TCU ATSM

Introduction

Athletic training is a part of the Sports Medicine profession that may require many hours of total dedication, hard work, self-discipline, and extensive educational course work in a CAATE accredited undergraduate curriculum.

The NATABOC certified athletic trainer, or ATC, is a highly educated and skilled professional whose specialty is in athletic health care. The ATC is recognized as an Allied Health Professional. As a sports medicine expert and member of the complete health care team, the ATC works under the direction of a licensed physician and in cooperation with other health care professionals and sports team members. The ATC is skilled and knowledgeable in five areas, otherwise recognized as the five domains of athletic training. They are:

- Prevention of athletic injury
- Recognition, evaluation and immediate care of athletic injuries
- Rehabilitation and reconditioning of athletic injuries
- Health care administration
- Professional development and responsibility

The purpose of this manual is to identify the operating policies and procedures for the Athletic Training Program within the Department of Athletics at Texas Christian University. These policies and procedures will be implemented at all staffing levels of the Athletic Training / Sports Medicine Program.

TCU ATSM

Philosophy

Mission Statement

Unit Goals

1. Objectives for the Athletic Training Room are to provide the highest level of athletic and sports medicine care to the intercollegiate student athletes of Texas Christian University. This includes the care, prevention and rehabilitation of athletic injuries and helping to direct the nutritional and physiological needs of the student athlete.

2. Objectives for the Athletic Training / Sports Medicine Program are to educate students in the field of Athletic Training to serve the scholastic, intercollegiate, professional, and recreational athletes who are participating in sport, whether formally or informally. These objectives are aimed at assisting the development and advancement of the students toward the fruition of their academic and life goals while attempting to develop and/or maintain the positive role model atmosphere.

3. An Athletic Trainer is defined as a qualified allied health care professional educated and experienced in the management of health care problems associated with sports participation. The athletic trainer works under the auspices of and in cooperation with the physicians and other allied health care personnel for the ultimate good of the participating athlete. The Athletic Trainer must also work with the other direct members of the active sports medicine team including the administrators, parents, athletes, and coaches in providing an efficient and responsive athletic health care delivery system.

4. The Professional Education and Preparation of the athletic trainer is directed toward specific competencies in the following domains:
    1. Prevention of athletic injury and illness
    2. Recognition and evaluation of athletic injury and illness
    3. Rehabilitation of athletic injuries and corrective surgeries
    4. Health Care Administration
    5. Professional Development and Responsibility

Unit Actions

1. The daily educational advancement of the athletic training student (ATS) is dependent upon connecting the didactic, classroom knowledge with sound clinical application. This connection may be both formal and informal depending upon the structure of the clinical situation. While scheduled, situational clinical experiences can be structured, the informal injury assessment and application sessions can not be formally structured. The injury patterns do not support this.
2. The responsibility of the practitioner to communicate with the patient and others involved in the patient care cycle must also be stressed. While this can be discussed in the classroom, the clinical application(s) are critical for future applications.

Assessment of Actions

1. The didactic, classroom assessment is accomplished through established written methods; the clinical assessment through practical applications is by an implied, face value, content method. The evaluative instrument is appropriate for evaluating skills and competencies of the student athletic trainer in each of the psychomotor, affective, and cognitive domains within the major seven content areas of athletic training.
2. The oral and practical examination sections of the state licensure and national certification examinations help the professional staff to evaluate the effectiveness of the clinical experiences based upon the student's results. The written sections evaluate the effectiveness of the student's didactic knowledge base in athletic training.

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General Policy Statement

The athletic training staff will operate within the guidelines outlined in the NCAA Sports Medicine Handbook, the NCAA Manual, and the Big 12 Conference guidelines. The athletic training staff will also adhere to the TCU Faculty/Staff and Student Handbooks.

At all times, the welfare of the student-athlete will be of utmost priority in the actions of the sports medicine staff.

All medical decisions are made under the direct supervision of the TCU team physicians. The athletic training staff is expected to perform designated functions necessary to provide an operational sports medicine program. In addition, the athletic training staff will do whatever is possible to insure all standards are met within the Department of Athletics.

Texas Christian University in compliance with Title VI and Title VII of the Civil Rights Acts of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Section 402 of the Readjustment Assistance Act of 1974, Americans With Disabilities Act of 1990 and other Federal laws and regulations does not discriminate on the basis of race, color, ethnicity, national origin, sex, age, religion, disability, political affiliation, or status as a veteran in any of its policies, practices, or procedures.

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Personnel Description

Assistant Athletic Director for Sport Medicine

This position reports to Athletic Director and Team Physician(s). This individual directs the health care program of intercollegiate athletics including prevention, emergency care, evaluation, and rehabilitation of athletic injuries and illnesses. Responsible for operating the training and rehabilitation facilities, supervising the training of all student-athletes, and coordinating the prevention and treatment of athletically related injuries to student-athletes.

Duties and Responsibilities:

- Directs and supervises the operations of the athletic training room, to include developing necessary procedures and schedules.
- Confers with the team physician to ensure proper evaluation, treatment, and rehabilitation of injured student-athletes.
- Supervises all staff athletic trainers, graduate assistants, and athletic training students.
- Administers the drug-testing program for student-athletes (NCAA / TCU).
- Submits budget requests for athletic training room operations. Coordinates the purchase of all supplies and equipment, and ensures efficient and economical methods of purchasing supplies and equipment.
- Follows NCAA Rules and Regulations and the NATA Code of Ethics. Remains current on all state and national requirements for license renewals.
- Teach classes as assigned by ATEP Program Director or department chair.

- Performs other duties and special projects as requested and assigned by the Athletic Director.

- Comply with and establish a line of communication among parents, physicians, athletes, and coaches.

- Offers continuing education courses to educate and counsel coaching staffs, student-athletes, students, physicians, and co-workers.

- Serves on athletic training student selection committee for athletic training students.

Staff Athletic Trainer(s)

This position reports to Assistant Athletic Director for Sports Medicine. They are responsible for assisting in all aspects of the athletic training program following university guidelines and Athletic Training Policies and Procedures.

Duties:

- Provide therapy and rehabilitation to athletes during regular scheduled morning and afternoon clinic hours as arranged with the Team Physician.

- Assist in the daily clinical instruction of athletic training students

- Teach classes as needed within the curriculum as assigned by the Athletic Training Program Director

- Assist in the administration of the department's drug testing policy

- Assist in the coverage of in-season and off-season practices and competitions as well as coverage of other home events

- Assist in the management of inventory

- Assist in the maintenance of student athlete's files

- Organize and maintain daily medical records

- Assist in the care, treatment, and prevention of athletic injuries and related illnesses

- Establish and comply with a line of communication with athletes, parents, physician, and coaches

- Other duties assigned by the Director of Sports Medicine and/or Athletic Director

- Follows the NATA Code of Ethics. Remains current on all state and national requirements for license renewal

- Upholds NCAA Guidelines

Athletic Training Students

They report to Director of Educational Programming, the Clinical Coordinator and the supervising clinical instructor. Responsibilities include the prevention, treatment, evaluation and rehabilitation of athletic injuries for assigned sport.

Duties:

- Attend all practices and games, including away games and practices, as assigned by supervising clinical instructor

- Assist in administering treatment and rehabilitation to athletes during afternoon hours

- Assist in the maintenance of student athlete files

- Maintain daily records of treatment and rehabilitation

- Assist in prevention, treatment, evaluation, and rehabilitation of athletic injuries and related illnesses

- Assist in cleaning of athletic training room

- Restocking of medical supplies in all assigned athletic training rooms

- Set up field with necessary medical equipment and supplies

- Break down field, clean all coolers and water bottles after practice

- Adhere to policies and procedures outlines in the athletic training section

- Uphold all NCAA guidelines

- Maintain confidentiality of athletes and medical conditions

- Other duties assigned by the Assistant Athletic Trainer, Graduate Assistant Athletic Trainer, Clinical Instructor, and Director of Sports Medicine

- Athletic training students are not to serve in the capacity of a Certified Athletic Trainer

TCU ATSM

Flow Chart

Athletic Director-	Christopher del Conte
Associate Athletic Director-	Andrea Nordmann
Team Physician / Primary Care-	Dr. Michele Kirk / Dr. Jason Magoyne
Assistant Athletic Director for SM-	Chris Hall, AT, LAT
Associate Director of SM-	David Gable, AT, LAT, CSCS
Team Physician/ Orthopedics-	Dr. Joe Milne
	Dr. Stephen Brotherton
	Dr. Mark Wylie
	Dr James Bothwell
	Dr. Will Lowe
Director of Athletic Training Education-	Stephanie Jevas, AT, LAT
Clinical Coordinator-	Sarah Manspeaker, AT, LAT
Staff Athletic Trainers-	Valerie Tinklepaugh-Hairston, AT, LAT
	Danny Wheat, AT, LAT
	Ashley Stone, AT, LAT
	Kyle Kuykendall, AT, LAT
	Patricia Jamison, AT, LAT
	Michael Baum, AT, LAT, PES
	Lauren Crawford, AT, LAT

Graduate Assistant Athletic Trainers- Mary Blochberger, AT, LAT

Ben Stefka, AT, LAT

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MEDICAL COVERAGE

Hours of Operation

The Athletic Training Rooms (DMC, Lupton Baseball, and the Recreation Center Facilities) will be open to "walk-in" services from the hours of 8:30 AM to 6:00 PM Monday through Friday with training staff off for lunch between 11:30 and 12:30. The Walsh Center Facility will be open from 7:00 a.m. until 7:00 p.m. due to Football treatments. These hours will be maintained during the season to allow for more accessibility for ongoing care and rehabilitation. In addition to regularly scheduled hours, the athletic training rooms will be open prior to and following each regularly scheduled practice and competition. The Athletic Training / Sports Medicine Staff will determine specific treatment hours for a team's practice and competition. During the summer months the posted hours are from 9:00 AM to 5:00 PM (However if running groups go past this, then the Staff ATC must maintain and keep all facilities in operation). The facility will close from 12:00 noon to 1:00p.m. for lunch.

Event Coverage

The Athletic Training / Sports Medicine staff will provide medical coverage during regular season for all scheduled practices and competitions. However, sports with low risk for serious injury may have scheduled practices without the presence of the athletic training staff.

AED / CPR

All non-football conditioning workouts, weight lifting workouts, and individual skill instruction scheduled in the early morning hours or at non-

traditional times may be conducted without medical coverage from the athletic training staff. Each Athletic Department Staff Member with direct contact with student athletes are required to be certified in CPR/AED. AED's are located in the following athletic and University locations.

(Summer 2013)

Basketball Coliseum – concourse and team tunnel (2)
Basketball Practice Facility (1)
Amon G. Carter Football- West side of stands at ground level and Chancellor level of press box
Tennis Center – pro shop and indoor facility (2)
Baseball Stadium – in the corridor outside of the indoor batting cages (1)
Track – inside the storage building (1)
Soccer – inside the press box (1) and the Justin Building (1)
Weight Room – located on the inside wall (1)
Main Athletic Training Room (1)
Equestrian Center- Storage area (1)

Travel (1)

In addition, AED's are located in each of the University Public Safety vehicles. The emergency number from on campus for TCU Public Safety is 817-257-7777 or via campus phone @ 7777.

Visiting Teams

Student-athletes from visiting teams will be extended the same courtesy, service, and respect as the athletes from TCU. Visiting teams will have the opportunity to utilize athletic training facilities and equipment before and after competition. Visiting teams that travel without a certified athletic trainer must present a written protocol or verbal communication from their athletic trainer in order to receive treatment from the TCU Athletic Training staff.

The Athletic Training / Sports Medicine Staff will adhere to the conference requirements in regards to visiting teams and supplies provided for home events.

Appendices A- Visiting Team Flyer

Referral Protocol

In the event that a student-athlete is injured or becomes ill, the student-athlete must first contact the Athletic Training / Sports Medicine staff.

1. Upon completion of an examination, an Athletic Training / Sports Medicine staff member may refer the student-athlete to a team physician or a consulting physician. The student-athlete MUST present to the physician a completed medical referral form (see Appendix) signed by an athletic training room representative.

    a) Medical referral forms are only administered for athletic related injury and/or illness.

    b) All non-athletic related injury and/or illness will be the responsibility of the student-athlete. (See INSURANCE COVERAGE for explanation of benefits)

2. In the event a student-athlete sustains a non-athletic illness and must be referred to a physician specialist outside the confines of the team physician, the student-athlete will be held responsible for all medical payments.

3. Head Coaches, assistant coaches, student coaches, managers, or any other TCU personnel shall not be permitted to schedule appointments for any student-athlete without first consulting the Director of Athletic Training / Sports Medicine. Any referrals without following proper procedures will result in the student-athlete being held responsible for payments. In the event of an athletic related emergency, or the athletic training staff is unavailable, any TCU personnel should provide the student-athlete access to a medical facility of choice.

4. The student-athlete will be responsible for payment of any fees resulting from missed appointments, including dental, eye exams, physical therapy, or any other medical problem.

5. If the student-athlete receives care from any allied health professional unauthorized by the TCU Athletic Training / Sports Medicine team or athletic department, all responsibility for this kind of treatment or any expenses will be that of the student athlete. Further, a student-athlete who seeks treatment from an unauthorized allied health professional may not return to participation until released by TCU team physicians. Failure to report unauthorized medical treatment may result in further injury for which the athletic training staff and the athletic department will not be responsible and may result in suspension or further penalty at TCU's discretion.

6. In particular instances the team physicians shall delegate other physicians to assist or act on express authority. However, the team physicians shall be kept informed of all injuries and or illnesses and have the final authority with regard to all medical disqualifications, treatment, medical hardships, and return of the student-athlete to full participation.

7. In the event that a Student-Athlete sees a Physician outside the TCU Sports Medicine Advisory Team, the Student-Athlete must fill out and request all medical records to be sent to the TCU Athletic Training / Sports Medicine Department. This medical information release form is to allow all medical information to be transferred to the Team Physician and to be permanently placed in the Student-Athletes file for future consultation with the referring / secondary Physician.

Appendices B: Medical / Dental Referral Form

Appendices C: Physician Recommendation Form

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EMERGENCY PROCEDURES

An emergency situation is defined as any situation that endangers the health of the student athlete in question. Typically, these situations arise from injuries resulting in a threat to the airway, breathing, and circulation of the student-athlete. In addition, such injuries as fractures and dislocations of bones or joints are classified as emergency situations. In most cases, general illness, such as the flu, colds, sore throats, etc. are not considered emergencies.

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

TCU Athletic Training / Sports medicine and the TCU Athletic Department has a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves the formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately.

In addition to the Emergency Action Plan developed by the TCU Athletic Department, the University Emergency Action Plan developed in conjunction with the Vice Chancellors and the TCU Safety Department can be implemented to address specific needs not addressed within the Athletic Department's plan. Together with the university administration and the Safety Department, it has established guidelines to protect the health and welfare of the university professional staffs, general student populations, and the general university support staffs. In the time of a university emergency, please refer to the university Emergency Action Plan.

There are three basic components of the plan:

1. Emergency Personnel

2. Emergency Communication

3. Emergency Equipment

Emergency Plan Personnel

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, equipment managers, and possibly bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer.

There are four basic roles within the emergency team. The first and most important role is immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. Individuals with lower credentials should yield to those with more appropriate training.

The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with types and location of the specific equipment needed. Athletic training students, managers, and coaches are good choices for this role.

The third role, Emergency Medical System (EMS) activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event.

After EMS has been activated, the fourth role in the emergency team should be performed, that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A athletic training student, manager, or coach may be appropriate for this role.

Activation of the EMS System

Making the call:

- 911 (if available) or contact TCU Police at (817) 257-7777 or ext. #7777.
    - **On campus emergencies contact TCU Police first!**
- Telephone numbers for police, fire department, and ambulance service

Providing information:

- Name, address, telephone number of caller
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene

- Other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

Additional information on emergency coverage by the Fort Worth Fire Department, Fort Worth Police Department and MedStar Ambulance service for the campus and Amon G. Carter Football Stadium specifically will be found in the Director of Athletic Training / Sports Medicine's office located in the basement of Daniel Meyer Coliseum (Room #003)

Emergency Communication

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to inured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency transportation is not available on site during a particular sporting event, then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a working telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

Transportation

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. Consideration is given to the capabilities of transportation service available and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering and exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

Appendices D: ECP TCU Athletic Facilities

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Universal Blood Borne Pathogens Policy

The Texas Christian University Athletic Department believes students, staff, and faculty should be protected from all foreseeable hazards in the clinical care of the physically active. The Athletic Department has made efforts to insure that current information concerning the growing threat of infectious disease is provided to our students and faculty, and that a rational policy and procedure have been developed.

Direct exposure of students and/or personnel to blood or other body fluids via skin, mucus membranes or potential contact represents a hazard for transmission of blood-borne and other infections. To decrease the likelihood of transmission of those infections and to minimize athletic training student and faculty contact with blood and body fluids, the following policy is in effect.

Blood borne pathogens are disease causing microorganisms that can potentially be transmitted through blood contact. The blood borne pathogens of concern include (but are not limited to) the Hepatitis B (HBV) and the human immunodeficiency virus (HIV).

The frequency of infection from these microorganisms has increased during the last decade among all portions of the general population and thus within the athletic population as well. Before the discovery of Hepatitis A (HAV) and Hepatitis B (HBV) during the early 70's, patients who were infected with viral hepatitis were classified as either having infectious hepatitis or serum hepatitis. When tests were developed which were more sensitive and specific, it was learned that the (HAV) hepatitis A was found to be the major cause of infectious hepatitis and (HBV) hepatitis B was the major cause of serum hepatitis.

Hepatitis Delta (HDV) was discovered in 1977 and is a defective virus requiring the presence of (HBV) in order to replicate. Recently, the discovery of hepatitis C (HCV) and hepatitis E (HEV) has added to the hepatitis family of transmitted diseases. Further characterization of the epidemiology and other clinical features will await the development of more diagnostic assays.

Facts about Hepatitis A

The primary transmission source of hepatitis A and E is via feces and/or the fecal oral route of transmission. A vaccine is available for the prevention of HAV. HAV and HEV cause acute infection, while the others cause chronic diseases. Facts about Hepatitis B The primary transmission source of HBV, HCV, HDV is via percutaneous and mucosal exposures. HBV is a 42nm, double shelled deoxyribonucleic acid (DNA) virus in the class Hepadnaviridae. The outer surface membrane contains hepatitis B surface antigen (HBsAG) which also circulates in blood as 22-nm spherical and tubular particles. HBsAG is the primary component of the HBV vaccine. This antigen induces a protective neutralizing antibody that provides long term protection for the individual patient.

> The acute viral hepatitis infections in the US over a recent ten year period (83-93) generated these findings:
>
> 47 % - Viral Hepatitis A
>
> 34% - Hepatitis B
>
> 16% - Hepatitis C
>
> 3% - Negative for serologic markers of HAV, HBV and HCV infections.
>
> 4% - of acute HBV infections were co infections with HDV.
>
> Hepatitis E has only rarely been reported in the western hemisphere and usually the persons infected had traveled to HEV endemic areas.

Fourteen people die each day from Hepatitis B related illnesses such as cirrhosis and liver cancer. The case fatality rate for reported cases in the US is approximately 0.5%-1%. Most acute infections in adults result in complete recovery with proper care and treatment. 300,000 persons are infected yearly . New cases have increased approximately 50 % in the last 10 years. While many of those infected have no symptoms or mild flu like illnesses, one third (1/3) will have severe hepatitis which will result in death for one percent of that group. Currently in the United States there are over one million chronic carriers.

Hepatitis B illnesses account for more than 10,000 hospital admissions yearly. Although the majority of HBV infections occur among adults, approximately 24% of chronic HBV are acquired perinatally and approximately 12 % are acquired during early childhood. Adult patients infected with HBV are usually more symptomatic than infants or children.

Types of Hepatitis

Hepatitis A: Fecal-oral route of transmission, enteric virus. (Able to live in the digestive system)

Hepatitis B: Transmitted through blood/body fluids, blood transfusions as well as through sexual contact.

Hepatitis C: Transmitted through blood/body fluids, transfusions. Known as non A or non B

Hepatitis D: Transmitted through blood/body fluids, transfusions. Requires active Hepatitis B, either acute or chronic.

Hepatitis E - newly discovered

What is Hepatitis B ?

By basic definition, hepatitis is an inflammation of the liver. The liver cells are damaged and gradually replaced by scar tissue.

It is usually accompanied by the following clinical symptoms:

- Fever
- Jaundice
- Enlarged Liver
- Fatigue
- Malaise
- Vomiting
- Anorexia
- Dark colored urine

The incubation period is 45 to 180 days with the norm being 60 to 90 days. The disease is caused by a virus and some people can be carriers without actively having the disease. Approximately 8 % of the persons exposed become carriers of the disease. Of these 8%, 25 % will develop chronic active Hepatitis. Teenagers and adults are the most susceptible to contracting the disease. Health care workers and others who handle soiled dressings, clothes, etc. are at the greatest risk. The Hepatitis B virus has been detected up to 7 days after the carrier's blood or body fluids has dried on a counter top or other surface. The highest concentrations of the virus are found in blood and serous fluids, lower concentrations are found in semen, vaginal fluid and saliva. Thus, blood exposures and sexual contact are common modes of transmission. Transmission has not been documented to occur as a result of other types of exposure to saliva including kissing or through athletic participation.

HBsAG has been detected in low concentrations in other body fluids including tears, sweat, urine, feces, breast milk, cerebral spinal fluid and synovial fluid. However, these fluids have not been shown to be associated with disease transmission of HBV. The most common mode of transmission is via sexual contact. The transmission of HBV may also occur via percutaneous exposures which include tattooing, ear piercing, acupuncture and by needle sticks. Thus, it is important for the health care provider to be careful with sharp instruments and always make use of Sharps Containers to dispose of used needles and scalpels. The virus is inactivated quickly after being exposed to chemical cleaning agents such as Omega (AirChem) n-alkyl dimethyl benzyl ammonium chlorides, n-alkyl dimethyl ethbenzyl ammonium chlorides or household bleach. (1:10 mixture) It takes approximately 10 minutes of contact by isopropyl alcohol 70% to inactivate the virus.
A vaccine is available for health care workers, police, firefighters, emergency personnel, morticians and others at risk to immunize against the virus. The American Pediatric Medical Association and the American College Health Association have recommended that newborn infants, children, and collegiate age young adults be immunized against the virus. Workers exposed routinely to body fluids and/or blood, are required to be immunized against the virus, sign a statement as to their wish not to be immunized, or show that they have the antibody present in their blood stream. The employer should provide for the vaccination at no cost to the employee. The records of the immunizations must be kept on file for 30

years. The vaccine is given in a 3 treatment regimen. The second injection follows the first by 1 month, the third follows 6 months later.
The risk for Health care providers contracting the disease is 10 times that of the average employed person. The Center for Disease Control, CDC, reports that 12,000 cases occur among public safety and health care workers yearly and almost 300 die yearly after accidental exposure to the virus or its long term affects. A carriers' risk of developing primary liver cancer is 300 times greater than the risk to non disease carriers.

How BIG is the Problem ?

Hepatitis B is the 9th leading cause of death worldwide. Approximately 2 million people die each year primarily from Hepatitis B related cirrhosis and liver cancer. This disease affects an estimated 5 % of the entire world population. More than 200 million people are chronic carriers of the Hepatitis B virus. The Hepatitis B virus is often linked to HIV, the virus that causes AIDS, yet the Hepatitis B virus is far more widespread throughout the world and is 300 times more contagious.
However, the routine mandatory testing of student athletes for either HBV for HIV for participation purposes is not recommend. Individuals who desire voluntary testing should be assisted in getting such services.

HIV - AIDS ISSUES

Stages of HIV disease -
Primary infected:

Infected, but no antibodies are present for 6 weeks to 3 months. The detection tests are generally negative at this stage.
Chronic Asymptomatic: The test is positive, however, no symptoms are present.
Chronic Symptomatic: Repeated episodes of illness.
Advanced AIDS: Develop opportunistic infections. The T4 cell count is below 200.

Facts about AIDS -

It is estimated that 5,000 people worldwide are infected daily. 75 % of all global HIV cases to date, are estimated to have been spread through vaginal intercourse. This figure is approximately 6 % in the USA. There are an estimated 1.5 million cases of HIV infection and this figure is growing daily. 1 in every 250 Americans is infected with the virus. 1 person dies every 10 minutes from the virus in the USA.

Total cases as of 3-13-92 # 206,392 - USA.

It is estimated that by the end of the century, AIDS will be the 2nd leading cause of death in people aged 20-25. More females will become infected in the future than will males. The incidence of infection among African Americans and Hispanics will continue to rise. The incidence of homosexual transmission will decrease, while the cases contracted from heterosexual contact will increase. Fewer cases from hemophiliacs and transfusion recipients will be reported.Specific guidelines and testing for athletes involved in contact and collision sports will be established.

NCAA Guidelines and Participation with HBV or HIV HBV

The specific epidemiologic and biologic characteristics of HBV form the basis for the following recommendation:

> If a student athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, collision types or sports until loss of the infectivity is known. The best marker for infectivity is the HBV antigen which may persist up to 20 weeks in the acute stage. Student athletes in such sports who develop chronic HBV infections should probably be removed from competition .

HIV

> In general, the decision to allow an HIV positive student athlete to participate in athletics should be made on the basis of the individuals health status. If the student is asymptomatic and is without evidence of immunologic deficiencies, then the presence of the HIV infection does not mandate removal from play. The ***Team Physician*** must play an important role in helping the student athlete make these decisions. The disease must be recognized as a chronic illness that may create a series of complex issue surrounding the advisability of continued exercise and athletic competition. There is no evidence that exercise

and training of moderate intensity is harmful to the health of HIV infected individuals. No research data is available for looking at the effects of intense training and competition for the elite athlete with HIV. There have been no validated reports of transmission of HIV in the athletics setting.

The administrative issues are of great importance. The **identity** of individuals with a blood borne pathogen must **remain confidential.** Only those persons in whom the infected student chooses to confide have a right or need to know about this aspect of the student's medical history.

UNIVERSAL PRECAUTIONS

This system should be used for all patients, not just those infected with the Hepatitis B or HIV virus.

Barrier Protection -

Gloves must be worn whenever:

- Direct contact with blood or body fluids is expected to occur.
- The health care provider is examining abraded, lacerated, burned, blistered or other non- intact skin conditions during any invasive procedures.
- The Health care worker has cuts, lesions, dermatitis, or chapped hands.
- The Health care worker is dealing directly with contaminated instruments.

No gloves should ever be reused or used on more than one patient at a time. Masks, protective eye wear, and gowns should be used anytime there is a risk of splattering of contaminated fluids into the eyes, ears, nose, or mouth of the Health care worker. The Health care worker should always wash their hands as soon as possible if they become contaminated with body fluids. The use of gloves does not preclude any hand washing. All disposable surgical instruments, needles, scalpels and other sharp instruments should be disposed of in a proper Sharps container. Any soiled dressings, gauze pads, wound dressings, Band-Aids, bloody clothing, towels, etc. should be disposed of using a Bio-Hazard Red Bag. The physical plant facility should make arrangements with a company specializing in Bio Hazard disposal.

Containers should be provided for any visiting teams or outside groups that may be using athletic facilities.

Never handle dental appliances, mouth guards, or other saliva contaminated items without gloves. Do not share eating or drinking utensils. Never share shaving utensils. Hair clippers should be sanitized between patients. All wounds on athletes should be properly covered.

In our Opinion;

The health care provider in the athletic setting must be aware of the presence of the various hepatitis strains and their potential presence in society and thus in the athletic setting. Practicing good common sense and established preventative measures can protect not only the health care provider, but the other student athletes or patients as well. I would recommend immunization of all persons who have the potential for exposure. These would include the professional medical staff, the student athletic trainers and managers as well as the laundry room personnel and janitorial staff. OSHA standards encourage employees to pay for the cost of immunizations for the above staffs.

On a football sideline, one person should be designated as the "blood person". This person stays gloved up during the course of the contest and has a waist pack that contains all of the necessary supplies for dealing with a bloody exposure. They should be able to treat the wound of the athlete as well as treating the uniform. This prior planning will not only increase the efficacy of the athletic training staff on the sideline, it helps to protect the others who might be accidentally exposed.

Sharps containers are rarely if ever needed on a sideline, but biohazard containers are used every day. They should be present at every practice and game setting. A plan should be established on how "soiled and bloody" towels are dealt with. Whenever possible, the use of scissors instead of needles to open blisters or boils should be encouraged in the athletic training room. This will lower the potential for accidental needle sticks to the staff athletic trainer, therapist, team physician or student athletic trainer.

The use of biohazard containers, sharps containers, and continuing educational seminars to keep the various personnel up to date on new findings and information is a must if we are going to help eradicate this disease. This is not a problem that another school or facility down the road will have, this is a problem now and must be addressed by administrators, medical staffs and other support personnel.

References

US Centers for Disease Control

OSHA

NCAA Sports Medicine Handbook

Taber's Medical Dictionary
Hadler, SC, Margolis HS. Hepatitis B Immunization: Vaccine type, Efficacy and Indications for Immunization. *Current Topics in Infectious Diseases:*12, Remington and Swartz. Blackwell Scientific Publications, Boston. pp 282-308.

American Liver Foundation

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Arnold, BL, A review of Selected Blood Borne Pathogen Statements and Federal Regulations. J*ournal of Athletic Training.* 30 (2) pp 171-176.1995.
Journal of the American Medical Association, 267, (10) pp 1311-1314, 1992.
Aids Education on the Collegiate Campus. *Journal of the American College of Health.* 40, (2), pp 51-100. 1991.

TCU ATSM

ADMINISTRATIVE DUTIES

Daily Treatment Logs

The Athletic Training / Sports Medicine staff, faculty, and athletic training students will keep daily treatment logs utilizing the Assistant Coach tracking system. Student-athletes are not to sign themselves in for treatment. Upon the athlete's arrival into the athletic training room or lab, the time, their name, and services rendered will be entered into the computer, followed by the initials of who logged the treatment. Treatments will then be logged into Assistant Coach with specifics of the treatment (i.e.-parameters of ultrasound, e-stim). Rehabilitation specifics will be logged into the notes section of the treatment file (exercises, repetitions, sets, etc.). Once the treatment has been logged into Assistant Coach, the log will be noted in the appropriate space.

Injury Documentation

Each student-athlete who receives an injury evaluation must have an injury report filed in the injury report log. Athletic Training / Sports Medicine staff, faculty, and athletic training students must ensure that an injury report is properly documented in appropriate SOAP note form and is accurate. Once the injury report is documented, it must be entered into Assistant Coach in a timely fashion.

Once the athlete has recovered from an injury or is cleared by the Athletic Training / Sports Medicine staff to no longer receive treatment the hard copy of the injury report will be filed into the student-athlete's personal medical file in reverse chronological order.

Rehabilitation Documentation

Each student-athlete who receives rehabilitation or treatment in the athletic training room or lab must have a personal rehabilitation/progress note on file. Each time the student-athlete receives a treatment or rehabilitation the services will be documented. Specifics of each treatment or rehabilitation shall be documented diligently (i.e.-treatment and parameters, exercise, repetitions, sets). Rehabilitation notes will also be logged into the treatment

section of Assistant Coach. Rehabilitation specifics will be logged into the notes section of the treatment file (exercises, repetitions, sets, etc.).

Once the athlete has recovered from an injury or is cleared by the Athletic Training / Sports Medicine staff to no longer receive rehabilitation, the hard copy of the rehabilitation/progress note will be filed into the student-athlete's personal medical file in reverse chronological order.

Emergency Information

Each Student-Athlete must maintain within the Athletic Department access to current information and location of parents, legal guardian's or next of kin. This information must be updated at the start of each academic year and be placed into the Student-Athlete's medical file. When any changes occur in this information, it is the responsibility of both the Student-Athlete and the designated professional staff ATC to maintain these accurate records in their files and in the injury tracking software.

Insurance Information

Each Student-Athlete must show proof of insurability prior to the start of the academic school year as designated by TCU university policy. This must be completed prior to or in conjunction with the pre-season physical which is administered by the Team Physician. The Team Physician may with hold a Student-Athlete release to begin training / competition until proof of insurance is on file with the Athletic Training-Sports Medicine area. This information must be updated every year in which a Student-Athletes competes for the university. It is the responsibility of the Student-Athlete to provide the professional staff ATC a photocopy (Front and Back) of their insurance card. This is stored within the Athletic Training-Sports Medicine area for processing of any and all medical bills incurred while here at TCU.

Appendices I: NCAA Regarding Medical Insurance

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General Athletic Training Room Maintenance

Daily Duties:

- Laundry
- Vacuum
- Clean Glass/Mirrors
- Clean Tables
- Sweep Lab
- Make Ice Cups
- Store Equipment
- Enter Treatments into Assistant Coach
- Restock Supplies
- Clean Athletic Training Room and Lab

Weekly Duties:

- Clean Hydrocollator
- Dust
- Mop Taping Area
- Clean Equipment
- Mop Lab
- Print Coaches Reports
- Medical Record Maintenance

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Staff Duties / Responsibilities

In order to maintain a successful program, there must be a chain of command. This chain must be respected at all times by all members of the athletic training staff as a breakdown in the chain will result in a breakdown in the total program. As for the chain of command, the responsibilities of all members of the athletic training staff must be met regardless of the time or the sport season.

Our goal is to provide our student-athletes with the best possible care. It will take all of us working together as a team if we are going to accomplish this mission.

BASIC FUNCTION:

Responsibilities include assisting in the prevention, treatment, evaluation, and rehabilitation of athletic injuries that occur to the athletes at Texas Christian University.

Athletic Training / Sports Medicine Staff Duties:

- Work daily with all Athletic Training / Sports Medicine staff members and assist them in providing athletic training services to all student-athletes.
- Attend all practices and games. Including away games and practices, as assigned by the Director of Athletic Training / Sports Medicine.
- Administer treatment and rehabilitation to all student-athletes during morning and/or afternoon hours or designated periods clearly posted for your team assignment.
- Maintain all assigned team student-athlete medical records.
- Maintain daily records of treatments and rehabilitation.
- Maintain all Athletic Training / Sports Medicine facilities.
- Coordinate the restocking of tape and medical supplies in athletic training room(s).
- Set up for practice with necessary medical equipment and supplies.
- Break down field or court; clean all coolers and water bottles after practice.

- Adhere to policies and procedures outlined in the Athletic Training / Sports Medicine Handbook.
- Uphold all NCAA / MWC rules and guidelines.
- Maintain confidentiality of student-athletes' medical conditions.
- Other duties as assigned by the Director of Athletic Training / Sports Medicine.

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HEALTHCARE POLICY

The following policy is designed to protect both the student-athlete, athletic training student and Athletic Training / Sports Medicine staff member from the spread of communicable diseases.

Any Student-Athlete, Athletic Training Students or Staff member with a contagious or potentially contagious illnesses should avoid direct patient contact, regardless of the clinical setting. Students suffering from a cold, sore throat, respiratory illness, intestinal illness, or other condition with an oral temperature of 101°or greater should report to the Physician Suite office located in the basement of Daniel-Meyer Coliseum. If a student must miss class or clinical assignment due to illness, they should contact their instructor prior to their absence. If unable to contact their instructor prior to class, they should contact him/her as soon as possible after the conclusion of their class. Upon returning to their class or clinical assignment, students should submit a note from one of the Physician's on duty, documenting their illness. This note does not / will not excuse any Student-Athlete from missing their assigned class or assignment. Only the Dean of Student's office can officially excuse any student from a class. Additionally, no professional staff member can send a note excusing a student from a class due to illness or injury.

Athletic Training / Sports Medicine Staff members as well as athletic training students should always practice sound prevention techniques when working in the healthcare environment (i.e. regular hand washing, secretion and cough management, etc.) Athletic training students should always cover all open wounds or cuts before treating a student athlete or patient. If an athletic training student suspects that he/she has a medical condition that may impact the safety of a Student-Athlete or patient, the Athletic Training Student must inform the supervising staff member as soon as possible.

Health Center / Physician Referrals

All Student-Athletes who are sent to the TCU Health Center by a referring SMAT Team Physician must present a Medical / Dental Form signed off by the attending physician or professional staff member. The form must include the following information:

1. Student-Athletes Name
2. Sport
3. Reason for Health Center / Medical Referral
4. Team Physician / Professional Staff signature
5. Designation of purpose which is "Athletically Related" or "Non-Athletically Related"

Failure by the Student-Athlete to not present this Medical / Dental form can result in the denial of medical services being rendered at the time of appointment. This form is necessary for billing processing of any / all medical charges associated with the medical request on behalf of the Team Physician / SMAT Team Member.

Pharmaceutical Policy

By State of Texas law, only licensed Physicians have the right to prescribe and dispense any pharmaceutical drug to help with a diagnosed medical condition. The professional staff will have access to common over the counter medications (OTC) that are inventoried and purchased at the discretion of the Team Physician. At no time may a professional staff member or an Athletic Training Student dispense any of these medications without the direct approval by the Team Physician or his / her designate. Specific details on the ability to handle and maintain proper control over all OTC medications is described in the "Vernon's Texas Civil Statues".

Needle Stick Protocol

In the event that a pharmaceutical needle should be utilized for a medical procedure resulting in a "needle stick" for the professional staff member, Athletic Training Student, or Team Physician / SMAT Team member, immediate notification to the manager of Occupational Health Department at Harris Hospital should be made. This is to ensure proper treatment and care for the individual who suffered the "needle stick" and to properly report this occurrence to the Tarrant County Department of Health and OSHA which oversees these situations. Furthermore, the TCU Safety Department and the TCU Worker's Compensation Coordinator must be notified when this situation occurs. The area needs to be properly cleaned and bandaged and transported, if necessary to prevent any additional exposure. Follow up care

will be at the discretion of the Tarrant County Health Department and the TCU Team Physician.

Appendices B:	Medical / Dental Form
Appendices F:	Harris Hospital- Occupational Health Manager Contact Information
Appendices G:	Vernon's Texas Civil Statutes
Appendices H:	Health and Safety Code

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Professional Conduct

Appropriate Conduct

The Athletic Training / Sports Medicine staff at TCU will not tolerate any inappropriate conduct from student-athletes, coaches, administration, athletic training students, or within the staff. Inappropriate conduct may be but is not limited to sexual harassment/misconduct, violence or threatening behavior, theft, or any other action described in the TCU faculty/staff and/or student handbook. Weapons of any kind will not be tolerated in the athletic training room or any athletic venue. Any violations of these behaviors will result in immediate action through the appropriate TCU office.

Unprofessional conduct:

Unprofessional conduct IS athletic training behavior (acts, knowledge, and practices) which fails to conform to the accepted standards of the athletic training profession and which could jeopardize the health and welfare of the people which shall include but not be limited to the following:

A. Inaccurate recording, reporting, falsifying or altering client records; or

B. Verbally or physically abusing patients; or

C. Falsifying manipulating patient records; or

D. Appropriating without authority medications, supplies or personal item of the patient; or

E. Falsifying documents submitted to the Athletic Training Program

F. Leaving an athletic training-assignment without properly advising appropriate personnel.

G. Violating the confidentiality of information concerning the client; or

H. Conduct detrimental to the public interest; or

I. Discriminating in the rendering of athletic training services; or

J. Impersonating a licensed practitioner, or permitting another person to use her /his athletic training identification for any purpose; or

K. Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of an athletic trainer or an athletic training student.

L. Presenting a forged prescription; or

M. Forging a prescription for medication/drugs; or

N. Selling or attempting to sell a controlled dangerous substance or otherwise making such drugs available without authority to self, friends, or family members; or

O. While caring for a patient, engaging in conduct with a patient that is sexual or may reasonably be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a client, or engaging in sexual exploitation of a client; or

P. Obtaining money, property or services from a patient through the use of undue influence, harassment, duress, deception or fraud; or

Q. Engaging in fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws; or

R. Allowing own value system to interfere with patient care/well-being.

Ethical Conduct:

Violating the ethical code for athletic trainers shall include but not be limited to the following:

A. Lack of respect for human dignity and the uniqueness of the patient, restricted by considerations of social or economic status, personal attributes, or the nature of health problems.

B. Fails to safeguard the client's right to privacy.

C. Fails to act to safeguard the client and the public when health care are affected by the incompetent, unethical, or illegal practice of any person.

D. Fails to assume responsibility and accountability for individual athletic training judgments and actions.

E. Fails to exercise informed judgment and use individual competence and qualifications when seeking consultation, accepting responsibilities, and delegation of athletic training activities to others.

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NCAA Compliance Rules

Pertaining to Athletic Training

The listed laws are specific to the Athletic Training – Sports Medicine area as designated by the NCAA. If questions arise concerning any of these topics, you may utilize the current NCAA Division I Manual for clarification. You also contact the Associate Athletic Director for Compliance to answer any questions concerning NCAA or conference rules pertaining to the eligibility of any Student-Athlete.

Bylaw	***Title***
’10.1	Unethical Conduct
’10.2	Knowledge of use of Banned Substances
’10.3	Gambling Activities
’11.1.5	Use of Tobacco Products
’12.2.1.2.1	Medical Examinations by Pro League
’13.2.7	Academic Support Services / Use of Training Room Facilities
`13.3.2	Banned Drug List and Information on Nutritional Supplements
’13.12.2.5.1	Medical Examinations During Campus Visits
’14.1.4	Drug Testing Consent Form
’14.1.6	Student-Athlete HIPPA / Buckley Amendment Consent Form

’14.2.4	Hardship Waiver
’15.2.2.1.6	Training Table Meals
’15.2.2.1.7	Game Related Meals
’15.2.2.4	Sunday Evening Meals
’15.3.3.1.3	Injury or Illness Policy
’16.3.1.1	Permissible Support Services
’16.4.1	Permissible Medical Expenses
’16.4.2	Non-Permissible Medical expenses
’16.5.2 (c,d,e)	Expenses Incidental to Practice
’16.5.2 (g)	Nutritional Supplements
’16.7	Team Entertainment
’16.8	Practice and Competition Expenses
’16.11.1.12	Student-Athlete Opportunity Fund
’17.1.5	Mandatory Medical Examinations
’30.5	Drug Testing Program
’30.12	Student-Athlete HIPPA and Buckley Amendment Consent Form
’31.2.3	Ineligibility for use of Banned Drugs

Medical Examinations:

’17.4	Baseball
’17.5	Basketball
’17.7	Cross Country
’17.8	Equestrian
’17.11	Football
’17.12	Golf
’17.16	Rifle
’17.20	Soccer
’17.23	Swimming & Diving
’17.26	Tennis
’17.27	Track- Indoor / Outdoor
’17.28	Volleyball

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DOCUMENTS

Athlete Medical Files

The files listed below are to be maintained within the ATSM area for explicit use by the Professional Staff for the maintenance of health records for all competing Student-Athletes. These forms are dated and should be update prior to the production of these forms with appropriate dates changed as needed. Furthermore, all NCAA documents sent to the university to be utilized will need to be maintained for a period of seven (7) years after the Student-Athlete has finish their eligibility at TCU.

1. Departmental Pre Season Physical Packet (For all New / Transfer Student-Athletes)

2. Student-Athlete Fact Sheet (For Returning Student-Athletes)

3. Post Season Physical Questionnaire (For all Returning Student-Athletes)

4. ATSM Summer Letter (For all Returning Student-Athletes)

5. Non-Scholarship Summer Letter (For All Non Scholarship Student-Athletes)

6. University Notification Letter for Health Insurance

7. University Health Insurance Cost Prospective for all students

8. ATSM HIPAA Authorization / Consent Form

9. Institutional Drug Testing Consent Form

10. Institutional Nutritional Supplementation Notification Form

11. NCAA Banned Drug Classifications