to standby and someone will be with them as soon as possible.

Any exits or entries to the scene of the emergency should be cleared and proper access be allowed so that emergency personnel are able to proceed to the scene of the injury without impediment. If there are staff members available they should standby within the general area but not block or impede the nurses and doctors who may be assisting the patient.

Other chain of events should happen at this time. The office manager needs to be notified. One person should be designated to keep a record of the event with the following information:

1. Patient's name
2. Date
3. Social Security Number
4. Date of birth
5. Details that were witnessed
6. Patient's allergies to food or medications
7. Time should be recorded for every action
8. Medications and/or vital signs should be recorded on the Emergency Action Injury form. The time that 911 was notified as well as the time any emergency assistant crews actually appear on site should also be recorded. A copy of this record should be sent with the patient to the ER or care facility. The original record needs to be kept onsite and reviewed by the OSHA coordinators so that proper paperwork can be completed. This is considered a legal document and should never be destroyed and should be handed to either the office manager or the OSHA supervisor on site for Specialty Clinics of Georgia.

If an injury occurs after hours, again please evaluate the patient's airway, breathing, circulation and neurostatus. If you are the only care provider, please call for help. Begin lifesaving measures if qualified. **DO NOT** provide these measures unless you are qualified by the state of Georgia or by the American Red Cross for cardiac lifesaving standards. If lifesaving measures are required, start CPR and call 911 in accordance to their regulations. If you are unable to write down any of the situation, please go ahead and write it right on the wall, floor, clothing, at least the time you found the injured patient and anything else you can remember so that the emergency action injury form can be filled out after the patient has been stabilized and transported to the proper care giving facility. Immediately notify the physician on call as well as the office manager at his/her home residence.

During or after hours, do not throw away any articles that were used on the patient for lifesaving measures. Your gloves, CPR mask, needles, syringes, medications

should be placed in a contaminated waste container. They should be sealed and the patient's name and date of incident should be properly marked on the outside of the container and set in the contaminated waste room and reported to the onsite OSHA officer so that if required, this can be evidence in a Court of Law. In each of the clinical rooms, there should be an Emergency Response Kit. This includes a CPR mask, ammonia inhalers, two sets of gloves and two masks with shields, alcohol preps and Betadine swabs. This should be located behind the cabinet door in a Ziploc bag marked Emergency Response Kit or ERK. All response providers should utilize the personal protection equipment that is provided in an ERK while performing injury evaluation and triage. This includes gloves, mask and shields if required.

If for any reason your uniform or undergarments are contaminated by blood or body fluids, they should be removed and placed in a biohazard red bag for decontamination by our laundry pick-up service at no charge to you. At no time is anyone to bring contaminated laundry home to be washed at your residence. This is strictly prohibited by OSHA as well as Specialty Clinics of Georgia.

If for any reason your skin was contaminated by blood or body fluids, immediately start Universal Precautions, washing hands, wash infected site with antibacterial soap. Universal Precautions should only start after the patient has been stabilized and you have been properly relieved by our clinical staff. An incident report should be filled out and submitted to the clinical supervisor. A copy will also go to the office manager as well as the OSHA coordinator.

- b. **Fire Safety Policy** – Always remember RACE (Rescue patients, Alarm – pull the fire alarms and call 911, Contain – close all doors and windows, Extinguish – if possible use fire extinguishers, if not evacuate).

Evacuation routes, fire extinguisher points and exits will be posted throughout the clinic for your reference as well as guidance in an evacuation.

It is required by all Specialty Clinics of Georgia staff upon hire to be trained in proper policy and procedures according to fire safety policies of Specialty Clinics of Georgia. Also, an annual training session will be held and conducted to ensure compliance and understanding of these policies. All policies will be reviewed annually with the office manager, Board of Directors and OSHA coordinator and may need to be updated.

If a fire occurs during clinical hours, all patients should be properly evacuated through the marked exits. Someone should pull the alarm and call 911 if possible. All clinical doors, office doors, bathroom, break room or closets should be closed. If at all possible, attempt to extinguish the fire. If not evacuate the office. All persons should check behind closed spaces to assure that there are no patients left behind. When evacuating the office, the secretary at the front desk should grab the sign in sheet of the day, escort the patients out of the waiting area and meet in the designated directed fire safety spot away from the building at which point a roll call should take place to make sure that all patients and staff are accounted for. If there is someone missing, their name should be written down and immediately given to the Fire Chief

upon his arrival. Once the evacuation has taken place, no one is allowed to re-enter the building unless permitted by the Fire Marshall or Captain of the Fire Squad.

- c. **Chemical Spills** – If a chemical spill does occur in Specialty Clinics of Georgia, the immediate supervisor should be notified. The area should be roped off. If the chemical hazard requires ventilation then patient evacuation should automatically begin. The patient should be escorted away from the contaminated area out into open ventilation and standby until further instructions are given by emergency or clinical staff.

For any spills that can be handled safely, there is a safety spill kit located in the x-ray department here at Specialty Clinics of Georgia. Please follow the safety spill kit instructions and usage document that is located in the MSDS. Your clinical supervisor, office manager, as well as the OSHA representative of Specialty Clinics of Georgia should be notified immediately. The local Department of Natural Resources or Environmental Protection Agency should be notified and they should direct us on the proper disposal, labeling and cleanup of the chemical substance at hand. Before any chemical spills are cleaned up, please refer to the Emergency Response Guide Book for first responders during the initial phase of dangerous goods, hazardous materials or incidents.

If for any reason you are contaminated by the chemical substances, the following procedures should occur:

1. Immediately remove yourself from the spill area. If your eyes are contaminated with any matter or chemical substance, they should be washed vigorously with water. Emergency eye wash unit is located in each office and should be utilized.
  2. Poison control should be called immediately.
  3. If someone is there to read through the Emergency Response Manual, then this should take place as well.
  4. The local DNR and EPA as well as the local fire department should be notified. 911 should be called as well.
  5. Immediately start decontamination procedures if recommended by these officials.
  6. An exposure evaluation incident report should be filled out by assisting staff upon your behalf and the office manager, doctor on call and OSHA coordinator should be notified immediately.
  7. If a chemical spill occurs after or before hours immediately start decontamination procedures, call 911 and have the emergency operator attempt to contact the physician on call for the office and remove yourself from the contaminated area and wait for further instructions.
- d. **Severe Weather** – In the event of a severe weather warning during normal working hours, all patients and staff should be escorted the center of the building. Usually the x-ray room is one of the safest places to locate large amounts of patients due to the fact that there are no windows and the walls are thinly leaded. Please note our evacuation routes out of the office in case of possibility of evacuating the office due to severe weather. The front desk secretary should take the sign in sheet and an

official roll call should occur for patients as well as staff. If time permits all doors should be closed. Please refer to all evacuation routes that are posted throughout the clinical area. In the event of electricity loss, please utilize the emergency lighting system that will be located throughout the clinical area. Since our telephone system runs on normal current, please utilize the phone on the fax machines as they are hooked directly to the phone lines and should be operational unless they are down due to severe weather. In the event of severe weather warnings or weather during non-operating hours, all staff members will be required to check in with their appropriate supervisors to determine the status of the days of operation.

A yearly training session will be conducted to ensure compliance and understanding of this policy. Policies may be reviewed annually by the office manager, board members and safety officer at Specialty Clinics of Georgia. Upon hire, all personnel will review and understand the severe weather policy before their probationary period has ended.

- e. **Bomb Threats** – If for any reason you receive a bomb threat the following actions should take place immediately:
1. Please remain calm. Do not panic. Do not show panic. Remain as calm and collected as you can possibly be. Do not hang up the phone, do not scream, and yell. You are going to be required to take down some information.
  2. The person who is taking the call on the telephone should record all information down on a scrap piece of paper. If you are able to ask where the bomb is located after the person has given the threat, please do so. Record the time of the call. If you are able to ask the person when the explosive device will go off, please do so. If the person has any demands please write those down as well.
  3. Do not hang up the phone, leave it off the hook, even if the person hangs up on you. Notify the staff verbally away from patients. Use another phone in the facility to call 911. Remember do not hang up the phone. Report the threat to the 911 operator. They will notify local authorities. Provide the operator with any details that they request and then evacuate the premises. Some of the things to note when you are writing information down from the person who placed the threat is their possible age, whether they sound young or old, whether they are male or female is very important. Any background noises that you can recognize, whether highway noises, plane noises, whether it sounds like they are calling from a crowded area such as a mall or an open area such as a farm should also be recorded.
  4. After notifying the staff and 911 evacuate the patients. Do not tell the patients that there has been a bomb threat until you are safely outside and away from the premises and clinical area. The best course is to notify them that there has been an emergency and we are asking them to evacuate our premises. Guide all patients to one central area, preferably the check-in area. By stating that there is a bomb threat, this may cause mass panic and chaos and injuries may occur. Always remember to stay calm. Make sure the entire clinic is checked before evacuating so no one is left behind. The check-in secretary should bring the sign-in sheet to do a formal roll call of patients as well as staff away from the premises.

5. Patients and staff should never use their cell phones at any time during evacuation. Some sophisticated detonation devices are set off by cell phone radio waves (i.e. the military uses such a device and by programming codes like 0 or 911 this will detonate the explosive devices).
6. If you come across any suspicious packages, duffle bags, containers that are found inside or outside Specialty Clinics of Georgia, do not move them, open them or touch them. Call the 911 operator and prepare for evacuation or rope off the area accordingly and move the patients as far away as possible. When exiting the building during a bomb scare do not turn off the lights, close doors, turn off any clinical equipment, computers, power cords, fuse boxes, etc. Do not touch anything. Exit the building as quickly as possible. The only reason you would want to turn off a piece of equipment is if this would be an endangerment to patients and may cause a fire it not monitored by staff.
7. Do not trigger any silent alarm systems or security panic buttons in the clinical area. Do not pull any fire alarms or press any security alarms.
8. Do not allow patients or staff to enter their vehicles until authorized by police officials. Do not allow any patients or staff to return to the building until the all clear is sounded by the proper officials.
9. Position key employees at all entrances to the parking lot away from the building to discourage and prevent any patients or deliveries from entering the premises or parking lot until emergency officials arrive.
10. Move all staff and patients as far away from the building as possible. Each employee should report any suspicious behavior of any patients, bystanders, or even staff members to the authorities at once. If at all possible, all staff members should use one exit, preferably the main exit if it is not blocked by the suspected device.

**f. Weapons**

1. If you are confronted by a patient or staff member brandishing a weapon (i.e. knife, gun, stun gun, grenade, explosives etc.) remain calm.
2. Do not provoke or aggravate the disgruntled person. Try to limit your conversation and let the individual speak and tell you their demands.
3. Do not box the disgruntled person in. Do not rush the disgruntled person and try to apprehend them. In most cases they may want money, drugs or maybe they have a grievance against our billing office, doctors, or staff.
4. If at all possible, lead the person away from congested patient areas. All staff should try to evacuate the building immediately.
5. Someone should call 911.
6. Never make open promises or deals with the disgruntled person. Try to give the person what they are asking for. Do not be a hero.
7. Things to note:
  - i. Height
  - ii. Skin color
  - iii. Age
  - iv. Sex
  - v. Rings, watches, jewelry
  - vi. Scars, birthmarks, tattoos
  - vii. Hair color, wearing a wig
  - viii. Glasses

- ix. Shoes
  - x. Clothing
  - xi. Accessories the person may have (gloves, masks, hat, sunglasses, etc.)
  - xii. Language
  - xiii. Accents
8. If you are passed a note, read the note, try to follow the directions as best you can. Place the note into an envelope. The fewer people who touch the note, the better so that fingerprints can be obtained. If you notice the person touching the counter, glass window or any counter top surfaces and leave fingerprints, you need to point this out to the investigators after the incident.
  9. Remember to always try to call 911, secure the building and remove patients and staff if at all possible.
- g. **Triage** – In the event of a national emergency or major disaster and you are on the job, you may be required to assist in mass casualty triage. Everyone at Specialty Clinics of Georgia will be needed. Nurses and doctors will require everyone’s participation and you will remain at Specialty Clinics of Georgia until properly relieved. Remember do not crowd clinical staff or nurses. This will help with the flow of patient care. One physician will be designated as a triage clinical officer and will coordinate the flow of patients as well as designate the priority of victims to be seen. Note, if you are one of the staff members, you may be required to become a caregiver to get vital information from the patients or family members. You may be required to provide comfort to the victims and their family. You may be required to become runners for clinical staff and personnel to retrieve supplies or send labs or help with x-rays. Every person at Specialty Clinics of Georgia will have a special purpose during triage. Please note that personal protective equipment should be distributed at this time to all staff. This includes latex gloves, mask with shields and for those clinical personnel who have hands on contact with injured patients then possibly disposable gowns. If a vast casualty does occur and patients are in the clinic they will be asked to reschedule at a later point in time and escorted from the building to make room for seriously ill patients to arrive. If for any reason a triage type of emergency happens before or after normal operating hours, please listen to the Civil Defense warnings in your vehicle. There should be a message posted from our clinic to your home. You can also watch your local news stations and there may be a message stating that you are required to report work immediately. Of course, there are some exclusions to this. If you are on annual or medical leave you may be excluded from returning to the clinic. As well as if you are out of the area on official business for school or education and are unable to return, you may also be excluded from reporting.
- h. **Biological, Chemical and Nuclear Threats or Attacks** – If such an attack occurs, please standby in your work spaces and you will be notified of the actions to take. Stay away from all windows. Do not exit the building. Try to be a calming force. Do not become hysterical or over reactive in front of the patients and await further instructions from the clinical staff as well as Civil Defense. If such an attack happens after hours, monitor your local television stations or local radio broadcast and if at all possible, contact our facility and find the plan of action of the day.

- i. **General Purpose Article** – If there are any other major disasters, natural disasters or man made disasters that have not been covered in this Emergency Action Plan, this last article should help clarify and help provide some guidance in cases of emergency. Our main purpose at Specialty Clinics of Georgia is patient care as well as patient welfare. It is our responsibility to provide the best care as well as making our patients as comfortable as possible during this care. We should all act as a team and our success will count on this during a catastrophic event. Each one of us has a roll to play and some of us may need to provide assistance outside the realm of their specific job title. Remember that the safety of our employees as well as out patients should be the number one priority during, as well as after hours. If a disaster does occur, it is your responsibility to check in with your immediate supervisor and find out the operations of the day. Stand by for further instructions if you are currently on the job. You may be required to provide assistance to our clinical staff in cases of catastrophic emergencies. Our objective here at Specialty Clinics of Georgia is to provide the best specialized Medical service available in the area and the key to our success is a well balanced and knowledgeable team. By reviewing the Emergency Action Plan you are aware of some possible scenarios which could take place.

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Name

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Date

## White County High School

Emergency Plan: Baseball, Soccer, Softball, Track, Basketball, and Football

Emergency Personnel: Certified Athletic Trainer present during practices and home events. All coaches present during times of practice or games. All athletic training students present during times of practice or games.

Emergency Communications: 911 from any telephone (landline or cellular)

Equipment: Athletic Trainer's kit, AED, splint bag present at all practices and games covered by Athletic Trainer. If Athletic Trainer is not present, first-aid supplies are located in the athletic training room inside the field house and AED is located next to athletic training room in designated case.

First Responders' Roles:

1. Immediate care of injured or ill athlete
2. Equipment retrieval
3. Activation of EMS
  - a. Call 911: Provide caller's name, number of people injured, care being provided (first-aid, CPR, etc.), event site address (2600 Hwy 129 N / Cleveland, GA 30528), specific directions to event site, any other information requested by 911 operator
  - b. Designated personnel to meet EMS at entrance to campus and direct to injured individual(s)
4. Scene control by coaches present to limit immediate scene to First Responders and keep all other by-standers away from area
5. Notify administrator on duty of incident

Directions to event site: From 129 South, go north on 129 from town square of Cleveland approx. 3 miles. School is on right hand side. Use second entrance to school next to baseball field for all venues. From 129 North, go south on 129. School is on left hand side. Use first entrance next to baseball field for all venues. After turning into campus, baseball will be on left. Softball, football, track and soccer will be straight past parking lot to the left at end of driveway. Basketball is located in the gym of main building to the right at end of driveway. Enter through main entrance and go straight past cafeteria to elevator. Go down to bottom floor and right out of elevator. Main gym doors are on the left past weight room.

# White County High School

## Emergency Plan: Wrestling

Emergency Personnel: Certified Athletic Trainer present during practices and home events. All coaches present during times of practice or games. All athletic training students present during times of practice or games.

Emergency Communications: 911 from any telephone (landline or cellular)

Equipment: Athletic Trainer's kit, AED, splint bag present at all practices and games covered by Athletic Trainer. If Athletic Trainer is not present, first-aid supplies are located in the athletic training room inside the field house and AED is located next to athletic training room in designated case.

### First Responders' Roles:

6. Immediate care of injured or ill athlete
7. Equipment retrieval
8. Activation of EMS
  - a. Call 911: Provide caller's name, number of people injured, care being provided (first-aid, CPR, etc.), event site address (328 Old Blairsville Rd. / Cleveland, GA 30528), specific directions to event site, any other information requested by 911 operator
  - b. Designated personnel to meet EMS at entrance to campus and direct to injured individual(s)
9. Scene control by coaches present to limit immediate scene to First Responders and keep all other by-standers away from area
10. Notify administrator on duty of incident

Direction to event site: From 129 south, go north on 129 from town square Cleveland. Turn left at stop light onto Wilford Ash Pkwy (Eckerd's/Rite-Aid is on left corner across from light). Turn immediate right (next to Eckerd's/Rite-Aid) onto Old Blairsville Rd. School is on left. From 129 north, go south on 129 past the high school on the left. Turn right onto Kinnimer St. and right at fork onto Old Blairsville Rd. School is on the right. Use second entrance (between middle school and ninth grade academy). Go straight through parking lot and under walkway overhang, follow gravel road to white building (gym) on right. Wrestling is located inside white gym.

## **Chestatee High School**

### **Emergency Plan: Gym/Football Field/Wrestling.**

Emergency Personnel: Student Resource Officer at every game. Certified Athletic Trainer at practices and home events. Coaches are present at certain locations.

Emergency Communication: 911 from any cell phone.

Emergency Equipment: AED, Splint bag, Athletic trainer bag at every practice and game if athletic trainer is present. If trainer is not present: AED, First aid supplies in Athletic Training room in the gym.

#### **Roles for First Responders:**

1. Immediate care of the injured or ill student athlete.
2. Emergency equipment retrieval.
3. Activation of emergency medical services (EMS).
  - a. 911 call (provide name, address 3005 Sardis Road Gainesville, GA 30506), number and condition of injured individuals, first aid treatment, specific directions, and other information as requested.
  - b. Notify Athletic Director (Chip Linderwood 678-776-7659)
4. Directions of EMS to scene.
  - a. Designate individual to “flag down” EMS and direct to scene
  - b. Scene control (coaches, student resource officer): Limit scene to first aid providers and move by stander away from area.

Venue Directions: Gym/Football Field/Baseball/Softball/Practice Field is located at 3005 Sardis Road Gainesville, GA 30506. From 60 N take a left on Ledan and a left on Sardis. Take the second entrance to the school on the right. Go past the first drive to the right and the gym is the last building on right. Football field is located directly behind the school and gym.

For the Baseball/Softball/Practice field directions are same from 60 go past the gym take a right into the parking lot just past the gate and fields are directly in front of you.

From Hwy 53 W take a right on Sardis take the right fork to the four way stop and it the first entrance of the school on left.

## **APPENDIX H**

### **Mechanism for Reporting Unethical and Illegal Practices**

# Georgia Secretary of State

## Explanation of Complaint Process

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Certain businesses and professions have been determined by the State as affecting the health, safety, and welfare of the public. Persons practicing in these businesses and professions, with some exceptions, are required by state law to be licensed under the Professional Licensing Boards (PLB) Division. These requirements are published in Georgia law; the Official Code of Georgia Annotated, (O.C.G.A.) Title 43, 26 or 12.

### General Licensing Requirements

The Boards are charged with licensing persons who practice regulated businesses and professions. Licensees must have successfully completed specific requirements, such as education, experience, and examination. Licensees are required to maintain a current license that must be renewed every two years.

### Complaint Process

If you wish to file a complaint concerning the practice of a licensee, you should submit the complaint in writing to the appropriate board at 237 Coliseum Drive, Macon, GA 31217-3858 or online by submitting the form that can be found at <https://secure.sos.state.ga.us/myverification/SubmitComplaint.aspx>

Your complaint must include your name, address and telephone number; the name and address of the person being reported; a detailed description of the violation, and any other pertinent information. This means all supporting documents (i.e. business/patient records, cancelled checks, billing statements, proposals, etc.) that could be used to support your complaint.

Boards only have the legal jurisdiction over an individual's license to practice and can only discipline an individual if a violation of the laws and rules governing practice have been violated.

Upon receipt of your complaint, you will receive an acknowledgement from the board.

Boards generally do not accept or process anonymous complaints.

### Investigations

Your complaint will be given serious consideration by the board and further investigative action may be taken, if appropriate.

You **may or may not** be contacted by a board Investigator. A referral of your complaint for further investigation does not necessarily mean that a licensing violation has occurred.

Investigations are completed as soon as possible, depending upon the nature and circumstances of the complaint.

Investigations are confidential; we are unable to divulge receipt of or updates on the status of a complaint over the phone.

Georgia law requires that investigative files are confidential for any purpose other than a hearing before the board; however, the board is authorized to release the records to another enforcement agency or lawful licensing authority.

### Unlicensed Practice

Persons who practice a regulated business or profession without a license may be ordered to cease

and desist the practice and may be fined by a board.

If a cease and desist order is refused by the unlicensed individual, the board is required to take the matter to a hearing.

The board may also petition the court for an injunction against further unlicensed practice.

Many licensing laws also subject unlicensed persons to criminal prosecution by local authorities.

### **Disciplinary Action**

A board may discipline a license holder if the board determines that a violation of the board's laws, rules and/or regulations has occurred.

A licensee who violates these laws, rules and/or regulations may be subject to disciplinary action, such as a fine, reprimand, suspension or revocation of the license.

When a Board seeks to sanction a license holder **and the license holder does not voluntarily enter into a consent agreement/order with the board**, the board may be required to go to an Administrative Hearing. When cases proceed to a formal hearing; the decision is made by an administrative law judge in accordance with the Georgia Administrative Procedures Act.

If a hearing is conducted, you as the complainant may be called upon to testify, and your identity as a complainant may become known.

After the formal hearing is conducted, the administrative law judge issues a ruling (Initial Decision and recommended disciplinary action. The licensee may request, or the board, on its own, may seek review of the administrative law judge's decision. After the final decision is issued, the licensee may appeal that decision to the Superior Court of Bibb County.

The procedure is lengthy and may take months to complete. However, it is designed to insure due process and to protect the rights of the individuals involved

### **Business Practice/Billing Disputes**

**Most boards generally do not have legal jurisdiction over business practices/billing/fee disputes.** The boards have no authority to set fees or settle fee disputes.

You will need to seek legal counsel or seek a remedy in the civil court arena for issues dealing with business practices/billing/fee disputes.

### **Possible**

### **Resolutions**

**Close with no violation/insufficient evidence** – you will be notified of this action.

**Close with a letter of concern** - this action is taken if there is no violation of the laws and rules governing practice but the board wants to express its concern to the practitioner surrounding the complaint. You will be notified that the complaint has been closed; however, a letter of concern is private and cannot be divulged.

**Closed after an inspection** – Inspection reports are public.

**Closed with an Order for Monies received** – this action is taken when a fine has been paid for a violation discovered during an inspection. This information is public.

**Close with a private consent order** – the action is taken when there is a violation of the laws and rules governing practice. However, the matter is closed with a private agreement between the licensee and the board. A private consent order is private and cannot be divulged.

**Close with a public consent order** – the action is taken when there is a violation of the laws and rules

governing practice. The matter is public and a copy of the order will be mailed to you. This information is posted on the licensees' public license record.

**What to expect**

You may expect the state board to be genuinely concerned with your complaint. It will be reviewed and investigated thoroughly.

You will receive notice from the board when the complaint is received.

If the complaint does not fall within the legal jurisdiction of the board, you will receive notice to that effect.

When appropriate, the board will investigate and resolve the complaint.

Please remember that Investigations are confidential; we are unable to provide updates concerning the status of a complaint.

Once the investigative process is completed, you will be notified

**Conclusion**

The state boards hope that the matter giving rise to your complaint will be handled in a manner which will give you confidence in our earnest desire to protect the public and to improve the regulated businesses and professions.

# **APPENDIX I**

## **Clinical Education Policy**

**North Georgia College and State University**  
**Athletic Training Education Program**  
**Clinical Education Policy**

All students wishing to be admitted into the Athletic Training Education Program must complete the first internship class with a B or better (ATEP 2001). Once admitted into the program all students must complete the remaining four internship courses, with a C or better (ATEP 3001, ATEP 3002, ATEP 4001, and ATEP 4002). The athletic training students will be assigned to an ACI. The ACI will be responsible for supervising the athletic training student during the internship courses. The athletic training student will be assigned to an ACI in the coverage of a lower extremity intensive sport (M or W soccer, M or W basketball, and M/W cross country), an upper extremity intensive sport (baseball or softball), and an equipment intensive sport (high school football). The athletic training students will be assigned rotations in general medicine (Dr. Kulish), orthopedics (Specialty Clinics of Georgia) and rehabilitation (ProTherapy). Students are responsible for their own transportation to these off campus sites. Consideration will be given to insure athletic training students have exposure to the opposite gender during their lower, upper and equipment intensive rotations.

The athletic training student's clinical experience is linked to five individualized courses. These courses are ATEP 2001 (athletic training internship I), ATEP 3001 (athletic training internship II), ATEP 3002 (athletic training internship III), ATEP 4001 (athletic training internship IV), and ATEP 4002 (athletic training internship V). Students enrolled in these courses are required to meet two hours per week with their ACI to fulfill the requirements of the courses. All five courses are required in the Athletic Training major. Students must achieve a B or better in ATEP 2001. Once admitted into the program students must achieve a C or better in the remaining internship courses. Failure to achieve a C in the course will result in the athletic training student retaking the course and not advancing within the program. Athletic training students will be evaluated two times during each of the internship courses by their ACI.

Athletic training students are expected to complete a minimum of 250 hours per semester during the internship courses (all except ATEP 2001). The ACI's will monitor the amount of hours athletic training students are working during the semester and will give appropriate time off for the athletic training students. Students are encouraged to communicate with their ACI's regarding the need for time away from their clinical experience.

## **APPENDIX J**

### **Student Limitation Policy**

Signature of Limitations  
2009-2010

ATEP Student

I, \_\_\_\_\_, as an athletic training student at North Georgia College & State University will not perform any athletic training skill that I have not been formally taught in class and formally evaluated on either in the classroom setting or by scheduled evaluation with an approved clinical instructor (ACI). This applies to any clinical rotation with NGCSU, High School rotations, NEGA rehabilitation rotation, Pro Therapy, orthopedic rotation, or the general medicine rotation.

As an athletic training student in the Athletic Training Education Program at NGCSU I, \_\_\_\_\_, fully understand that I am to perform athletic training skills only when an ACI or clinical instructor (CI) is present. At no time will I perform athletic training skills when I am not properly supervised. In the event that an ACI or CI is not present (bus trip, hotel, other life situation outside of the athletic training setting), First Aid, CPR, AED, and referral to the appropriate medical authority will be the only treatment I will administer.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
ATEP Coordinator

\_\_\_\_\_  
Date

## **APPENDIX K**

### **Athletic Training Student Supervision Policy**

North Georgia College & State University (NGCSU)  
Athletic Training Education Program (ATEP)  
Position Statement on Athletic Training Student Supervision

Athletic Training Students must be supervised at all times. This supervision is constant visual and verbal contact. This policy is in effect for all aspects of all clinical rotations: NGCSU treatment room, rehabilitation room, wellness center, pool and practice facilities; high school AT rooms, practice fields, gymnasiums, pools, weight rooms; rehabilitation clinics; orthopedic rotations; as well as general medicine rotations.

This policy is also in effect for any travel situation in which an athletic training student is involved. At no time during a travel experience is a student to be left unsupervised. Travel to and from an event is permitted as long as the student is in no way acting as a student athletic trainer during this time.

I \_\_\_\_\_, as an Approved Clinical Instructor or Clinical Instructor, understand this position statement regarding NGCSU athletic training student supervision. I agree to adhere by this policy. I understand that if I cannot meet the requirements of this policy, I will not be permitted to function as an ACI or CI for the ATEP.

ACI signature and date \_\_\_\_\_

ATEP Clinical Coordinator \_\_\_\_\_

## **APPENDIX L**

### **ATEP Drug Testing Policy**

# NORTH GEORGIA COLLEGE & STATE UNIVERSITY ATHLETIC TRAINING EDUCATION PROGRAM DRUG TESTING POLICY

Last Revised May 2009

## PHILOSOPHY STATEMENT

North Georgia College & State University supports the NCAA statement regarding substance abuse. We are committed and dedicated to promoting and preserving the integrity of athletics for the benefit and welfare of our athletic training students (ATS) and student-athletes.

Recognizing that drug and alcohol abuse among college students is of national concern and could endanger the health, development, and well-being of some of the University's athletic training student, North Georgia College & State University's Department of Intercollegiate Athletics and Athletic Training Education Program (ATEP) has developed this policy of drug testing and counseling. This policy is not to be construed as a contract between North Georgia College & State University and the ATS. NGCSU may amend this policy from time to time, with or without notice, as the Athletic Department and the Athletic Training Education Program sees as appropriate.

## MISSION STATEMENT

The mission of this drug testing policy includes education, screening, counseling, and sanctions to: (1) help ATS avoid improper involvement with drugs by insuring that they are well informed about drugs and drug abuse, (2) detect possible prohibited drug use through a screening program based on testing designed to reveal the use of drugs, (3) assist in the counseling and rehabilitation of athletic training students found to be misusing drugs, and (4) disassociate from our athletic training education program and athletic programs any person who is engaged in improper use of drugs and does not respond to rehabilitation efforts; while promoting the University's mission of academic excellence.

## ELIGIBILITY FOR TESTING

All ATS who are enrolled in the Athletic Training Education Program will be eligible to be screened and participate in the drug testing program.

## PROGRAM DESCRIPTION

The basic test to be used for drug screening is a urinalysis. However, other types of tests may be utilized to determine the presence of drugs. The testing based on urinalysis will be implemented as follows:

- 1. Random Screening:** All Athletic training students and student-athletes will be subject to random testing during the academic year. The selection of individuals will be made through a computer-generated blind drawing by The Center for Drug Free Sport, upon notification by the Athletic Training Education Program Coordinator or the departmental designate, of the date on which testing is to be conducted. Each affected ATS will receive written notification that states they have been selected for testing, the date on which testing will occur, and the place and time of testing. The affected ATS will be required to sign a statement prepared by the office of the Director of Athletics

acknowledging that they understand they have been selected for testing and are aware of the date, time, and place of testing.

2. **Individualized Reasonable Suspicion Screening:** Any ATS may be subject to testing at any time when, in the judgement of the ATEP Program Coordinator, there is reasonable cause to suspect the student is engaged in the use of any of the drugs prohibited by this policy. Such individualized reasonable suspicion may be based on information from any source deemed reliable by the ATEP Program Coordinator, including, but not limited to: (1) observed possession or use of substances that reasonably appear to be drugs of the type prohibited, (2) arrest or conviction for a criminal offense related to the possession, use or trafficking of drugs of the type prohibited, and/or (3) observed abnormal appearance, conduct or behavior, including unusual patterns of absence from training or competition, reasonably interpretable as being caused by the use of drugs of the type prohibited.

Upon receipt of such information, the ATEP Program Coordinator shall confer with University legal and medical representatives in determining whether there is reasonable cause to suspect that the ATS is engaged in prohibited drug use. Individualized reasonable suspicion means that if the available facts were conveyed to a reasonable person unfamiliar with the ATS or the athletic program, that person would conclude that there is a factual basis for determining that the ATS is using a prohibited drug.

If individualized reasonable suspicion is found to exist the ATEP Program Coordinator or his designate, will meet with the ATS. At the meeting the ATEP Program Coordinator, or his designate, will provide written notice specifying the date, time, and place at which the ATS will agree to testing unless the ATS provides an explanation for his/her behavior which is satisfactory to the ATEP Program Coordinator or his designate. The test will be conducted in accordance with the procedures established in the University's contract with the testing agency. The consequences of failure to participate in or cooperate with such testing and the consequences of impermissible drug use discovered through testing will be the same as those applicable to unannounced random testing.

3. **Positive Test Follow-up Screening:** Any ATS who had tested positive on a previous date may be subject to required testing **at any time** as deemed appropriate by the ATEP Program Coordinator. Any ATS who tests positive must under go a health screen by the Team Physician to insure the health of said ATS. The ATS must also pass a drug test before being allowed to return to competition.

#### TESTED SUBSTANCES

1. Amphetamines
2. Methamphetamine
3. Ecstasy
4. Barbiturates
5. Benzodiazepines
6. Cocaine

7. Marijuana
8. Methadone
9. Methaqualone (Quaaludes)
10. Opiates (Heroin and other opium derivatives)
11. Phencyclidine (PCP or “Angel Dust”)
12. Propoxyphene

Tested substances may include the listed items and/or other controlled substances, which may or may not appear on the most current NCAA banned drug listing.

#### **DRUG TESTING PROCEDURES (See Appendix A)**

1. Each ATS and parent, if the ATS is a minor, will sign a consent form prior to becoming an active member of the ATEP. A minor is defined as any person younger than the age of 18. This form will state the ATS has read and understands NGCSU’s drug testing policy and will indicate the ATS consent to be tested according to the procedures outlined in this document. Consent to this policy is a prerequisite of participation in the athletic training education program at North Georgia College & State University. Each ATS will then be assigned a code by the ATEP Program Coordinator to be used in the random selection process.
2. The ATEP Program Coordinator and/or the Head Athletic Trainer shall be responsible for selecting the dates for testing and notifying the appropriate ATS’s to be tested. The sample collection agency will be responsible for randomly selecting the ATS and student athletes for testing. It will then be the responsibility of the Head Athletic Trainer to insure the presence of the selected ATS’s for testing as scheduled. If after being notified by the Head Athletic Trainer, an ATS fails to report for the test, it will be considered a positive test.
3. When the ATS reports for the test a urine sample will be obtained under **direct observation**. The observer shall be an appropriate member of NGCSU’s athletic staff or an independently contracted professional.
4. The sample collection container will be split into two separate containers and sealed. Then, along with the proper documentation, the two containers will be placed into a plastic collection bag and sealed with security tape.
5. The athletic training student will witness the preparation of the samples and sign the appropriate paper work acknowledging the sample is theirs.
6. The sample will be provided to the testing lab according to chain of custody guidelines set forth by the lab.
7. Upon receipt of the sample by the testing lab, initial testing will be conducted, and the remainder of the sample will be frozen and retained according to the chain of custody procedures. Positive test results will be sent to the Medical Review Officer (MRO) for evaluation. Any ATS with a pending positive result will be notified by the MRO. This notification will give the athletic training student the opportunity to inform the MRO of any drugs, prescriptions, and/or over the counter medications taken within the past three months.

8. In the case of a positive test, the ATS will be given the opportunity to have the frozen portion of the original sample retested at their expense. The ATS must submit this request in writing to the MRO no later than three days after the day they were first notified by the MRO. The “B vial” to every positive specimen is frozen for a minimum of one year.
9. Confirmed positive test results will be reported directly to the ATEP Program Coordinator.

### **CONSEQUENCES FOR TESTING POSITIVE**

#### **First Positive Test**

- Notification of Parents (if a minor)
- Notification of ATS
- Notification of Head Athletic Trainer
- Notification of ATEP Program Coordinator
- Required meeting with ATEP Program Coordinator
- Counseling/Drug Education on campus within one week of violation  
Referral to an outside agency may be required
- **Minimum** of 25 hours of community and/or campus community service.
- **Minimum** suspension for two weeks of clinical responsibilities.
- Required testing for remainder of academic year.

#### **Second Positive Test**

- Notification of ATS
- Notification of Head Athletic Trainer
- Notification of ATEP Program Coordinator
- Notification of Parents (if a minor)
- Required meeting with ATEP Program Coordinator
- **Permanent** dismissal from Athletic Training Education Program at North Georgia College & State University

#### NOTE:

- **ATEP rules may supersede these penalties if the ATEP Program Coordinator’s rules are stricter.**
- Refusal of testing is considered to be a confirmed positive test.
- Confirmed Positives accumulate through the ATS time at NGCSU. This means that if a student tests positive for drugs during their first year and does not test positive again until their senior year then the positive test from the senior year will still be counted as a second positive. It does not matter how much time lapses between two positive tests for them to accumulate.
- **FALSIFICATION OF TEST RESULTS:** Any attempt to falsify test results by providing false information, altering a urine sample, manipulating test results, or any other conscientious effort to circumvent the drug testing process will result in an

automatic dismissal from participation in North Georgia College & State University's Athletic Training Education Program.

## **NUTRITIONAL SUPPLEMENTS**

ATS must be aware that **many legal nutritional supplements contain substances banned by the NCAA**. Many ATS's and student athlete's assume if a product is purchased in a health food store, they must be allowed to take it under the NCAA rules. **THIS IS NOT TRUE!** Reliance on the advice of the clerk at the store, the distributor at the gym, or any one who is not part of the athletic program, can result in erroneous information about whether the product contains any NCAA-banned substances. False information can result in a positive drug test. ATS **must** discuss any nutritional supplements with the athletic trainer prior to use of the product. Some common banned ingredients include, but are not limited to, norandrostenedione, androstenedione, and large amounts of ma huang (ephedrine). Do not take supplements containing these products. The athletic trainer has a list of banned drugs and common banned supplements. Feel free to see the head athletic trainer with any questions. You can also utilize the following websites; [www.drugfreesport.com/rec](http://www.drugfreesport.com/rec) , [www.ncaa.org](http://www.ncaa.org)

NGCSU DEPARTMENT OF ATHLETICS

SPORTS DRUG TESTING ATHLETE NOTIFICATION FORM

Athlete: \_\_\_\_\_

Social Security No: \_\_\_\_\_  
(Optional)

Date of notification: \_\_\_\_\_

**I, The Undersigned:**

**Acknowledge being notified to appear for drug testing and have been notified to report to the drug-testing station at**

\_\_\_\_\_, on \_\_\_\_\_ on or before \_\_\_\_\_ a.m/p.m.  
(location) (date) (time)

I will be prepared to provide an adequate specimen and will not over hydrate.

**I understand that I may have a witness accompany me to the drug-testing site.**

By signing, I have been notified of my selection for drug testing, and am aware of what is expected of me in preparation for this drug-testing event.

Athlete's Signature: \_\_\_\_\_

I can be reached at the following telephone number on the day of test:

\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reminder for Athlete**



**Sports Drug-Testing Pr**

Athlete: \_\_\_\_\_  
\_\_\_\_\_

Location of test: \_\_\_\_\_

**NOTIFICATION OF INDIVIDUALIZED REASONABLE SUSPICION DRUG TESTING BY URINALYSIS**

**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RE:** Scheduled Urinalysis

Based on individualized reasonable suspicion that you may be engaging in the impermissible use of drugs prohibited by North Georgia College & State University's Drug Testing Policy, you are to report to \_\_\_\_\_ (designated location) at \_\_\_\_\_ (time) on \_\_\_\_\_ (date). You will be required to provide a urine sample at that time, consistent with the policies and procedures established by North Georgia College & State University's Drug Testing Policy. Actions by the athletic training student that was deemed as cause for reasonable suspicion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed:

\_\_\_\_\_  
(athletic training student)

\_\_\_\_\_  
(date)

Witnessed:

\_\_\_\_\_  
(designated university official delivering notice)

\_\_\_\_\_  
(date)

## CONSENT FOR RELEASE OF CLIENT INFORMATION

TO ANOTHER PERSON OR AGENCY

I, \_\_\_\_\_, authorize the Counseling & Student Development Center, North Georgia College & State University, Dahlonega, GA 30597, to disclose to

Derek Suranie, M.Ed, ATC, ATEP Program Coordinator  
And  
Jessica M. Poole, M.Ed, ATC, Head Athletic Trainer  
North Georgia College & State University

The following information:

Attendance at required meetings, adherence to recommended protocol, and, if applicable, need for referral to an outside agency.

I understand that this information is to assist North Georgia College & State University Athletics on my behalf. Further, I understand that this consent statement may be revoked by me at any time except to the extent those actions have already been taken in reliance on this consent statement.

Further, I understand that this consent statement will expire without express revocation one calendar year (365 days) from the date below, or will automatically expire at such time as I complete or terminate the services provided to me at the Counseling and Student Development Center.

Further, I understand that the above named person will not release any of the information received by them through this consent statement to any other person or agency without my specific written consent to do so.

I am willing that a reproduction of this consent statement be accepted with the same authority as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**NORTH GEORGIA COLLEGE & STATE UNIVERSITY  
DEPARTMENT OF ATHLETICS  
FIRST POSITIVE DRUG TEST CONTRACT**

**Athletic Training Student** \_\_\_\_\_

**I HEREBY ACKNOWLEDGE** that I tested positive on \_\_\_\_\_, 20\_\_ for the use of \_\_\_\_\_.

**I UNDERSTAND** that this fact has been made known to the University's Substance Abuse Counselor, ATEP Program Coordinator, Head Athletic Trainer, my parents (if a minor), and I.

**I UNDERSTAND** that I may request that the drug test be repeated, at my own expense, using the "B vial" of my original urine specimen.

**I UNDERSTAND** that (1) I am immediately being placed on *suspension* for a minimum of two weeks from clinical responsibilities (2) I am subject to required drug testing for the remainder of the academic year, and (3) my continued participation in the athletic training education program is contingent upon the successful completion of a prescribed substance abuse counseling program, 25 hours of community and/or campus community service and passing a drug test.

**I UNDERSTAND** that a second positive test will result in dismissal from the NGCSU athletic training education program.

**I UNDERSTAND** that I am free to refuse to sign this statement, but that such a refusal will result in immediate dismissal from North Georgia College & State University's athletic training education program.

**I UNDERSTAND** that the ATEP Program Coordinator may provide some additional type of discipline/penalty for my actions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ATEP Program Coordinator

\_\_\_\_\_  
Date

**NORTH GEORGIA COLLEGE & STATE UNIVERSITY  
DEPARTMENT OF ATHLETICS  
SECOND POSITIVE DRUG TEST CONTRACT**

Athletic Training Student \_\_\_\_\_

**I HEREBY ACKNOWLEDGE** that I tested positive on \_\_\_\_\_, 20\_\_ for the use of \_\_\_\_\_.

**I UNDERSTAND** that this fact has been made known to the ATEP Program Coordinator, Head Athletic Trainer, my parents (if a minor) and I.

**I UNDERSTAND** that as a result of this second positive test, I am immediately being dismissed

**I UNDERSTAND that I may request that the drug test be repeated using the remaining portion of my original urine sample.**

from North Georgia College & State University's Athletic Training Education Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ATEP Program Coordinator

\_\_\_\_\_  
Date

# NORTH GEORGIA COLLEGE AND STATE UNIVERSITY'S ALCOHOL/TOBACCO POLICY

- A. Alcohol use, including by those of legal drinking age, on the campus of NGCSU is not permitted. It is the responsibility of every member of the college community to be aware of the risks associated with alcohol use and abuse. Consistent with the University community, the Department of Athletics views the use of alcohol to be incompatible with the goal of athletic excellence. Athletic Training Students are required to conduct themselves in accordance with University policies, federal, state and local laws. This extends to the recruitment of prospective NGCSU athletic training students. Prospective athletic training students visiting campus and socializing with current students are not permitted to participate in any activities that will permit the use of alcohol. It should be understood that possession or consumption of alcoholic beverages by individuals under the age of 21 is a violation of state liquor laws (Minor in Possession/MIP). Likewise, it is illegal for anyone to supply alcoholic beverages to persons under the age of 21.
- B. The Athletic Department will consider an athletic training student to have violated the NGCSU Athletic Department's Alcohol Policy upon a charge, conviction or plea of guilty to driving under the influence (DUI/DWI) or other motor vehicle violations involving alcohol or drugs.**

The Athletic Department may suspend any ATS upon a charge, conviction or plea of guilty to any of the following:

1. Public intoxication
2. Drunk and disorderly
3. Other violations of local, state, or federal law involving alcohol or drugs, including possession
4. Other violations of local, state, or federal law involving alcohol or drugs and acts of violence
5. Violations of the NGCSU Student Code of Conduct involving alcohol or drugs; or Minor in Possession

## **C. Consequences for Violating NGCSU Athletic Department Alcohol Policy**

### First Violation

- Notification of Athletic Training Student
- Notification of Parents (if a minor)
- Notification of ATEP Program Coordinator and Head Athletic Trainer
- Required meeting with ATEP Program Coordinator
- Counseling/Alcohol and Drug Education on campus within one week of violation. Referral to an outside agency may be required.
- **Minimum** suspension of two weeks of clinical responsibilities.
- **Minimum** of 25 hours of community and/or campus community service.
- **Required** drug testing for remainder of academic year
- Additional consequences/punishment may be implemented by the ATEP Program Coordinator

### Second Violation

- Notification of Athletic Training Student
- Notification of Parents (if a minor)
- Notification of ATEP Program Coordinator and Head Athletic Trainer
- Required meeting with ATEP Program Coordinator
- Counseling/Alcohol and Drug Education on campus within one week of violation. Referral to an outside agency may be required
- **Minimum** suspension of four weeks of clinical responsibilities.
- **Minimum** of 50 hours of community and/or campus community service
- **Required** drug testing for remainder of academic year
- Additional consequences/punishment may be implemented by the ATEP Program Coordinator

### Third Violation

- Notification of Athletic Training Student
- Notification of ATEP Program Coordinator and Head Athletic Trainer
- Notification of Parents (if a minor)
- Required meeting with ATEP Program Coordinator
- **Permanent** dismissal from the Athletic Training Education Program at North Georgia College & State University

## **NCAA TOBACCO POLICY**

### **By-law 11.1.5**

The use of tobacco products is prohibited by all game personnel (athletes, coaches, athletic trainers, managers and game officials) in all sports during practice and competition.

## **NGCSU TOBACCO POLICY**

North Georgia College & State University is deemed to be a tobacco free campus. The use of tobacco on campus is strictly prohibited.

**NORTH GEORGIA COLLEGE & STATE UNIVERSITY  
DEPARTMENT OF ATHLETICS  
FIRST VIOLATION OF ALCOHOL POLICY CONTRACT**

**Athletic Training Student** \_\_\_\_\_

**I HEREBY ACKNOWLEDGE** that I violated the NGCSU Athletic Department's Alcohol Policy on \_\_\_\_\_, 20\_\_ by way of \_\_\_\_\_.

**I UNDERSTAND** that this fact has been made known to the University's Substance Abuse Counselor, ATEP Program Coordinator, Head Athletic Trainer, my parents (if a minor) and I.

**I UNDERSTAND** that (1) I am immediately being placed on *suspension* for a minimum of two weeks from clinical responsibilities, (2), I am subject to required drug testing for the remainder of the academic year, and (3) my continued participation in the athletic training education program is contingent upon the successful completion of a prescribed substance abuse counseling program, 25 hours of community and/or campus community service and passing a drug test.

**I UNDERSTAND** that a second violation will result in a 4 week suspension from clinical responsibilities, 50 hours of campus/community service, required counseling and required drug testing for the remainder of the academic year.

**I UNDERSTAND** that I am free to refuse to sign this statement, but that such a refusal will result in immediate dismissal from North Georgia College & State University's athletic training education program.

**I UNDERSTAND** that the ATEP Program Coordinator may provide some additional type of discipline/penalty for my actions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ATEP Program Coordinator

\_\_\_\_\_  
Date

**NORTH GEORGIA COLLEGE & STATE UNIVERSITY  
DEPARTMENT OF ATHLETICS  
SECOND VIOLATION OF ALCOHOL POLICY CONTRACT**

**Athletic Training Student** \_\_\_\_\_

**I HEREBY ACKNOWLEDGE** that I violated the NGCSU Athletic Department's Alcohol Policy on \_\_\_\_\_, 20\_\_ by way of \_\_\_\_\_.

**I UNDERSTAND** that this fact has been made known to the University's Substance Abuse Counselor, ATEP Program Coordinator, Head Athletic Trainer, my parents (if a minor) and I.

**I UNDERSTAND** that (1) I am immediately being placed on *suspension* for a minimum of four weeks from clinical responsibilities, (2), I am subject to required drug testing for the remainder of the academic year, and (3) my continued participation in the ATEP is contingent upon the successful completion of a prescribed substance abuse counseling program, 50 hours of community and/or campus community service and passing a drug test.

**I UNDERSTAND** that a third violation will result in dismissal from the NGCSU athletic training education program.

**I UNDERSTAND** that I am free to refuse to sign this statement, but that such a refusal will result in immediate dismissal from North Georgia College & State University's athletic training education program.

**I UNDERSTAND** that the ATEP Program Coordinator may provide some additional type of discipline/penalty for my actions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ATEP Program Coordinator

\_\_\_\_\_  
Date

**NORTH GEORGIA COLLEGE & STATE UNIVERSITY  
DEPARTMENT OF ATHLETICS  
THIRD VIOLATION OF ALCOHOL POLICY CONTRACT**

**Athletic Training Student** \_\_\_\_\_

**I HEREBY ACKNOWLEDGE** that I violated the NGCSU Athletic Department's Alcohol Policy on \_\_\_\_\_, 20\_\_ by way of \_\_\_\_\_.

**I UNDERSTAND** that this fact has been made known to the ATEP Program Coordinator, Head Athletic Trainer, my parents (if a minor) and myself.

**I UNDERSTAND** that as a result of this third violation, I am immediately dismissed from North Georgia College and State University's athletic training education program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ATEP Program Coordinator

\_\_\_\_\_  
Date

**North Georgia College and State University Department of Athletics**  
**Drug Education & Testing Program**  
**Athletic Training Student Consent Form**

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I, \_\_\_\_\_, hereby acknowledge that I have received a copy of, read and been given the opportunity to ask questions regarding the Drug Education & Testing Program implemented for the Department of Intercollegiate Athletics at NGCSU. I understand the policies, procedures and my responsibilities as described in such policy.

As a condition to my participation in the athletic training education program at NGCSU, I consent to participate in the Drug Education & Testing Program. I understand that my participation in this program includes the collection and testing of my urine at various times during academic year for drugs, alcohol, and/or other banned substances.

I further consent to the release of the results of any drug test to the Director of Athletics or his/her designee, Assistant Director of Athletics, ATEP Program Coordinator, the Head Athletic Trainer and/or Assistant Athletic Trainers, Team Physician, Appeals Committee and/or my parent(s) or guardian(s). I acknowledge and understand that a copy of this consent form may be sent to my parent(s) or guardian(s) along with a copy of the Drug Education & Testing Program. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

I fully understand that the NGCSU Drug Education & Testing Program is separate and distinct from the NCAA drug-testing program and its sanctions, however, I also understand that sanctions may be imposed by NGCSU under its Drug Education & Testing Program upon a positive result under the NCAA drug-testing program.

NGCSU, its officers, employees, and agents are hereby released from legal responsibility and/or liability for the release of any information and/or record as authorized by this consent form. I fully and forever release and discharge the aforementioned parties from any claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from my participation in NGCSU's Drug Education & Testing Program including those claims, demands, rights of action, or causes of action arising out of any positive result under such Drug Education & Testing Program.

---

\_\_\_\_\_  
Athletic Training Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Athletic Training Student

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Class Year

\_\_\_\_\_  
Parent/Guardian Signature (if a minor)

\_\_\_\_\_  
Date

## APPENDIX A



## 2007-2008 Sports Drug-Testing Collection Protocol

1. Upon entering the collection station, the athlete will provide photo identification and/or a client representative/site coordinator will identify the athlete and the athlete will officially enter the station.
2. The athlete will select a sealed collection beaker from a supply of such and will record his/her initials on the collection beaker's lid.
3. A collector, serving as validator, will monitor the furnishing of the specimen by observation in order to assure the integrity of the specimen until a volume of at least 50 mL is provided (85-100 mL if testing for anabolic steroids – depending on which steroid panel is selected).
4. Validators who are of the same gender as the athlete must observe the voiding process and should be members of the official drug-testing crew. The procedure does not allow for validators to stand outside the immediate area or outside the restroom. The athlete must urinate in full view of the validator (validator must observe flow of urine). The validator must request the athlete raise his/her shirt high enough to observe the midsection area completely ruling out any attempt to manipulate or substitute a sample.
5. Athletes may not carry any item other than his/her beaker into the restroom when providing a specimen. Any problem or concern should be brought to the attention of the collection crew chief or client representation for documentation. Athletes will rinse and dry hands prior to and following urination.
6. Once a specimen is provided, the athlete is responsible for keeping the collection beaker closed and controlled.
7. Fluids and food given to athletes who have difficulty voiding must be from sealed containers (approved by the collector) that are opened and consumed in the station. These items must be caffeine- and alcohol-free and free of any other banned substances.
8. If the specimen is incomplete, the athlete must remain in the collection station until the sample is completed. During this period, the athlete is responsible for keeping the collection beaker closed and controlled.
9. If the specimen is incomplete and the athlete must leave the collection station for a reason approved by the collector, specimen must be discarded.
10. Upon return to the collection station, the athlete will begin the collection procedure again.

11. Once an adequate volume of the specimen is provided, the collector who monitored the furnishing of the specimen by observation will sign that the specimen was directly validated and a collector will check the specific gravity and if in range measure the pH of the urine in the presence of the athlete.
12. If the urine has a specific gravity below 1.005 (1.010 if measured with a reagent strip), the specimen will be discarded by the athlete. The athlete must remain in the collection station until another specimen is provided. The athlete will provide another specimen.
13. If the urine has a pH greater than 7.5 (with reagent strip) or less than 4.5 (with reagent strip), the specimen will be discarded by the athlete. The athlete must remain in the collection station until another specimen is provided. The athlete will provide another specimen.
14. If the urine has a specific gravity above 1.005 (1.010 if measured with a reagent strip) and the urine has a pH between 4.5 and 7.5 inclusive, the specimen will be processed and sent to the laboratory.
15. The laboratory will make final determination of specimen adequacy.
16. If the laboratory determines that an athlete's specimen is inadequate for analysis, at the client's discretion, another specimen may be collected.
17. If an athlete is suspected of manipulating specimens (e.g., via dilution), the client will have the authority to perform additional tests on the athlete.
18. Once a specimen has been provided that meets the on-site specific gravity and pH parameters, the athlete will select a specimen collection kit and a uniquely numbered Chain of Custody Form from a supply of such.
19. A collector will record the specific gravity and pH values.
20. The collector will pour approximately 35 mL of the specimen into the "A vial" and the remaining amount (approximately 15 mL) into the "B vial" (another A=35 mL, B=15 mL in a second split sample kit or A=35 mL for a single sample for anabolic steroid testing, which will be shipped to a WADA accredited laboratory) in the presence of the athlete.

21. The collector will place the cap on each vial in the presence of the athlete; the collector will then seal each vial in the required manner under the observation of the athlete and witness (if present).
22. Vials and forms (if any) sent to the laboratory shall not contain the name of the athlete.
23. All sealed specimens will be secured in a shipping case. The collector will prepare the case for forwarding.
24. The athlete, collector and witness (if present) will sign certifying that the procedures were followed as described in the protocol. Any deviation from the procedures must be described and recorded. If deviations are alleged, the athlete will be required to provide another specimen.
25. After the collection has been completed, the specimens will be forwarded to the laboratory and copies of any forms forwarded to the designated persons.
26. The specimens become the property of the client.
27. If the athlete does not comply with the collection process, the collector will notify the client representative/site coordinator and third party administrator responsible for management of the drug-testing program.
28. On occasion, a client may choose to test using a single specimen kit. The collector will follow the split specimen procedures up to the point where the athlete selects a sealed kit. With a single specimen kit, the collector will instruct the athlete to provide at least 40 mL of urine allowing for a 5 mL pour-off to measure specific gravity and pH on site. A single A vial will be processed and transported to the laboratory for analysis.

# APPENDIX M

## Student Handbook Agreement Form

# 2009-2010 Athletic Training Education Program, Information, Rules and Regulations

## Student Handbook Agreement Form.

I \_\_\_\_\_ have read the 2007-2008 Athletic Training Education Program, Information, Rules and Regulations Student Handbook. I accept and agree to abide by this handbook. I understand that failure to abide by and comply with all information, procedures, rules, and regulations set forth by the NGCSU ATEP can result in suspension from the program.

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

ATEP Coordinator Signature \_\_\_\_\_  
Date \_\_\_\_\_ Derek J. Suranie, MEd., ATC