



SAN JOSÉ STATE UNIVERSITY
Department of Kinesiology
B.S in Athletic Training

Commission on Accreditation of Athletic Training Education (CAATE)
Accredited
Professional Athletic Training Program (ATP)

Handbook
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INTRODUCTION

The Commission on Accreditation of Athletic Training (CAATE) Accredited Professional Athletic Training Program (ATP) at San José State University (SJSU), B.S. in Athletic Training in the Department of Kinesiology, offers the opportunity to combine 36 semester units with the general education and core curriculum in Kinesiology.

Opportunities to gain experience with university and community college intercollegiate athletic programs, secondary school interscholastic settings, sports medicine/physical therapy clinics and/or physician's offices exist for students. Area physicians and allied health professionals complement the faculty, as they contribute to the educational process by presenting guest lectures, providing clinical instruction, and facilitating opportunities for observation of surgery and clinical practice for students.

The purpose of this manual is to familiarize the athletic training student with the policies and procedures of the SJSU Professional ATP. The ATP functions more efficiently and effectively when all members of the ATP affiliated clinical practicum sites follow the guidelines listed. This handbook is not all encompassing nor does it have all the answers. Questions not answered by this manual should be directed to either the ATP faculty or Preceptors at the affiliated practicum sites.

As part of this program, students agree to abide by the rules and regulations set forth in this handbook. Failure to follow policies or directions of the ATP Director, program faculty, Preceptors, or team physician may result in suspension or separation from the program. This decision is made by the Athletic Training Advisory Committee (PD, CC, and 3 Preceptors) consort with the ATP Director (see pages 12-13)

As an athletic training student (ATS), you have certain responsibilities to your education and practicum sites. Your decisions should be an extension of the program and affiliated practicum sites. However, the staff athletic trainers are ultimately responsible for the health and well-being of the athletes and the operation of athletic training facilities.

ROLE OF THE ATHLETIC TRAINING STUDENTS

Selection as a student in the athletic training education program means you have been given the opportunity to practice your profession while under the guidance of a certified working professional. Athletic training students in the ATP serve a vital capacity within all affiliated practicum sites. You are an extension of the Head Athletic Trainer and Assistant Athletic Trainer/s, as well as the SJSU Professional ATP. Thus, you are expected to act in a professional manner.

ROLE OF THE ATHLETIC TRAINING FACULTY

- Program Director (PD): Responsible for all aspects of the educational program; organization and administration; curricular planning and development; admission; and fiscal and budgetary input and management.
- Clinical Coordinator (CC): Responsible for all aspects of the clinical practicum: clinical assignments, Preceptor workshop, clinical site visits, communications with preceptors; and semester evaluations of Preceptors.
- Athletic Training Faculty: Responsible for teaching and supporting of competency and proficiency evaluations.

You may be assigned to any of the above faculty for Athletic Training advising and competency evaluation.

- Preceptors: Preceptors are delineated adjunct faculty in the field (affiliated athletic training facility or clinic), who have been certified by the BOC for a minimum of 1 year (SJSU Professional ATP required a minimum of 1 year BOC certified at the time of Preceptors workshop) and have completed the Preceptors' workshop offered by San José State University, Department of Kinesiology. ATS will be assigned to a Preceptor who will assist the CC and program faculty in completing ATS's competency evaluations.

ACADEMICS

You are required to maintain a 2.75 GPA (in both semester and SJSU overall) to remain in the program. You are responsible to obtain a practicum schedule at the beginning of each semester and inform all your course instructors of potential absences. If you miss any assignments or tests due to traveling with an athletic team, you are expected to make up this work prior to travel. The practicum is not an excuse for poor academics or failure to do your work. If you need additional time to do school work, inform both the ATP Director and your Preceptor. Your main purpose at SJSU is to get an education. Your academic progress will be checked periodically during the course of the semester. If you have trouble with a class, get help early enough to make a difference. Your academic progress takes priority over your time in the athletic training facility and/or clinic.

Failure to maintain a 2.75 GPA (in both semester and SJSU overall) will result in suspension from the ATP until all program requirements are met. In order to be reinstated into the ATP, the student must submit a request in writing in addition to official transcript(s) to the Program Director prior to the semester to reinstate.

COMPETENCIES

Competency manual can be downloaded of the following ATP web-site:
http://www.sjsu.edu/kinesiology/programs/undergradutes/athletic_training/
This manual will contain competencies that the ATS must have evaluated. ATSs are required to maintain possession of this manual so proficiencies can be evaluated in a continuous manner.

APPLICATION FOR BOC EXAMINATION

Students may apply and take for the BOC Examination in the last semester at San José State University. Please visit at www.bocatc.org for utilizing BOC Central in order to register the BOC examination.

TUITION AND OTHER FEES

Please visit the following Registrar' website for the tuition and other fess:

http://www.sjsu.edu/bursar/fees_due_dates/tuition_fees/index.html

In addition, Professional Athletic Training Program students are required to have professional liability insurance during their practicum courses (KIN 197A-D). The fee for AY 2015-2016 and AY 2016-2017 was \$22, but it may vary depending on the insurance company and may change on a yearly basis.

PRACTICUM SCHEDULE

The ATP Director and Clinical Education Coordinator determine athletic training practicum schedules. Students will receive notice of their practicum assignment 8 weeks prior to placement. Students must be enrolled in an AT practicum course (i.e. KIN 197A, B, C, D) in order to participate in any affiliated practicum site. Practicum assignments should average 20 hours weekly (should not exceed more than 20-hour per week). The minimum required clinical hours on each practicums are: KIN 197A (150 hours), KIN 19B (200 hours), KIN 197C (225 hours), and KIN 197D (225 hours). Professional liability insurance is required for all ATSs in KIN 197A through 197D.

Assignments by Course:

KIN 197A

Two 8-week rotations at clinical sites

KIN 197B/197C

Assignment to a Preceptor for an entire semester: Intention is to work with one sport and/or in a rehabilitative setting off-season. You may be assigned to other duties in-season that do not correlate to the sport you have been primarily working. Preceptor assignments may be with a Preceptor from any clinical site.

KIN 197D

Assignment to a Preceptors for an entire semester: Intention is to work with one sport and/or in a rehabilitative setting off-season. You may be assigned to other duties in-season that do not correlate to the sport you have been primarily working. Preceptor assignments may be with a Preceptor from any clinical site. In addition, students will be assigned a general medical rotation.

Practicum hours should be scheduled around classes. Whenever possible, classes should be during morning hours. Teams generally practice in the afternoon and have contests in the evening. A morning schedule will allow you more opportunity to work during peak hours. Any irresolvable scheduling conflict should be noted to the Preceptor and Clinical Coordinator. You have made a commitment to your education and Athletic Training clinical practicum sites, and are expected to uphold your responsibilities.

REQUEST FOR TIME OFF/LEAVE OF ABSENCE

In the event that you would like to request a particular day or days off for non-academic or non-emergency reasons, a written request must be submitted for approval to the Preceptor at least 2 weeks prior to the day(s) requested. Request for leave of absences (e.g. semester or academic year) should be submitted to the ATP Director in order to resume practicum and academic roles upon return.

RESIGNING AS A ATHLETIC TRAINING STUDENT

Students will sometimes find this field is not the right choice for them. Your experience will challenge you and will provide you a view of the hours, duties and stresses involved with a college athletic training program. If you do not find this job interesting and fun at this point in your career, you certainly should re-evaluate your desire to continue. If you should decide not to continue your experience in ATP, you must write a letter of

resignation, addressed to the ATP Director. This signed letter will be placed in your permanent file.

RESPONSIBILITIES AND EXPECTATIONS

PERSONAL QUALITIES

DEPENDABILITY: Dependability includes, punctuality, following directions, completion of tasks as assigned, enforcing the rules of the affiliated site's athletic training room, asking for help if needed, and showing initiative.

DEDICATION: You must be dedicated to your personal success in the athletic training program that includes the affiliate clinical practicum sites.

SINCERITY, HONESTY, LOYALTY and INTEGRITY: We work in an environment governed by many rules and requirements. Each student is responsible to ensure that rules are followed. As an athletic training student, you are in a very precarious position. You are undoubtedly friends with many of the athletes; you must not let this relationship affect your judgment.

Finally, friendliness and a sense of humor are a necessity.

PROFESSIONALISM

Please keep in mind you are a representative of the SJSU Professional ATP and the clinical sites to which you are assigned. Your words and actions will have a direct reflection on the entire program. You are expected to act as a professional while at work. Excessive socializing, flirting and any other unprofessional behavior will not be tolerated. You are also expected to act in a mature and responsible manner while away from your affiliated clinical practicum site.

There will be no tolerance for any athletic training students caught using or in the possession of illegal drugs, nor will there be any consumption of alcoholic beverages while on duty in the athletic training facility or while working with athletic teams. This includes while traveling.

INSURANCE

Personal liability insurance is required for all ATs in KIN 197A through 197D. Examples are HPSO (www.hpso.com), Mercer (www.mercer.com), Marsh (www.marsh.com), also see www.nata.org for the related information.

CONFIDENTIALITY

ALL information regarding an athlete's injury or condition is strictly confidential. Unless instructed by a Preceptor you are not to discuss information with anyone outside of the athletic training room. All questions regarding an injury should be directed to the Preceptor.

PUNCTUALITY

Tardiness will NOT BE TOLERATED. You will be on time for work, practices, games and travel. DO NOT make a team wait for you under any circumstances. If you find yourself in a situation that will cause you to be late for either training room hours or games let the staff athletic trainers know ASAP. Excessive tardiness without proper notification (3 or more) will result in clinical practicum suspension (see Reprimand and Suspension Section).

DRESS CODE

A neat and clean personal appearance while working in the athletic training room is an important step in gaining the respect of the athletes, coaches and the general public, as well as in regard to adhering to Occupational Safety and Health Administration (OSHA) guidelines and standards. You are required to wear a uniform that is both professional and functional as deemed appropriate by the Preceptor. Please keep the following guidelines in mind when choosing your attire:

1. While working in the athletic training room or covering sport practices, you should wear the official athletic training room shirt and black or khaki pants or shorts (unless otherwise instructed by Preceptor), which are comfortable, neat and clean. NO JEANS.
2. Keep in mind that your clothes should set you apart from the athletes.
3. You may be asked to act in an official capacity for the athletic training staff (i.e. errand to a doctor's office) and therefore should be prepared to make a good impression.
4. Your shoes should be comfortable and functional. You will be standing much of the time you are working, and you may need to run onto the field/court at any time. Clogs, sandals and other non-functional shoes are NOT acceptable.
5. Game day attire will vary according to the sport and weather. Discuss appropriate attire with your Preceptor prior to game day.

PHONE USE

Phone use should be limited to emergency only. Turn off your cell phone, unless directed by the Preceptor for use as an emergency phone. During practice hours, keep phone use very brief.

Answer the telephone in a professional manner for example:

"Athletic Training Facility (your name) speaking".

Take messages accurately and deliver them promptly. For example, a thorough message should include the name of the person it is for, the name of the person calling, time and date of the call and the subject of the call.

Failure to meet any expectations will result in disciplinary action that can result in suspension from clinical practicum assignment. Please view the reprimand and suspension section of this document.

COMMUNICABLE DISEASE POLICY

During the course of the academic year, if an athletic training student develops an active communicable disease he/she is relegated to the following recommendations to protect athletes and other athletic training student from contracting a communicable disease. Precautions must be followed during clinical assignments.

1. An athletic training student must wash hands before and after contact with an athlete
2. Students should to perform their duties if any of the following conditions exist: Acute phase of an upper respiratory infection
3. Acute sore throat
4. Fever over 100.5 F°
5. Vomiting within the previous 24 hours
6. Acute phase of mononucleosis
7. A bacterial sinus infection
8. Conjunctivitis
9. Antibiotic treatment for less than 48 hours
10. Open wounds/infectious skin disorders that are uncovered and/or managed
11. Student suffering from any condition in an infectious state

The athletic training staff, Preceptors and educators reserve the right to excuse any student for the day that may place athletes, staff or student at risk of a communicable disease.

TRAVEL POLICY

As an athletic training student, you may have the opportunity to travel with your assigned Preceptor. Travel can only be counted toward your practicum hours requirement in the ATP if accompanied by a Preceptor. If you are traveling without the direct supervision of your Preceptor, you should be considered a first responder. It is your responsibility to review with your Preceptor the policies and procedures for travel. Remember, you are representing, not only yourself, but your team, school, and ATP, so conduct yourself accordingly. You need to understand your limitations as first responders. DO NOT put yourself in a position that may jeopardize you legally and/or ethically.

Some areas to review may include:

- Emergency Care Policy
- Expected Conduct
- Record Keeping Policies
- Kit (supplies)

*** If you are unsure of something do not be afraid to ask***

RECORD KEEPING

Record keeping is a very important role of athletic trainers. It is your responsibility to learn the record keeping system at your assigned affiliated practicum site and maintain accurate records of the sport/s you have been assigned. The following is a list of the types of records commonly use in the athletic training room.

- Daily Treatment Record
- Injury Report
- Rehabilitation Report
- Injury Claim Form - insurance claim form
- Equipment Checkout
- Inventory
- Pharmacology Records

MEDICATIONS

Federal guidelines dictate specific roles for athletic trainers in the administration and dispensation of medication. Athletic trainers are only legally allowed to administer over-the-counter medications. Administration of medication is defined as handing

athletes single doses (e.g. ibuprofen, acetaminophen, antacid) in packets that have the lot #, directions, dosage (mg), and warning visible on the front. Any other medications needed must be prescribed and dispensed by a physician. Please view your affiliated clinical practicum site policies on administration and storage of medication.

MEDIA

Due to your close working relationship with the athletes, media personnel may confront you for information. You are not to give out any information. Be particularly cautious when you are working the sidelines of any contest. Again, direct any questions to your Preceptors.

CLINICAL SITE

Athletic training students should review all of the following policies in their assigned clinical site. Coverage of this material will be verified by the completion of a Handbook Verification Form associated with each practicum rotation.

ATHLETIC TRAINING FACILITY HOURS

ATHLETIC TRAINING FACILITY RULES

DAILY ATHLETIC TRAINING FACILITY PROCEDURES

GAME DAY PROCEDURES/PROTOCOL FOR ALL SPORTS

STANDARD PRACTICE/GAME SET UP

STUDENT-ATHLETE MEDICAL CLEARANCE

ATHLETIC TRAINING STUDENT PERFORMANCE EVALUATIONS

Twice a semester, each student will receive a performance evaluation from the Preceptors and one evaluation from the Clinical Education Coordinator (CC) (see Appendix A). Each student will have a meeting scheduled with the Preceptor and/or CC to discuss the results of the evaluation. The purpose of these evaluations is to help indicate to the student where they are excelling and where some improvement is necessary. These evaluations are intended as a means of allowing the athletic training student to become truly exceptional by recognizing strong points and improving weaknesses. Yearly, at the end of each semester, you will be asked to complete a self-evaluation that will also be discussed in the meeting with the Preceptor. Upon completion of the ATP you will be asked to complete an Alumni Survey to evaluate the program.

REPRIMANDS AND SUSPENSIONS

The following system is in place for disciplining athletic training students who repeatedly violate expectations and responsibilities outlined in the handbook.

First Offense: Results in a **written reprimand** signed by both the Preceptor/Faculty, which will be placed into the student's permanent file. In a **meeting with the Preceptor/Faculty** you will be given suggestions to help correct the problem and a specified time period for that correction to occur.

Second Offense: Results in a **second written reprimand** signed by both the Preceptor/Faculty and the ATP Director/CC and a **one-week suspension** from the clinical practicum.

Third Offense: Results in **dismissal** from the ATP. The reason for your dismissal will be put in writing and this information will be placed into your permanent file. The Preceptor/Faculty, ATP Director and the ATS will sign this notice.

Reinstatement: To reestablish clinical practicum or dispute an offense, you must submit a written letter to the ATP Director. The ATP Faculty will call a meeting and determine the reinstatement.

Also, visit the office of registrar's "reinstatement" web-page for the information:
<http://www.sisu.edu/registrar/students/reinstatement/>

APPENDIX A
ATS EVALUATION FORM



SAN JOSÉ STATE UNIVERSITY
 Department of Kinesiology
 B.S. in Athletic Training

ATS EVALUATION FORM

ATS Name: _____

Affiliate Site: _____

Academic Semester/Year: Fall/Spring

Student Practicum: 197A 197B 197C 197D

Please mark below with the following rating system:

- 5 = Superior – distinctly more than expected of an athletic training student
- 4 = Good – above average – better than expected
- 3 = Average – expected performance
- 2 = Fair – satisfactory performance
- 1 = Poor – unacceptable performance

Please rate the following consistent with the student’s educational level and expected abilities.

ATS ATHLETIC TRAINING SKILLS AND KNOWLEDGE		
AT AREA	REMARKS	RATING
Documentation/ Administration		
Evaluation		
Patient Education		
Taping/Wrapping		
Therapeutic Exercise		
Therapeutic Modalities		

Please comment on any “1” and “5” ratings.

PLEASE SEE THE NEXT PAGE FOR MORE EVALUATION



Please mark below with the following rating system:

- 5 = Superior – distinctly more than expected of an athletic training student
- 4 = Good – above average – better than expected
- 3 = Average – expected performance
- 2 = Fair – satisfactory performance
- 1 = Poor – unacceptable performance

ATS QUALITIES		
CATEGORY	REMARKS	RATING
Attendance		
Attitude		
Cooperation		
Dependability		
Enthusiasm		
Initiative		
Inquisitiveness		
Interpersonal Skills		
Participation		
Professionalism		

Please comment on any "1" and "5" ratings.

Other comments:

Signature of Preceptor: _____

Preceptor Name (please print): _____

Date: _____

Signature of ATS: _____

ATS Name (please print): _____

Date: _____

APPENDIX B

PRECEPTOR EVALUATION FORM

**SAN JOSÉ STATE UNIVERSITY**

Department of Kinesiology
B.S. in Athletic Training

PRECEPTOR EVALUATION FORM

Preceptor Name: _____ Date: _____

Affiliate Site: _____

Academic Semester/Year: Fall/Spring _____

Student Practicum: 197A 197B 197C 197D

Please mark below with the following rating system:

- 5 = Superior – distinctly more than expected of an ACI
- 4 = Good – above average – better than expected
- 3 = Average – expected performance
- 2 = Fair – satisfactory performance
- 1 = Poor – unacceptable performance

PRECEPTOR QUALITIES		
CATEGORY	REMARKS	RATING
Knowledge		
Enthusiasm		
Approachable		
Interpersonal Skills & Communication of duties		
Gives direction of duties		
Allows for skill practice		
Allows appropriate autonomy		
Roles & relationship between student & ACI clear		
Helpful with skill/knowledge acquisition		

Do you feel you gained knowledge and experience from this Preceptor?

How would you feel about re-assignment to this Preceptor?

Other comments:

APPENDIX C

ATP HANDBOOK VERIFICATION FORM



SAN JOSÉ STATE UNIVERSITY
Department of Kinesiology
B.S. in Athletic Training

ATP HANDBOOK VERIFICATION FORM

I hereby verify that _____ has met with me to discuss the following items relative to a practicum assignment for the Fall or Spring (circle one) semester of _____ (year).

- 1) Student roles and responsibilities at this practicum site.
- 2) Emergency action plans for this practicum site.
- 3) Chain of communication for this practicum site.
- 4) Drug dispensation protocols/procedures for this practicum site.
- 5) Bloodborne pathogen and communicable disease policy protocols/procedures for this practicum site.
- 6) Athlete/injury referral protocols/procedures for this practicum site.

Name of Preceptor _____

Title/Position _____

Affiliate Site _____

Signature _____

Date _____

Name of ATS _____

Signature of ATS _____

Date _____

APPENDIX D

BIOHAZARD & BLOODBORNE PATHOGEN POLICY



SAN JOSÉ STATE UNIVERSITY
Department of Kinesiology
B.S. in Athletic Training

BLOODBORNE PATHOGEN POLICY

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

I. Terms & Definitions

Occupational Exposure

A "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of ATS or Preceptor's duties." (Title 8, Section 5193(b))

Exposure Incident

"A specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of ATS or ACI's duties." Parenteral contact means "piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions." (29 CFR 1910.1030 (b))

Bloodborne Pathogen

A bloodborne pathogen is a pathogenic microorganism present in human blood that can cause disease in humans. Also see *Other Potentially Infectious Materials (OPIM)* below.

Blood Titer

A titer is a semi-quantitative (volume to volume) measurement. For the purpose of this policy, the term "blood titer" refers to the indirect measurement of blood levels of the Hepatitis B antibody through a measurement of the Hepatitis B surface antigen.

Contaminated

The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry

This means laundry which has been soiled with blood or other potentially infectious materials, or may contain sharps.

Designated First Aid Provider

For the purpose of this policy, these are the individuals who are required to provide first aid in emergency situations as a condition of their employment. These individuals may perform this function as a primary duty (e.g. life guard), or as a duty incidental to other duties (e.g. day care providers or resident assistants).

Exposure Incident

As defined in 29 CFR 1910.1030(b), this means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an athletic training students or ACI's duties.

Needleless System

A device that does not use needles for:

- collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

- the administration of medication or fluids; or
- any other procedure involving the potential for occupational exposure to bloodborne pathogens due to cuts from sharps.

Occupational Safety and Health Administration (OSHA)

The federal agency that enforces Title 29 of the Code of Federal Regulations, which includes the Bloodborne Pathogens Standard. OSHA's jurisdiction is in the private sector only.

Other Potentially Infectious Materials (OPIM)

This means certain human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. It also includes any unfixed tissue or organ (other than intact skin) from a human (living or dead) and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HBV or HIV.

Post-Exposure Prophylaxis:

Post-Exposure Prophylaxis (PEP) means medical consultation and taking medications as soon as possible after exposure to an agent so that the exposure will not result in infection or disease. Determining which medications to use for PEP or whether PEP is even warranted is based on risk assessment. See the Norris Health Center's *Protocol for Management of Blood & Body Fluid Exposure* and the *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis* for additional information on PEP.

Serologic Status

For the purpose of this policy, the term used to describe the results of blood testing to determine whether an individual has measurable levels of the Hepatitis B Virus or the Human Immunodeficiency Virus. A "positive" serologic status means the person has measurable blood levels of virus; a "negative" serologic status means the individual has not. A person who "seroconverts" changes from a negative to a positive status.

Sharps and Contaminated Sharps

A "sharp" is any object that can readily penetrate the skin, including, but not limited to, broken glass, needles, scalpels, broken capillary tubes, and exposed ends of dental wires. For the purpose of this policy, the definition of "contaminated sharps" is limited to those contaminated with blood or other potentially infectious materials.

Sharps with Engineered Sharps Injury Protection

A nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Standard/Universal Precautions

Standard Precautions, formerly referred to as Universal Precautions, is an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HBV, HIV and other bloodborne pathogens.

II. Written Exposure Control Plan

A. Standard /Universal Precautions

It will be the policy of the San José State University Professional Athletic Training Program to utilize Standard Precautions. Standard Precautions, formerly referred to as Universal Precautions, is a system of infection control which assumes that all human blood and certain body fluids are treated as if known to be infectious for HBV, HIV and other bloodborne pathogens. Standard Precautions shall be **consistently** used for **all individuals**. Implementation of Standard Precautions does not eliminate the need for other category or disease-specific isolation precautions.

Body fluids which are directly linked to the transmission of HBV and/or HIV to which Standard Precautions apply are blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures and concentrated HIV and/or HVB viruses. Standard Precautions also apply to body tissues and any other human body fluids visibly contaminated with blood.

Although saliva has not been implicated in HBV and/or HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, mouthpieces, resuscitation bags, and other ventilation devices will be available for use in areas in which the need for resuscitation is predictable.

All athletic training students and Preceptors shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids are anticipated. A supply of nonsterile gloves will be made available by the departments and this equipment shall be worn when it is apparent that contact with blood or body fluids is reasonably expected. Other items such as long sleeve gowns, aprons, masks, shoe covers, and eye shields are also be available.

The type of barrier chosen depends on the situation. In general, the selection of the type of protective barrier or equipment or work practice will include the consideration of the probability of exposure, the type and amount of blood or body fluid, as well as the route of transmission. If a procedure or situation is likely to generate splashing, spraying, splattering and generation of droplets of blood and/or body fluids beyond the protective barrier provided by gloves, then it is left to the individual student athletic trainer's or Preceptor's discretion (after appropriate training) to obtain the needed protective equipment prior to undertaking the procedure.

In the event that unexpected splashing occurs in an unprotected situation, a change of clothing and shower facilities is available.

Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands shall be washed immediately after gloves are removed. It is not acceptable to wash gloves instead of removing gloves, washing hands, and applying clean gloves.

To prevent needlestick injury, contaminated needles or other sharps must not purposely be bent, sheared, broken, recapped, removed from disposable syringes, or otherwise manipulated by hand. They shall be disposed of in sharps containers.

All athletic training students and Preceptors shall take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments during procedures; when cleaning used instruments or during disposal of used needles; and when handling sharp instruments after procedures. After use, disposable syringes and needles, scalpel blades, and other sharp items shall be placed in puncture-resistant sharps containers for disposal. The puncture-resistant container should be located as close as practical to the use area and identified as biohazardous.

Gloves must be worn if the hands of the care giver are not intact. Athletic training students and Preceptors who have exudative lesions or weeping dermatitis shall refrain from all direct contact with patients or victims and from handling patient care equipment until the condition resolves.

Implementation of Universal Precautions will be accomplished as follows:

1. Gloves shall be worn when direct contact with blood and visibly blood tinged body substances can reasonably be expected including contact with blood and body fluids, mucous membranes, non-intact skin of individuals, and handling of items or surfaces soiled with blood or body fluids. Gloves shall be changed after contact with each patient or victim.
2. Gloves should be put on prior to beginning a task and removed when the task is complete. Hands must be washed after removal of gloves or other personal protective equipment. Sterile gloves should be worn for invasive aseptic procedures.
3. Gloves shall be worn for all procedures where a potential exists for exposure to blood or body fluids. The procedures will include, but not be limited to:
 - Oral care
 - Treatment/dressing changes
 - Handling of contaminated trash
 - Handling of soiled laundry/linens
 - Cleaning body fluids spills
 - Cleaning blood spills
4. Hand washing with soap and water is mandatory between each patient or victim contact and should be done whenever hands are visibly soiled. Hand cleanser and clean cloth/paper towels or antiseptic towelettes will be provided. When antiseptic hand cleanser or towelettes are used, hands must be washed with soap and running water as soon as feasible.
5. Gowns and disposable aprons are only needed when it is likely that blood and visibly blood substance will soil clothing or skin.
6. Masks are only needed when it is likely that nose and mouth will be splashed with moist body substances or when personnel are working directly in or around areas of large open wounds.
7. Eye shields, goggles, or face shields are only needed when there is a likelihood that the eyes may be splashed with body fluids.

8. Contaminated needles or other sharps must not be bent, sheared, broken or recapped by hand. Needles and other sharps must be discarded in rigid, leak proof puncture resistant containers for disposal. The puncture resistant sharps container should be located as close as practical to the use area, and identified as biohazardous.
9. Linen soiled with blood or blood tinged body fluids must be gathered without undue agitation and placed in a leak-proof bag for transportation to the laundry. Bagging should occur at the location where it was used, however double bagging is not necessary.
10. Containers used for waste containment must be large enough to hold all contents and must prevent leakage of fluids during handling, storage, transport or shipping. If outside contamination of the container occurs, a second container shall be used to encase the first.
11. Housekeeping - Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to either patients/victims or athletic training students or Preceptors, therefore, attempts to disinfect or sterilize is not necessary. However, changing and removal of soil should be done routinely using products that, according to the manufacturers instructions are effective for the required sanitation outcome and are registered with the Environmental Protection Agency (EPA).
12. Laundry- Because the risks of disease transmission from soiled linen is negligible, hygienic, and common-sense storage and processing of clean and soiled linen is recommended. Soiled linens should be handled as little as possible. Linens should be washed with detergent and hot water (at least 60 degrees C for 25 minutes) or if lower temperature cycles are used, with chemicals suitable for low temperature washing at proper use concentration.
13. If an athletic training student or Preceptor has an exposure incident, the athletic training student or Preceptor shall file an accident report with his/her supervisor as soon as feasible and the individual shall be encouraged to be tested for HBV and HIV as soon as feasible and then at intervals of six (6) weeks, twelve (12) weeks, and six (6) months following the incident.
14. An evaluation of any incident that exposed or potentially exposed an athletic training student or Preceptor (or student or volunteer) to infection with bloodborne pathogens shall be undertaken collaboratively by the Department of Environmental Health and Safety, the Norris Health Center and Risk Management Office and a description of the corrective action taken to prevent recurrence of similar exposures shall be recorded.
15. For each incidence of mucous membrane or parenteral exposure to body fluids or tissue, a description of the exposure and any corrective action taken to prevent recurrence shall be documented by the Department of Environmental Health and Safety in collaboration with the Norris Health Center. Progressive discipline will occur for any athletic training students or Preceptor that fails to comply with Universal Precautions. Documentation will include the athletic training student's or Preceptor's infraction and the corrective action taken by the facility to bring the athletic training student or Preceptor into compliance. Standard University disciplinary procedures will be followed.

B. Blood Spills

Blood spills on non-porous surfaces can very simply be handled by diluting the spill with an equal volume of 1:10 household bleach solution, or with other EPA registered disinfectants, and then absorbing it with disposable toweling or absorbent pads. This approach is used in hospitals and exceeds the guidelines issued by the Center for Disease Control (CDC). If the spill involves any broken glassware, it must be picked up using a mechanical means, such as a brush and dustpan, tongs or forceps. In cases where the absorbent becomes saturated with blood and bleach, the spill clean up materials should be autoclaved prior to being disposed of in the normal trash.

There are also a number of "clumping" powdered products (e.g. Vital 1, Isolyzer) that absorb and solidify blood spills and chemically treat them at the same time. While these methods are effective and convenient they are very expensive compared to bleach and absorbent material and have not yet withstood the "test of time". Bleach or other EPA approved disinfectants are most highly recommended.

There are also products that fix sharps in a plastic polymer while treating them by heat and chemical disinfectant (e.g. Isolyzer). While these methods may be convenient and effective, the chemical polymerizing method is no longer considered an effective method of rendering sharps unusable. Please turn in all sharps for destruction and disposal to the Hazardous Waste Program.

C. Contaminated Surfaces

Exact procedures will depend upon departmental activities and needs. In general, the following principles established by the CDC should be followed:

- Decontamination shall be carried out after completion of specified procedures, or as soon as possible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious material;
- Decontamination shall also be carried out at the end of the work shift if the surface may have become contaminated since the last cleaning;
- The same principles apply to protective coverings on equipment or environmental surfaces (e.g. floors, walls, benchtops);
- All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

D. Hazard Communication

Warning labels must be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

Labels required include the *international biohazard symbol*:



The Biohazard label shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.

Labels must be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

Containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

Contaminated equipment shall be labeled and state which portions of the equipment remain contaminated.

Regulated waste that has been decontaminated need not be labeled or color-coded.

III. Hepatitis B Vaccination

Hepatitis B vaccinations is required for athletic training students in practicum courses prior to the beginning of clinical responsibilities though written confirmation from a medical facility. Athletic training students who decline to accept the vaccination shall sign the Hepatitis B declination statement as required by law. (E 4119.42) (29 CFR 1910.1030 (f)(2))

IV. Information and Training

The as specified by law to all athletic training students in affiliated athletic training facilities have been determined to have some degree of occupational exposure. This program shall be offered at the time of initial assignment, annually thereafter, and whenever a change of tasks or procedures affect the student athletic trainer's exposure.

V. Records

Medical and training records shall be kept in accordance with law. Medical records shall be maintained for the duration of clinical assignments plus thirty years. Training records shall be maintained for three years from the date of training. (29 CFR 1910.1030(h))

A student athletic trainer's records shall be made available to the National Institute for Occupational Safety and Health in accordance with law (29 CFR 1910.1030(h)), as well as the CAATE.

Medical records for each athletic training student with occupational exposure will be kept confidential in accordance with law (29 CFR 1910.1030(h))

APPENDIX E
COURSE SEQUENCE



SAN JOSÉ STATE UNIVERSITY
Department of Kinesiology
B.S. in Athletic Training

CURRICULUM/COURSE SEQUENCE
Fall Admission

Legend:

Bold Course Titles are required courses in Professional Athletic Training Program Curriculum

Area **K** = courses required in Kinesiology Program

Area **GE** = **General Education (See G.E. Requirements in Schedule Bulletin)**

F = Fall Semester only; **S** = Spring Semester only

Some course may be offered during Winter and/or Summer Sessions (See Schedule Bulletin)

Freshman Year: First Semester		FALL		
Course		Area	Course Title	Units
Nufs	9	GE-E	Introduction to Human Nutrition	3
Chem	30a	GE-B1	Introduction to Chemistry	3
Bio	65	GE-B2/3	Human Anatomy	4
Elective	---	GE	Suggested GE Areas F1,2,3 and D2,3	3
KIN	--	K	Activity (one of the Movement Areas, refer to Advising Handbook)	1
English	--	GE-A1	Basic Skills/Oral Communication (Choose one course in this Area)	3
TOTAL				17

Freshman Year: Second Semester		SPRING		
Course		Area	Course Title	Units
Math	10	GE-B4	Math for GE	3
Elective	--	GE-C1	Humanities & Arts (choose one course from this area)	3
Bio	66	GE-B2/3	Human Physiology	5
Elective	---	GE	Suggested GE Areas F1,2,3 and D2,3	3
English	1A	GE-A2	Composition	3
TOTAL				17

* AMS1A and 1B are 6 units each and also fulfill GE-C1&2 areas.

TAKE WRITING SKILLS TEST (See Schedule bulletin for dates)

Sophomore Year: First Semester		FALL		
Course		Area	Course Title	Units
KIN	70	K	Introduction to Kinesiology	3
Elective	--	GE-C3	Humanities & Arts/Written Comm. 1B (choose one course from this area)	3
Elective	--	GE-C2	Humanities & Arts/Letters (choose one course from this area)	3
KIN	--	K	2 Activities (two of the Movement Areas, refer to Advising Handbook)	2
Elective	--	GE-D1	Social Science/Human Behavior (choose one course from this area)	3
TOTAL				14

**Fall Admission Continued:**

Sophomore Year: Second Semester		SPRING		
Course		Area	Course Title	Units
KIN	188	K	Prevention & Care of Athletic Injuries (F&S)	2
KIN	189	K	Prevention & Care of Athletic Injuries Lab (F&S)	1
Elective	--	GE- A3	Basic Skills/Critical Thinking (choose one course from this area)	3
KIN	--	K	Activity (one of the Movement Areas, refer to Advising Handbook)	1
KIN	--	K	Activity (one of the Movement Areas, refer to Advising Handbook)	1
NuFS	8	K	Nutrition for the Health Sciences	3
HS or	1 104	K	Understanding Your Health Community Health Promotion	3
TOTAL				14

Junior Year: First Semester		FALL		
Course		Area	Course Title	Units
KIN	197A	K	Practicum in Athletic Training I (F)	1
KIN	191A	K	Advanced Assessment of Athletic Injuries: Lower Extremity (F)	3
KIN	158	K	Biomechanics	3
KIN	100w	K, GE-Z	Writing Workshop	3
KIN	193	K	Organization/Administration in Athletic Training (F)	2
KIN	--	K	Activity (one of the Movement Areas, refer to Advising Handbook)	1
TOTAL				13

Junior Year:		WINTER SESSION		
Course		Area	Course Title	Units
KIN	186	K	Pharmacology in Sports Medicine (W)	3

Junior Year: Second Semester		SPRING		
Course		Area	Course Title	Units
KIN	197B	K	Practicum in Athletic Training II (S)	1
KIN	175	K	Measurement and Evaluation	3
KIN	191B	K	Advanced Assessment of Athletic Injuries: Upper Extremity (S)	3
KIN	195	K	Therapeutic Modalities (S)	3
KIN	155	K	Exercise Physiology	3
KIN	Elective	K	Choose one KIN elective with Advisor	3
TOTAL				16

**Fall Admission Continued:**

Senior Year: First Semester		FALL		
Course		Area	Course Title	Units
KIN	197C	K	Practicum in Athletic Training III (F)	1
KIN	194	K	Therapeutic Exercise (F)	3
KIN or or	160 161 164	K	History of Sport & PE Philosophical Perspectives of Sport Sociocultural Perspectives	3
KIN	162	K	Advanced Fitness Assessment & Exercise Prescription	3
KIN or	165 166	K	Motor Development Motor Learning	3
TOTAL				13

Senior Year: Second Semester		SPRING		
Course		Area	Course Title	Units
KIN	197D	K	Practicum in Athletic Training IV (S)	1
KIN	185	K	Senior Seminar	1
Adv. GE	--	GE-R	Chem 103; Humans, Drug & Disease	3
Adv. GE	--	GE-V	Culture, Civilization & Global Understanding (Choose one from this Area V)	3
KIN or	167 168	K	Sports Psychology Psychology of Coaching	3
KIN	180	K	Independent Study (Contact ATP PD)	2
KIN	Elective	K	Choose one KIN elective with Advisor	3
TOTAL				16



SAN JOSÉ STATE UNIVERSITY
Department of Kinesiology
B.S. in Athletic Training

CURRICULUM/COURSE SEQUENCE

Transfer Student – Fall Admission

The course sequence below is subject to changes based on the number of transferable units and courses. Please use it as a guide only. To determine exact course sequence an athletic training advisor is necessary.

The following classes must have either transferred or be taken at San José State in order to complete the CAATEP Accredited Professional Athletic Training Program.

Bio 65	Human Anatomy	4 units
Bio 66	Human Physiology	5 units
KIN 70	Introduction to Kinesiology	3 units
KIN --	4 Activities (four of the Movement Areas, refer Advising Handbook)	4 units
NuFS 8 or NuFS 9	Nutrition for the Health Professions Introduction to Human Nutrition	3 units
HS 1	Understanding Your Health	3 units

Legend:

Bold Course Titles are required courses in Athletic Training Education Program Curriculum

Area **K** = courses required in Kinesiology Program

Area **GE** = **General Education (See G.E. Requirements in Schedule Bulletin)**

F = Fall Semester only; **S** = Spring Semester only

Some course may be offered during Winter and/or Summer Sessions (See Schedule Bulletin)

Junior Year: Transfer Semester		SPRING		
Course	Area	Course Title		Units
KIN 100w	K, GE-Z	Writing Workshop		3
KIN 188	K	Prevention & Care of Athletic Injuries (F&S)		2
KIN 189	K	Prevention & Care of Athletic Injuries Laboratory (F&S)		1
Adv. GE --	GE-S	Culture, Civilization & Global Understanding (Choose one from this Area S)		3
HS 1 or 104	K	Understanding Your Health Community Health Promotion		3
TOTAL				12

Junior Year: First Semester		FALL		
Course	Area	Course Title		Units
KIN 155	K	Exercise Physiology		3
KIN 197A	K	Practicum in Athletic Training I (F)		1
KIN 191A	K	Advanced Assessment of Athletic Injuries: Lower Extremity (F)		3
KIN 158	K	Biomechanics		3
KIN 193	K	Organization/Administration in Athletic Training (F)		2
KIN 167 or 168	K	Sport Psychology Psychology of Coaching		3
TOTAL				15



Fall Admission Transfer Students Continued:

Junior Year:		WINTER SESSION		
Course	Area	Course Title		Units
KIN	186	K	Pharmacology in Sports Medicine	3

Junior Year: Second Semester		SPRING		
Course	Area	Course Title		Units
KIN	197B	K	Practicum in Athletic Training II (S)	1
KIN	195	K	Therapeutic Modalities (S)	3
KIN	191B	K	Advanced Assessment of Athletic Injuries: Upper Extremity (S)	3
KIN	175	K	Measurement and Evaluation	3
KIN	Elective	K	Choose one KIN elective with Advisor	3
TOTAL				13

Senior Year: First Semester		FALL		
Course	Area	Course Title		Units
KIN	197C	K	Practicum in Athletic Training III (F)	1
KIN	194	K	Therapeutic Exercise (F)	3
KIN	160 or 161 or 164	K	History of Sport & PE Philosophical Perspectives of Sport Sociocultural Perspectives	3
KIN	162	K	Advanced Fitness Assessment & Exercise Prescription	3
KIN	165 or 166	K	Motor Development Motor Learning	3
TOTAL				13

Senior Year: Second Semester		SPRING		
Course	Area	Course Title		Units
KIN	197D	K	Practicum in Athletic Training IV (S)	1
KIN	185	K	Senior Seminar	1
Adv. GE	--	GE-R	Chem 103; Humans, Drug & Disease	3
Adv. GE	--	GE-V	Culture, Civilization & Global Understanding (Choose one from this Area V)	3
KIN	180	K	Independent Study (Contact ATP PD)	2
KIN	Elective	K	Choose one KIN elective with Advisor	3
TOTAL				16