



Master of Science
Athletic Training Professional Program
Student Handbook
2025-2026

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PLYMOUTH STATE UNIVERSITY OVERVIEW

Vision

Plymouth State University's Integrated Cluster Model provides our dynamic community of students, staff, and faculty an integrated environment in which we take educational risks as we explore new ideas, improve upon the ideas of others, and engage in meaningful work that connects and positively impacts all of New Hampshire, the nation, and the world.

Mission

Through our philosophy of Ut Prosim (that I may serve) and our Integrated Cluster Model, Plymouth State enables students to connect their academic and extra-curricular interests with real-world projects, global challenges, and a range of perspectives while fostering personal growth from their first days on campus until long after graduation as engaged alumni.

For additional information on PSU's Vision, Mission and Values, please visit:

<https://www.plymouth.edu/about>

ATHLETIC TRAINING PROFESSIONAL PROGRAM OVERVIEW

The Master of Science Athletic Training Professional Program (AT program) is housed in the Plymouth State University School of Health Science as of 2025 and was previously housed in the Health and Human Performance academic unit.

Vision

The Plymouth State University Athletic Training Professional Program aspires to be known as one of the premier professional-level programs in New England, with distinctive commitments to professional preparation, community, and student engagement in life-long learning.

Mission

The Athletic Training Program has a long history of preparing students for careers in the field of athletic training. The mission of the Athletic Training Program is to facilitate development of competent, conscientious healthcare professionals dedicated to advancement of the field of athletic training and service to their community.

The professional graduate curriculum emphasizes clinical skill development, clinical problem-solving, and professionalism in delivery of quality healthcare by integrating a competency-based educational model. The program incorporates a variety of high-impact teaching methods including hands-on laboratories, inter-professional activities, and simulation experiences. Student and program outcomes are assessed to track and inform quality improvement.

Information on the [AT Program Faculty](#) can be found on the program website.

Program Goals and Objectives

Goal 1: Prepare students to pursue certification from the Board of Certification (BOC).
Objectives:
1a. Students will pass the BOC exam. <ul style="list-style-type: none"> • Benchmark: Graduates of the program will maintain a three-year aggregate first time pass rate of 70%, and overall pass rate of 85%. • Assessment: BOC Program Report: pass rates
1b. Students will pass Clinical Comprehensive Exams administered throughout the curriculum. <ul style="list-style-type: none"> • Benchmark: 70% of the students will pass with 70% on the first attempt • Assessment: Clinical Comprehensive Exam first-attempt scores
Goal 2: Prepare students to transition into professional practice as entry level athletic trainers.
Objectives:
2a. Students will gain employment as an athletic trainer within 1 year of graduating from the MS in AT program. <ul style="list-style-type: none"> • Benchmark: Within one year of graduation, 80% of graduates will be employed as an athletic trainer or enrolled in a degree program for advancement of athletic training practice. • Assessment: Employment rate
Goal 3: Deliver high-quality athletic training education.
Objectives:
3a. Program faculty will have diverse areas of expertise and professional experience. <ul style="list-style-type: none"> • Assessment: Contemporary Expertise table, and Faculty professional experience table
3b. Preceptors will deliver quality clinical education and seek continued growth as clinical educators. <ul style="list-style-type: none"> • Assessment: Preceptor completion of online training , Faculty / preceptor meetings, Student evaluations of preceptors
3c. Students will report that they feel well prepared in key areas throughout the duration of the program. <ul style="list-style-type: none"> • Assessment: Mid-program and Final Program student evaluations, Program orientation feedback

Goal 4: Students will develop skills to collaborate as members of an inter-professional healthcare team while providing evidence-based, patient-centered care.
Objectives:
<p>4a. Students will engage in inter-professional practice throughout their time in the education program via clinical assignment, curricular, and volunteer experience.</p> <ul style="list-style-type: none"> • Assessment: Clinical logs, volunteer event participation (Boston Marathon, HHP club 5k, Disaster Response Simulation)
<p>4b. Students will be able to adequately synthesize and appraise current research and apply to clinical practice.</p> <ul style="list-style-type: none"> • Assessment(s): Samples of students' work / projects / presentations
<p>4c. Delivery of Patient-centered care</p> <ul style="list-style-type: none"> • Assessment(s): Clinical Evaluations; Samples of Patient Electronic Medical Records, Patient Case Report Presentations
Goal 5: Facilitate a culture of professionalism, equity, and inclusion.
Objectives:
<p>5a. Students will demonstrate ethical behavior.</p> <ul style="list-style-type: none"> • Assessment: Preceptor evaluations
<p>5b. The program will integrate diversity, equity, and inclusion throughout the curriculum.</p> <ul style="list-style-type: none"> • Assessment: DEI educational competencies, Preceptor evaluations, sample assignments

Athletic Training Program Admission Requirements

<https://coursecatalog.plymouth.edu/graduate-programs/athletic-training-ms/#admissionrequirements>

Applications are accepted on a rolling basis, but since enrollment is limited, we encourage prospective students to apply as early as possible. This is a cohort program that begins in the fall semester of each year. Admission is competitive, limited, and is not guaranteed even to those who meet the minimum requirements. Students must verify that they can comply with the program's [Technical Standards](#).

Prerequisites

- Baccalaureate degree from accredited institution
- 2.5 undergraduate GPA
- Comprehensive statement of professional goals
- Two letters of recommendation
- Minimum of 50 hours observation under direct supervision of a BOC Certified Athletic Trainer. Original letters of documentation must be submitted as part of the application.
- Completed Health Screening within the last 6 months with proof of immunizations
- Current CPR/BLS for Healthcare Providers certification
- Minimum grade of C in the following college or university courses (must be taken within the past seven years):
 - Anatomy and Physiology I (with lab): 4 credits
 - Anatomy and Physiology II (with lab): 4 credits
 - Kinesiology: 3 credits
 - Exercise Physiology: 3 credits
 - Physics: 3 credits
 - Biology: 3 credits
 - Chemistry: 3 credits
 - Nutrition: 3 credits
 - Statistics: 3 credits
 - Psychology: 3 credits

Athletic Training Program Curriculum

The CAATE-accredited Professional program is designed to provide students interested in the field of athletic training the opportunity to develop the necessary skills and knowledge through classroom experiences and clinical rotations to meet the competencies required of CAATE (Commission on Accreditation of Athletic Training Education) programs. During each semester, for four semesters, students will complete clinical rotations in an athletic training setting. ***Students are required to be engaged in clinical experiences over the winter break between fall and spring semesters in both of their two years.*** During the clinical rotation, students will be placed under the supervision of a clinical preceptor. Students must earn a minimum grade of B- in all athletic training courses.

The AT program is a two-year program that begins each fall. PSU also offers a 3+2 option for undergraduate students in the Allied Health Sciences degree program to complete a bachelor's and master's in Athletic Training in 5 years. Students in the 3+2 option should apply for the BS in Allied Health Sciences with the 3+2 Athletic Training option. Students will complete a total of 62 credits to complete the MS in AT degree program. [Online Course Catalog](#)

Course Sequencing:

<u>Year One</u>	
<u>Summer Mandatory Pre-Season:</u> Schedule is TBD, usually report 2 nd week of August, Program Orientation, Critical Skills Review & Practice	
<u>Year One, Fall (16 credits)</u> AT5400: Preventive Theories and Psychomotor Skills (4cr) AT5410: Lower Extremity Assessment (4cr) AT5420: Upper Extremity Assessment (4cr) AT5810: Clinical Athletic Training I (4cr)	<u>Year One, Spring (16 credits)</u> AT5430: Spine, Posture & Function (4cr) AT5470: Therapeutic Interventions I (4cr) AT5480: Therapeutic Interventions II (4cr) AT5820: Clinical Athletic Training II (4cr)
<u>Year Two</u>	
<u>Summer Mandatory Pre-Season:</u> Schedule is TBD, usually report 2 nd week of August, Group Instruction Leaders for Critical Skills Review	
<u>Year Two, Fall (16 credits)</u> AT5440: Athletic Training Administration (4cr) AT5450: Pathology and Pharmacology (4cr) AT5460: Research Design and Statistics (4cr) AT5830: Clinical Athletic Training III (4cr)	<u>Year Two, Spring (15 credits)</u> AT5490: Athletic Training Capstone (4cr) AT5845: Clinical Athletic Training IV (10 cr)

AT Program Academic Policies

Academic Policy

Students admitted to the Master of Science in Athletic Training (MS in AT) program complete 62 credits over 4 semesters, including didactic courses and clinical experiences. Students must earn a grade of B- (80%) or higher to successfully complete a course and must earn a minimum cumulative GPA of 3.0 upon degree conferral to earn the MS in AT degree. Note that the cumulative minimum GPA of 3.0 is a university graduate program policy standard.

Required Grade Policy

All courses in the athletic training curriculum must be completed with a minimum grade of B- (80%) to carry credit towards the MS in AT degree. If a student receives a grade below B-, the student must repeat the course in the next semester that it is offered. A student is only permitted to repeat a course once. In some cases, students who earn a C or C+ may be eligible to work with the Program Director and course instructor to create an academic remediation plan. A student may not be placed on academic probation more than once.

Fair Grading Policy

All courses and instructors in the program abide by the university's [Fair Grading Policy](#).

Academic Integrity

The MS in AT program abhors academic dishonesty of any kind and follows the [Academic Integrity policy](#) of the institution.

Transfer Policy

The MS in AT program abides by the Plymouth State University transfer policy as outlined in the Catalog. In addition, all transfer courses must be evaluated by the Program Director to determine whether they meet CAATE standards associated with the PSU MS in AT course. Only those courses that meet the standards will be accepted for transfer. An academic contract will be developed to reflect the student's modified curriculum based on transfer courses, credits, and requirements.

Course Withdrawal, Program Withdrawal and Refunding of Fees

The MS in AT Program abides by the Plymouth State University policies regarding graduate course and program withdrawal and refunding of tuition and/or fees. For further information, please visit: <https://coursecatalog.plymouth.edu/university-policies-procedures/>

Time Limit

The MS in AT program is designed to be completed in four consecutive semesters, including fall and spring terms. If a student must repeat a course, take a leave of absence from the program, or has not completed all program requirements within four consecutive semesters for another reason, they must work with the Program Director and Clinical Education Coordinator to ensure all requirements are met. All requirements for the MS in AT degree must be completed within 4 years from the date of first matriculation, consistent with PSU graduate policy.

Nondiscrimination Policy

The AT Program is committed to the principles of diversity, equity and inclusion. The program adheres to the [PSU Nondiscrimination Policy](#) and all policies related to Title IX complaints and any issues related to potential sexual misconduct.

Program Costs and Fees

Detailed information on the specific tuition costs for the MS in AT Program may be found here: <https://www.plymouth.edu/student-financial-services/billing-information/tuition-fees>

In addition to the tuition costs, the athletic training program collects mandatory fees from students entering the program. In addition to supplementing program costs, the student fees are used to cover individual student medical packs, an athletic training T-shirt and collared game shirt, Board of Certification (BOC) practice exams and the registration costs for a first attempt on the BOC Certification examination.

Professional Memberships and Subscriptions

ATrack Online:

All AT students are provided with a lifetime subscription to ATrack Online, a database used by the program to log clinical hours, complete clinical evaluations and complete additional program forms and documents. Students may visit ATrack at: <https://www.atrackonline.com/>

National Athletic Trainers' Association (NATA):

Students are required to obtain and maintain active membership in the NATA beginning in the fall of their first year. Students are responsible for the cost of their NATA membership. It is recommended that students join the NATA by using their school address and obtain membership as a New Hampshire resident in District 1 of the NATA. This is because the student may be eligible for both state and district sponsored scholarships through their NHATA membership and/or their membership in District 1. The exception to this is if the student believes or knows they may qualify for additional scholarships through their home state of residence athletic training association.

NPI Number

All students are required to register for a National Provider Identifier (NPI) number at the beginning of their first year. Students should add their NPI numbers to their profiles on ATrack.

Here are the steps to apply:

1. **Go to the [NPPES website](#):** and select "Create or manage an account".
2. **Log in and start the application:** Once your account is created, log in and select the option to submit a new NPI application for yourself.
3. **Provide your personal information:** Fill in all the required fields, including your name, date of birth, social security number, and contact information.
4. **Select your provider type:** Choose "Individual Provider (Type 1)".
5. **Enter your addresses and phone number:** Provide your mailing and practice location addresses (PSU Athletic Training Program, 17 High St., MSC # 22, Plymouth, NH 03264), as well as a reliable phone number.
6. **Choose a student taxonomy code:** On the taxonomy page, select a code for a student, such as the code 390200000X for "Student Health Care". Make this your primary taxonomy code.
7. **Review and submit:** Carefully review all the information on the application, accept the terms, and submit the application.
8. **Save your confirmation:** After submission, print the confirmation page with your tracking number and await your NPI via email.

Scholarships and Grants

The MS in AT Program supports both an internal scholarship and a travel grant. The internal scholarship, the Julie N. Bernier Scholarship, is awarded annually in the spring to an outstanding first year AT student. The AT program faculty are responsible for nominating and selecting the recipient for this scholarship. The Linda S. Levy Travel Grant provides funding to the selected AT student to attend their first NATA Clinical Symposium and Annual Meeting after either their first or second year of study. Students are required to write a letter of application for the travel grant and submit it to the Program Director prior to the announced deadline. The AT program faculty review all applications and determine the award recipient.

In addition to the internal program scholarship and grant, eligible students will be notified and encouraged to apply for state, district and national scholarships available to AT students who are members of the NATA, District 1 and/or the NHATA. Eligibility criteria and deadlines for these scholarships vary.

Probation, Remediation, and Severance

Students who fail to meet the minimum grade requirements in their first semester of program coursework may be offered the chance to be placed on program probation and complete a remediation plan. To qualify for probation and remediation a student must have achieved a minimum grade of C in any of the first-year courses that require a B- as a passing grade. Probation and remediation contracts may be offered at the discretion of the Program Director and the Clinical Education Coordinator. Any student placed on probation will be presented with a Remediation plan and contract which must be successfully completed within one semester to remain in the program. Students who fail to successfully complete their remediation will be academically severed from the AT program and offered the opportunity to reapply in future. Students may also be placed on probation and remediation or severed from the program based on their clinical performance (see Clinical Education Policy).

Appeals, Grievances and Complaints Policy

Academic or clinical grievances or complaints that fall outside of comprehensive university policies or other specific academic or clinical policies within the AT Program may be presented for consideration and will be reviewed on a case-by-case basis. The Athletic Training Program will never retaliate against any student for presenting any appeal, grievance or complaint. Once an appeal, grievance or complaint is submitted, both the nature of the problem and its disposition will be recorded and maintained on file in Athletic Training Program administrative records. Any student grievance or complaint regarding an issue that is not adequately addressed in the AT Student Handbook, or by Plymouth State University policies, will be duly considered.

Any student grievance or complaint with a faculty member should be addressed first directly with that faculty member, the same if the student has an issue with their clinical preceptor. If the student is not satisfied following this step, the student may request a review by contacting the Program Director for Academic issues and the Clinical Education Coordinator for Clinical issues. The PD and the CEC have the discretion to address student concerns directly or to form a faculty committee for further review and redress. If the complaint is about the CEC, they should go directly to the Program Director. If the complaint is about the Program Director, the student should take the complaint to the Associate Provost. Any questions about student options or procedural issues should be directed to the Program Director.

Appeals, Grievances, and Complaints from Others (graduates, prospective students, clinical education sites, clinical preceptors, employers of graduates, the general public)

Occasionally, graduates, prospective students, clinical education sites, clinical preceptors, employers of graduates, or the general public may have an appeal, grievance or complaint regarding the program. Such appeals, grievances and complaints should be sent to the AT Program Director with the exception of complaints from clinical education sites or clinical preceptors, which should be directed to the Clinical Education Coordinator. The Program Director and / or the Clinical Education Coordinator have the discretion to address the concern directly, or to form an ad hoc faculty grievance committee. Any questions about this process should be directed to the Program Director.

Professional Development and Service Requirements

Lifelong learning and Professional Development (PD) are essential components of any professional credential and obtaining professional development units (credits) is a program requirement within the MS in Athletic Training Program. The purpose of this requirement is to ensure that Athletic Training Students understand the process of maintaining their Athletic Training credentials and Certification by meeting State regulatory and Board of Certification continuing professional certification (CPC) and continuing education (CE) requirements, as well as appreciating the benefits of being actively involved in their future profession.

PD units will belong to one of four categories. PD units are based upon type and length of activity with no more than 10 PD units for any given activity (typically 1-hour activity = 1 unit). Activities required for a course cannot be counted as PD units without the express approval of the Clinical Education Coordinator. For example, if attendance at a guest speaker session is required for a class assignment, that event cannot be counted for a professional development unit. Each student will be required to document the completion of 50 units of professional development over the course of their academic program by completing this Professional Development (PD) tracking log and

maintaining all supporting documentation. PD units submitted without proper supporting documentation being made available upon request may result in a forfeiture of those credits.

Students are required to obtain and submit a minimum of:

- 10 PD units by the conclusion of AT5810
- 20 PD units by the conclusion of AT5820
- 30 PD units by the conclusion of AT5830
- 50 PD units prior to graduation

Category A – Professional Membership/Involvement

NATA, regional/district membership, membership in other professionally related organizations (ACSM, etc.), obtaining an NPI number, holding leadership positions within discipline related student organizations or applying for professional scholarships. A minimum of 6 PDUs must come from Category A. Documentation must be maintained but is only submitted upon request. *Examples of documentation include receipts for membership or renewal or membership cards, letter of involvement from faculty advisor of student organization or committee, copy of scholarship application(s).*

Specific Examples:

- New NATA membership = 4 PD units
- Annual renewal of NATA membership = 2 PD units
- Obtaining National Provider Identifier (NPI) # = 2 PD units
- Serving on a state, regional or national AT Student Committee = 5 PD units
- Serving as an officer in the PSU HHP Club = 3 PD units
- Applying for an Athletic Training related scholarship or grant = 1 PD unit

Category B – Education Programs / Presentations

Attendance at an athletic training or sports medicine related seminar, conference, workshop, lecture, creation and peer-reviewed acceptance of scholarly works such as abstracts, presentations, or manuscripts, and other educational activities such as completing sports medicine journal quizzes or watching webinars and listening to podcasts. There is no minimum PD unit requirement for Category B.

- B1: Attendance at professional meetings, seminars, conferences, workshops or lectures. PD units are based upon actual time in attendance, but no more than 10 units for any event.
- B2: Scholarly works presented outside of class required presentations

Examples include but are not limited to:

- Submission of work for peer review = 3 PD units

- Oral presentation
 - EATA (district) or higher = 5 units
 - NHATA Student Symposium = 3 units
- Poster presentation
 - EATA (district) or higher = 3 units
 - NHATA Student Symposium = 1
 - Presentation at University level (Showcase of Student Excellence) = 3 units
- B3: Journal Quizzes:
 - Journal of Athletic Training, or other sports medicine peer-reviewed journal quiz = 4 units for each quiz
 - NATA Online CEU courses through the Professional Development Center = PD units equivalent to CEUs awarded
- B4: National Athletic Trainers' Association or other sports medicine related webinar and podcasts:
 - Units are based upon engagement time, but no more than 10 units for any event.

Category C – Volunteer and Service Leadership Activities

This category emphasizes service to one's community, within and beyond PSU's athletic training program. Activities where you serve in the capacity of a medical professional outside of PSU clinical assignments (must be appropriately supervised) or where you volunteer with other sport medicine related organizations. Additionally, serving as a peer mentor or leader as a second year AT student to first year AT students within PSU's athletic training program. A minimum of 4 PD units must come from Category C. All volunteer and service activities must be approved by the Program Director or the Clinical Education Coordinator in advance.

Examples include:

- Serving as a medical volunteer for races or other athletic events (Boston Marathon). Not to exceed 5 PD units
- Develop and lead a mentorship activity or a study or review session for first year peers as a second-year student. PD units awarded is variable and must be approved by a faculty member.
- Fundraising for AT associations by working concessions and identified SNHU Arena events.

Category D – Miscellaneous Activities

Activities where you are actively engaged in promoting Athletic Training as a profession, showcasing the PSU AT Program, or promoting the profession through the HHP Club. Specific activities

MUST BE approved by a member of the AT program faculty in advance. Units are based upon time and commitment involved.

Examples may include:

- Student legislative letter writing campaign = 1 PD unit per letter (5 PDs maximum)
- Represent PSU on Quiz Bowl team = 3 PD units
- Participating in a Plymouth State University sponsored Etiquette Dinner = 2 units
- Required Documentation: copies of campaign letters, letter of involvement from faculty advisor of Quiz Bowl team, copy of etiquette dinner registration or certificate of attendance

Health Information and Immunizations

Athletic training can be a physically demanding profession. As such, all students are required to meet the [Technical Standards](#) for admission to the Athletic Training Program. Once admitted, students must submit a recent (completed within the past 6 months) physical examination, and a completed health information questionnaire.

Some clinical placement sites have very specific vaccination / immunization requirements. As such, all AT students are required to meet basic immunization standards for healthcare professionals and to submit proof of their immunization status. Surgical observations, non-orthopedic and general medical related clinical placements and some off-campus clinical placement sites, require students to have a negative PPD (purified protein derivative tuberculosis skin test) within the past 6 months or to provide proof of a TB quantiferon or TSPOT test. Students are requested to complete and submit the Proof of Immunization form prior to beginning the program.

All medical and health history information is held secure and confidential according to both the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Right to Privacy Act (FERPA).

Clinical Education Policies

Mission of AT Clinical Education

The clinical component of the athletic training program at Plymouth State University is designed to provide students with the opportunity for sequential, experiential learning in a variety of clinical exposures and settings. Clinical coursework emphasizes the hands-on experiential nature of the clinical experience whenever possible. Athletic training students (ATS) are both encouraged and expected to demonstrate increasing mastery of the knowledge, tasks and clinical skills linked to their didactic progress and level of clinical experience as they progressively develop clinical autonomy. Students are expected to be able to demonstrate clinical mastery and autonomy equivalent to that of an entry-level professional in Athletic Training at the conclusion of their clinical education experience.

Clinical Experience Sequencing

Clinical experiences are completed under the direct (auditory and visual) supervision of a Clinical Preceptor. All athletic training students must complete a minimum of four semesters of clinical education over a period of no fewer than two academic years. Students must meet the minimum requirements prior to enrollment in any clinical course (*see catalog course descriptions for pre-requisites and minimum GPAs*). Students are assigned a primary preceptor prior to beginning each clinical experience and students may have more than one preceptor during a single semester.

Students are assigned to preceptors and clinical sites in a manner to ensure they gain experience and clinical exposure in each of the following areas: injuries and conditions affecting both the lower and upper extremities, equipment intensive sports and activities, general medical conditions, and male and female patients.

Clinical assignments are made by the Clinical Education Coordinator (CEC) and distributed to the students and preceptors with as much advance notice as possible. The CEC may ask for student preferences for clinical assignments but cannot guarantee that students will be assigned based on their preferences. Clinical assignments are determined based on the exposure needs of each student and the perceived best fit for each student. For information on the Clinical Immersion experience, please see that section.

The sequencing of the clinical education experiences may vary but will generally include the following:

- First year, first semester, Fall: AT5810: Clinical Athletic Training I
 - Non-contact or contact sport exposure, non-equipment intensive
- First year, second semester, Spring: AT5820: Clinical Athletic Training II
 - Non-contact or contact, or equipment intensive sport exposure
- Second year, third semester, Fall: AT5830: Clinical Athletic Training III
 - Non-contact, contact, or equipment intensive sport exposure

- General medical and non-orthopedic conditions exposure with patients across the lifespan
- Students will have worked with both male and female patients by the end of this clinical
- Second year, fourth semester, Spring: AT5845: Clinical Athletic Training IV
 - Exposure to patients across the lifespan with Mental Health conditions
 - Minimum of 4-week clinical immersion plus 10 weeks of normal clinical experience at clinical site(s) selected by the student and approved by the CEC.
 - Students will have worked gained lower extremity, upper extremity, equipment intensive, collision and across gender sport exposure by the completion of this clinical

Students complete most of their clinical experiences under the direct supervision of a licensed athletic trainer, working directly with Plymouth State University athletics or its affiliated clinical sites and gaining direct patient contact hours. In addition to direct patient care, students may gain clinical contact hours through a variety of simulation and virtual interactions, which may include, but are not limited to: (1) Digital Clinical Experiences with simulated patients; (2) Telemedicine consultations; (3) Physical skills laboratories; (4) Simulation patients (live and virtual); (5) Problem-based learning challenges. All simulation and virtual patient contacts have established clinical contact hour equivalencies.

Digital Clinical Experiences

All students will complete a minimum general medical and mental health related clinical experience through a virtual digital clinical experience (DCE). The digital clinical experience exposes athletic training students to a variety of general medical and medical health conditions in patients across differing demographics, genders and across the lifespan. The clinical contact hour equivalency for the DCE is 1:3, every hour of contact time within the DCE is equivalent to three hours of direct patient contact in the clinic. When logistically possible, athletic training students will complete additional general medical clinical exposure hours under the supervision of other allied health care providers (Advance Practice Registered Nurse, Physician Assistant, Medical Doctor, or Doctor of Osteopathy) working at PSU Student Health Services where students can see patients with a variety of non-orthopedic issues.

Telemedicine

Students may complete a portion of their clinical hours through the use of Telemedicine depending on their clinical setting and preceptors. Telemedicine consultations may utilize real or simulated patients. The contact hour equivalency for all telemedicine consultations are 1:2, every hour of contact time utilizing telemedicine will be equivalent to two hours of direct patient contact in the clinic. All telemedicine consultations must include proper and complete patient documentation and be logged into the patient's Electronic Medical Record (EMR) and the AT student's ATrack hour log.

Physical Skills and Simulation Labs

Students will be assessed on many required physical skills and competencies as dictated by the Commission on Accreditation of Athletic Training Education (CAATE) standards in the clinic and in the physical skills and simulation labs. Physical skills labs are completed as both part of normal course schedules and outside of scheduled class times, during clinical education regular hours or as schedules allow. Physical skills and simulation labs may be supervised by Athletic Training Faculty and/or staff, preceptors, graduate assistant athletic trainers or athletic training student peers. All assessments are completed by qualified personnel only. The physical skills and simulation labs have a contact hour equivalence of 1:1.

Problem-based Learning Challenges

Students may gain clinical experience using problem-based learning challenges (PBLC) and simulated scenarios. Any PBLC will be implemented and supervised by the Athletic Training Faculty or qualified preceptors. Because the nature of PBLC varies in complexity, the hour equivalency for any PBLC will be determined individually based on the assignment / project but will not exceed a total of 25% of total clinical contact hours in any semester.

Clinical Immersion

Students will complete a minimum of a 4-week immersion clinical experience during their final clinical course (AT5845). Clinical immersion is a practice-intensive athletic training experience designed to expose students to the totality of care and responsibilities associated with being a professional athletic trainer. During the minimum four weeks (28 days) of clinical immersion, students will not be enrolled in any other courses but may be completing additional coursework, including but not limited to, research projects, virtual learning, telemedicine and problem-based learning. Expectations for students during the 4-week immersion experience will vary based on the clinical site but the general expectation is that students will shadow and work with their assigned preceptor daily, throughout their entire workday, for that four-week or 28 day period. Students are responsible for acquiring their own clinical immersion site and may choose to go anywhere in the country to complete this experience. Students are responsible for all costs (travel, housing, living, etc...) associated with their clinical immersion. All clinical immersion sites and primary contact information are due to the clinical education coordinator no later than October 01 of the second-year fall semester. Additional information and details about the Clinical Immersion experience are shared with students during both AT5820 and AT5830 class meetings.

Clinical Education Participation

AT students are encouraged to take a professional approach to their clinical education experiences, demonstrating dependability and engagement daily. Students are required to be available to attend clinical events (meetings, screenings, practices, contests) scheduled for their clinical assignment, including events scheduled within and outside of the fall and spring academic calendar (i.e., academic breaks). Students should not schedule vacations (family or personal) that may interfere with their clinical experiences, between August and May of each year.

Students' clinical schedules will vary widely, depending on their assigned preceptor(s) and the team training and competition schedules. It is incumbent upon the student to coordinate calendars with

their preceptor. Students enrolled in AT5810, AT5820 and AT5830 are expected to be in the clinic an average of 20 - 25 hours per week. Clinical immersion hours fall outside this expectation as the student is required to shadow their supervising clinical preceptor during all aspects of their job for a minimum 4-week or 28 day period.

All students are required to have a mandatory one day off per week, during pre-season, regular season and/or post-season and two days off per week is strongly recommended. All days off must be coordinated, in advance, with the supervising clinical preceptor. If at any time, the student feels the need for time away from the clinic, for personal or academic reasons, they are encouraged to request additional time from their preceptor. Students who do not feel supported by their preceptor are encouraged to speak with the Clinical Education Coordinator regarding participation issues.

Conflicts and exceptions must be discussed with the Clinical Education Coordinator and the student's clinical preceptor as soon as possible when the student is aware of the conflict. If modified expectations are deemed appropriate, modifications must be agreed upon between the Clinical Education Coordinator, preceptor, and student, and documented in written form. Failure to attend or participate in expected clinical education experiences will negatively impact the student's clinical grade.

All students are required to complete a minimum of 800 clinical hours and maximum of 2000 clinical hours prior to the completion of their degree. Students must complete a mandatory minimum number of clinical hours in each clinical course to receive a final grade. The mandatory minimum clinical hours may be subject to change based on external environmental influences and clinical site restrictions. Students are expected to obtain a minimum of 200 clinical contact hours in both AT5810 and AT5830, a minimum of 150 clinical contact hours in AT5820 and a minimum of 250 clinical contact hours in their final clinical course, AT5845.

Students unable to complete the minimum contact hours, for any reason, may receive an incomplete in the clinical course until they are able to meet their clinical hour requirements, in addition to any other requirements associated with the current clinical course. Students who receive an incomplete in their clinical coursework may be required to complete an extra semester of clinical coursework to meet the minimum requirements of clinical experiential hours and skills evaluations.

Mandatory Orientation and Pre-season

Athletic Training students are expected to participate in their clinical education experience outside of the normal academic calendar and semesters. Clinical experiences begin in the summer of their first year in the program with a mandatory 3-day pre-season Orientation session in August. The exact dates will vary year by year; students will be notified of the orientation dates by June 01 each year. Following the mandatory orientation session, students are required to participate in the fall pre-season with their assigned clinical preceptor and athletic team, prior to the start of the academic semester.

In the second year of the program, students are required to participate as orientation leaders and peer mentors during the mandatory August orientation session. Students will be assigned to specific skill-based groups to lead the first-year students in critical care skills practice. Second year students will then complete the clinical pre-season with their assigned preceptor and team(s) prior to the start of the academic semester.

Winter Clinical Experiences

Athletic Training students are required to be engaged in their clinical education and clinical experiences during the traditional academic winter break. Students will be released from clinical responsibilities after fall semester final exams but will report back to campus and their clinical education when their assigned team(s) report back to campus or activity after the break. Although dates may vary, most winter teams report back to participation on January 01.

Documenting Clinical Hours

Students are required to document all their clinical hours by logging them into ATrack within three days of completion. Students who fail to properly document their clinical hours within the established time frame will not receive credit for those hours. Clinical preceptors and/or the CEC will approve all documented clinical hours.

Athletic Participation

Students who choose to participate in athletics while also completing the Professional Athletic Training Program are required to meet with the Clinical Education Coordinator to create a Program and Clinical Education Individual Plan at the beginning of their first semester. Participation in athletics is supported by program administration as much as possible, but students must recognize that their athletic participation will interfere with their clinical education. If athletic participation interferes with clinical education such that minimum clinical hours are not obtained and/or clinical skills are not deemed sufficient, the student will be granted an incomplete in the clinical course and a plan to gain additional hours and experience. Student-athletes must recognize that they may not be able to successfully the AT program in 4 semesters and may require at least one additional semester of clinical experience.

Clinical Requirements

Specific requirements for each clinical course are detailed in course syllabi and posted on Canvas. Consistent across all clinical courses are the requirements listed here. Each student must create specific learning goals to be reviewed and assessed by their clinical preceptor. Students must review and summarize the emergency action plan(s) for each clinical site within their first week of placement. Students must complete self-evaluations on their clinical performance and an evaluation of their clinical preceptor and clinical site following each clinical experience. All clinical students, regardless of academic year or clinical course, are expected to abide by the policies and federal regulations governing patient confidentiality and to always comply with policies governing universal precautions and bloodborne pathogens.

Students must complete the learning modules and quizzes for patient confidentiality and bloodborne pathogens on an annual basis. All clinical students must obtain and maintain certification for Emergency Cardiac Care (ECC) (equivalent to Basic Life Support) and automated external defibrillators (BLS/AED). All students are required to complete ECC refresher courses annually and to obtain recertification as needed to remain continually certified.

Clinical Probation and Remediation

Athletic training students who fail to uphold any of their responsibilities may be given a formal warning, be placed on probation, suspended from the clinical experience or severed from the program. Students who receive disciplinary action during an active clinical enrollment should expect a reduction in the final clinical grade. If there is a need for further discipline, the student may be suspended or severed from the program. If a student is severed from the program, they will receive notification of the severance and may meet with the PD and CEC to discuss any options moving forward.

If a student fails to obtain a minimum rating of “adequate” on their clinical evaluation as completed by their primary clinical preceptor(s), several steps may be taken. First, a formal meeting between the preceptor and the student will take place to discuss the issues or concerns and to outline strategies for improving performance. It is the responsibility of the preceptor to notify the CEC that such a meeting occurred and to submit to the CEC, in writing and within one week, a brief synopsis of those issues discussed. If the student continues to perform below an adequate clinical level the preceptor should then notify the CEC and a meeting between all parties will be scheduled to decide upon appropriate probation and remediation efforts. After two interventions, if the student continues to perform below an adequate level, the program director (PD) will be notified, and the student may be suspended (probation) from the clinical course and given the opportunity to complete specified clinical remediation exercises until their level of competency is deemed adequate by the preceptor and CEC at which time they may return to clinical practice. If the student fails to obtain an adequate clinical level they will be required to meet with the PD and CEC to discuss an alternative course of action, up to and including probationary status in the program, withdrawing from the clinical course or severance from the athletic training degree program.

If a student behaves in a manner that is deemed unprofessional or disruptive or violates any of the clinical or athletic training policies and procedures as described in this handbook, that student will be issued a formal warning detailing their behavior and/or policy violation and will be required to meet with their preceptor, the CEC and the Program Director (PD). If the offense is deemed sufficient to warrant further action, the student may be formally placed on probationary status within the program. Any student placed on probation is provided with the opportunity to meet with the CEC and PD to discuss the situation before any further course of action is taken. Following this formal meeting, and based on the nature of the problem, the student placed on probation may be allowed to remain in the clinical course and academic program under strict supervision and with explicit remediation requirements outlined in a formal signed contract. If the situation warrants, as determined by the CEC and the PD, the student may be removed immediately from the clinical course and elect to take an academic withdrawal, request an incomplete or receive a failing grade, after all factors are considered. Students will not be permitted to enroll in a new clinical course while they remain on probationary status. If a student violates a policy or behaves in a manner that is deemed serious enough by the preceptor, CEC and PD, that student may be severed from the athletic training program.

Severance

Any student who engages in a gross violation of clinical conduct and/or clinical policies or who has been found to violate patient confidentiality standards may be severed from the degree program. If a severance is deemed necessary, the student will meet with the PD and CEC where the violations will

be explained and a student will be provided with a formal notice of severance. Only a gross or egregious violation in policy or conduct will result in severance without previous warning and probation. Students may be severed from the program at the conclusion of any academic term for failure to maintain required GPA.

Travel Requirements

Travel with athletic teams:

Athletic training students are not required, and generally not allowed, to travel with PSU athletic teams due to budgetary concerns. The exception to this rule is students assigned to PSU football, which does require the students to coordinate with their preceptor to schedule away game travel. Not all assigned students will always travel to each football game. If the certified athletic trainer / preceptor is traveling with any team and the opportunity presents itself, AT students are encouraged to take advantage of any voluntary travel experience.

Travel to off-campus clinical placements:

Travel to off-campus clinical placement sites may be required and as such, students must have access to transportation and be able to travel to any assigned clinical placement site. Students are responsible for all associated travel liability and expenses incurred. Traditional off-campus clinical placement sites are usually within an hour's drive of the Plymouth State University campus. Students must review and sign the "Student Use of Personal Vehicle Waiver" prior to any clinical related travel and submit via Canvas.

Travel related to AT5845 and Clinical Immersion:

Students may complete their final clinical experience, AT5845, and their clinical immersion experience at any approved location nationwide. Students are responsible for all travel related to their clinical immersion and final clinical experience, including travel logistics, expenses and liabilities. If students are offered the opportunity for team or job-related travel at their clinical site or related to their clinical immersion experience, it is the student's responsibility to coordinate that travel with their supervising preceptor and to determine any related personal expenses.

Criminal Record Background Checks

Criminal background checks, including fingerprinting, are required for placement at a number of clinical placement sites. The student is responsible for the cost of any criminal background checks as well as having them done in a timely manner and submitting the necessary paperwork for the site. The specific process, requirements and costs associated with criminal background checks varies by state so students must work with their preceptors and the CEC to complete required documentation.

If a student has a clinical placement at a secondary school in New Hampshire, they will need to specifically coordinate with the school administrative unit (SAU) or the Head of School to complete the criminal background check process according to their policies. Students may also review the Criminal background check requirements from the NH Office of Professional Licensure (OPL) to complete required background checks and fingerprinting, depending on their clinical placement. OPL site with criminal background check instructions:

https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/how-to-obtain-a-criminal-background-check_1.pdf

Confidentiality and Professional Conduct Policy

The Plymouth State University Professional Athletic Training Program and its faculty, staff and students will be fully compliant with all laws and regulations governing individual and patient confidentiality at all times, including but not limited to, HIPAA Privacy & Security Rules and FERPA Regulations. At no time shall any personal identifying information regarding a patient or patient care be shared outside of the immediate clinical setting or between any parties without explicit patient consent. As an athletic training student, you have an obligation to yourself, to all patients, students, student-athletes and coaches at Plymouth State University and our affiliated sites, to your clinical instructors and preceptors, and to Plymouth State University, to withhold any information you acquire professionally or socially which is considered professionally or medically confidential, from anyone (including the media) other than your immediate clinical instructor. This includes any information about a patient's or student-athlete's medical condition, the treatment and rehabilitation of any medical condition and any information that you acquire in the locker rooms, athletic training facilities, physician's offices, student health services offices or any information that is not considered to be public knowledge. Any violation of this Confidentiality Policy is unacceptable and may result in immediate suspension from the clinic and possible termination from the program.

Professional conduct for all athletic trainers includes nondiscriminatory behaviors, honesty, and respect for patients, fellow athletic training students, students, student-athletes, coaches, supervisors, certified athletic trainers, Athletic Department personnel, medical professionals, university staff and

teachers/professors. Your conduct while completing any clinical rotation will be professional and courteous in nature. Nothing less will be accepted, and any breach may be considered a violation of the NATA Code of Professional Practice. Any offense may be subject to disciplinary action as deemed appropriate by the Plymouth State University Athletic Training Program Administration.

Students are required to complete annual training and review the laws and regulations governing patient confidentiality via an online learning module in Canvas. Upon completion of the learning module, students must pass the associated quiz with a score of $\geq 80\%$.

Emergency Action Plan Review Policy

Having and being familiar with Emergency Action Plans (EAP) is a critical component of prevention and appropriate care planning. EAPs are site and situation specific. CAATE mandates that all accredited programs and associated clinical sites have Emergency Action Plans posted for each venue. The EAPs for PSU athletics may be reviewed here:

https://athletics.plymouth.edu/documents/2023/8/25/Plymouth_State_Athletics_EAPs_August_2023_-_signed.pdf

AT students are required to review all EAPs for their assigned clinical sites prior to beginning a clinical experience. The AT student must review the designated EAPs, and the student's role(s) with their clinical preceptor within the first week of their clinical rotation and then complete the EAP Review form available on ATrack. EAPs should be reviewed between AT students, AT teams, and clinical preceptors on a regular basis, including before every competition.

Communicable Disease Policy

Communicable diseases are classified as conditions, illnesses and diseases that can be transmitted from one person to another. Athletic training students who have known communicable diseases are required to practice a level of Universal Precautions such that disease transmission is prevented. Specifically,

- ✓ Dermatological conditions (i.e. contact dermatitis, impetigo, etc.) are prevented by wearing non-porous gloves and seeking appropriate medication.
- ✓ Respiratory diseases (i.e. colds, flu, etc.) are prevented by frequent hand washing, awareness of environmental surface contamination and cleansing.
- ✓ Bloodborne diseases (i.e. HBV, HIV, etc.) are prevented by wearing non-porous gloves.

Students may ask for a leave of absence from clinical practice when feeling ill or during the infectious stages of the disease by contacting his or her preceptor and the CEC. No preceptor may penalize a student for taking a leave of absence, no matter how brief or how long. If a student is

unable to complete the clinical experience by the end of the semester/grading period, an incomplete will be recorded. When the student can return to the clinic and the clinical work is completed, the incomplete will be changed to the appropriate grade.

Bloodborne Pathogens Policy

Bloodborne Pathogens and Universal Precaution Education and Training

Athletic training students are required to complete annual training in the appropriate use of Universal Precautions and management of Bloodborne Pathogens. At the beginning of each year, students complete an online learning module in Canvas and must pass the associated quiz with a score of $\geq 80\%$.

Universal Precautions

Bloodborne pathogen infectious diseases can have catastrophic health consequences if appropriate preventative strategies are not used. The most notable of these pathogens are communicable diseases like human immunodeficiency virus (HIV) and Hepatitis B (HBV) and Hepatitis C (HCV) viruses. Even though the risk of transmission during athletic activities is low, emphasis must be placed on educating student-athletes, athletic trainers, coaches and other Athletic Department staff about the risks.

The concept of universal precautions assumes that there is a potential presence of infectious agents in all patients. The same procedures shall be used for all situations, not only when identified infectious agents are present. When this concept is applied uniformly to all patients, the risk of transmission should be reduced.

All Athletic Department members, including student-athletes, equipment room personnel, certified athletic trainers, athletic training students, coaches, administrators, and support staff will fall into one of three categories.

1. Potential for exposure to blood, body fluids and tissues¹.
2. No exposure to blood, body fluids and tissues, but exposure or potential exposure can arise.
3. No exposure to blood, body fluids and tissue.

¹ blood, body fluids and tissues include, but are not limited to amniotic fluid, blood, body tissues, feces, nasal secretions, saliva, semen, vaginal secretions, urine, vomitus, wound drainage, cerebral-spinal fluid, pericardial fluid, pleural fluid, synovial fluid or other body fluid containing visible blood or other unidentifiable fluid. Note that tears and perspiration are not included, unless they contain visible blood.

For people in category 1, protective measures should be required and reviewed annually. For people in category two, protective measures should be readily available and reviewed annually. For people in category three, no protective measures need to be available, but educational measures could be appropriate. (People in this category are not called upon to perform or assist in emergency medical care or first aid or to be potentially exposed in any other way as a condition of employment.)

In addition to this policy, there is also a BBP Program on file with the Campus Manager of Environmental Health and Safety. This policy can be used as a reference or guide, when necessary, in conjunction with this plan.

In the Athletic Training Environment:

1. Wear latex/non latex gloves when there is any potential contact with blood, body fluids, mucous membranes or non-intact skin or when equipment is exposed to such contamination. Be sure to ask if the person has a latex allergy and wear non-latex gloves, if appropriate. Gloves should be changed immediately after use on each individual and placed in the proper receptacle.
2. Hands should be washed, with soap and water, before gloves are put on and after gloves are removed. If soap and water is not available, use appropriate alcohol-based hand sanitizer.
3. Wear a mask/goggles when splattering, aerosolization or spurting of blood or body fluids is possible.
4. Any athletic trainer with a bleeding or oozing skin condition (ex. weeping dermatitis) should refrain from all direct student-athlete care until the condition resolves. Any existing wounds, abrasions, etc. should be covered before providing care to the student-athlete.
5. Student-athlete's existing wounds, abrasions or cuts, which begin to bleed during a practice or game, should be covered with a protective dressing to avoid re-injury.
6. Wounds that are bleeding must be covered by a dressing/bandage that will prevent blood from oozing through the dressing/bandage. Use a "Blood Clotting" spray or powder to stop and treat the wound, then sufficiently cover the area.
7. CPR pocket masks should be used for any mouth-to-mouth breathing techniques.
8. Any clothing or towel that is contaminated with blood or other body fluids must be removed, so as not to touch any other body area. Pre-treat the item with an appropriate cleaner and place these items in a large red biohazard bag so they can be disposed of or properly laundered. Laundered items should be brought to the attention of the athletic equipment manager.
9. Practice safe disposal of medical waste and sharps.

Protocol to be followed in the Athletic Training Clinics:

Students should review all appropriate and site-specific BBP and UP Protocols and Policies with their clinical preceptor at the beginning of each clinical experience and then adhere to those protocols and policies.

General recommendations for BBP safe practice include:

1. Familiarize yourself with the location of the Sharp's container(s) in each facility.
2. Dispose of all sharp items (anything that can potentially puncture the skin) such as scalpel blades, razors, needles, pins, tape cutter blades, etc... must be disposed of after use in a puncture-resistant, closeable, clearly identified Sharp's container. Never attempt to reach into a Sharp's container
3. Identify the nature and location of blood spill supplies and personal protective equipment available in site specific clinical spaces and use as appropriate in the event of large blood spills or contamination
4. After any blood spill is cleaned up, an appropriate surface cleaning solution must be used on the contaminated area, and everything must be disposed of properly.
5. Every clinical location should have a red biohazard waste receptacle. Any medical waste from the AT facility should be disposed of here. This includes any gauze, gloves, bandages, etc. with liquid or semi-liquid blood or other potentially infectious materials, items caked with these materials, items that would release blood or other potentially infectious materials if compressed or any reasonably anticipated presence of blood or other potentially infectious material. Small red biohazard bags containing smaller amounts of contaminants are also placed in the red biohazard waste receptacle. Once the red biohazard receptacle or red biohazard bag is full, it will be properly disposed of and a new bag inserted.
6. Surfaces and equipment in the athletic training facility that have been contaminated with blood or body fluids must be properly cleaned before they can be reused. These surfaces and equipment should be cleaned with an EPA approved disinfectant; this includes all athletic training facility tables and equipment.
7. All clinical treatment tables should be cleaned (appropriate sprays or wipes) between each patient use.
8. Whirlpools must be drained and cleaned each day. No one should be allowed to use the whirlpool if they have any open wounds, cuts, abrasions, or non-intact skin. Before the whirlpool is filled it should be cleaned and wiped down with an appropriate germicide. Appropriate whirlpool hygiene and maintenance should be practiced.
9. Food and drink are generally prohibited in the athletic training clinical facilities or any environment in which exposure to blood, body fluids or other potentially infectious materials may occur.

Protocol to be followed for Outdoor Activities:

During outdoor practices and games, the supervising clinical preceptor is responsible for ensuring appropriate BBP / UP equipment is available for use.

1. Athletic training students are expected to follow proper UP procedures when caring for open wounds, covering wounds, disposing of contaminated materials, hand washing, and cleaning equipment.
2. If an athlete's clothing is contaminated during practice, the clothing should be removed properly (while wearing latex gloves), sprayed with a germicide, then placed in a large red biohazard bag to be laundered properly by the equipment room personnel. During

competitions, either the certified athletic trainer or team physician makes the decision as to whether the clothing should be removed.

3. If a surface or piece of equipment is contaminated with blood or body fluids, the surface/equipment should be cleaned with an EPA approved cleaner (i.e. Envirocide).
4. Know the NCAA Blood guidelines for the sport to which you are completing your clinical rotation (in regard to blood and competition).
5. Know the appropriate High School Athletic Association rules and guidelines for any sports to which you may be exposed at the secondary school level in regard to blood and competition.

Post-Exposure Plan:

1. Any member of staff, student-athletes, managers or athletic training students who are exposed to blood or other potentially infectious materials or believes he or she may have been exposed, must report that incident to his or her supervisor as soon as possible, and no later than within 24 hours. An exposure occurs when any mucous membrane or non-intact skin (including, but not limited to acne, hangnails, cuts, abrasions, scabs, etc.) has come in contact with blood or other potentially infectious materials from another person.
2. Documentation of the incident is required.
3. Immediately following a report of an exposure incident, the exposed employee will be given the option of a confidential medical evaluation and follow up, including:
 - Documentation of the routes of exposure.
 - Circumstances of the exposure incident.
 - Identification of source individual, unless it can be established that this is infeasible or prohibited by state or local law
 - The source individual, may be asked for their consent in order to be tested for HIV, HBV, and/or other bloodborne pathogens as deemed necessary by a medical professional
4. The exposed individual will be made aware of the test results of the source individual and informed of the confidentiality laws on identifying individuals with HIV or HBV.

Use of Electronic Devices and Social Media Policy

Athletic training students are reminded that they are expected to abide by patient confidentiality policies and to always comport themselves in a professional manner when engaging in their clinical education experience. Students are not to be on their mobile devices when in clinic, at practices or at games unless they have specific permission from their clinical preceptor and the use of said device is for a clinical or educational purpose. Students are not to post any potentially identifying pictures of any athletes or patients on any social media or internet platform without express permission and a written release by the individual in question. Any violation of this policy that is deemed a violation of patient confidentiality standards may result in the athletic training student's probation or suspension from the clinic, failure of a clinical course or dismissal from the athletic training program.

Athletic training students are cautioned regarding social media interaction with clinical patients. It is incumbent upon the student to not adversely affect their professionalism and professional learning environment by engaging in unprofessional and inappropriately social behaviors with other students who are, or who may become, clinical patients at the collegiate level.

Athletic training students completing clinical experiences at a high school, preparatory school, or other settings that include minors are expressly forbidden from engaging or interacting with any patients or other students at the clinical site (whether they are minors or not) on any social media platform. Failure to comply with this policy may result in the athletic training student's probation or suspension from the clinic, failure of a clinical course or dismissal from the athletic training program.

Personal Relationship Policy

Students in the athletic training program are adults and future professionals and are expected to act as such. The development of close interpersonal relationships of a romantic or sexual nature between athletic training students and adult student-athletes is discouraged because of the risk of professional or personal compromise and conflict of interest. If, however, a situation arises where an athletic training student is dating a collegiate student-athlete, there is an expectation that all parties will behave with appropriate behavioral decorum and professionalism in the athletics or athletic training environment. If a personal relationship becomes a problem and the athletic training student cannot perform his/her duties objectively, the athletic training student may be removed from the clinical placement, which may adversely affect the student's ability to complete their clinical requirements and negatively impact their grade.

Athletic training students placed at secondary school clinical sites are expressly forbidden from engaging in **ANY** social or personal relationships with any students, student-athletes or patients associated with the site, even if those individuals are over 18 years of age. Athletic training students

must maintain strict professional relationships with all placement site students and patients in these settings. Any suspected or reported violation of this policy will result in the student's immediate suspension from the clinical site, a mandatory meeting with the CEC, and may result in probation and/or severance from the program.

Bias and Harassment Policy

PSU, Athletics, and the AT Program do not abide bias or harassment in the athletic training clinical or classroom spaces. AT students who behave in a biased manner or who express verbal bias, may be warned by their clinical preceptor, reported to the CEC and possibly suspended or severed from their clinical education experience or the AT program, depending on the severity of the issue as determined by the AT administrators, faculty and staff.

Any AT student who experiences either verbal bias or biased behaviors from others while engaging in their clinical experience, should report to their clinical preceptor. If their clinical preceptor does not adequately address the problem, the student should report the problem to the CEC or to the PSU campus compliance officer. Any actions taken will be complaint with university policy.

Mandatory Reporting Policy

Healthcare workers are legally mandatory reporters according to various state laws. This means if you are working with minors and have reasonable suspicion of child abuse or neglect, you are required by law to report your suspicions. For athletic training students, you should report any reasonable suspicions directly to your clinical preceptor who will then take the lead role in completing a legal mandatory report.

If you are an AT student working with adults and you develop reasonable suspicion that one of your patients / clients is being abused, you should first have a conversation with that person if you are comfortable doing so. If you are not comfortable directly addressing your concerns, please speak with your clinical preceptor to share your concerns and let them manage the situation from there.

Clinical Dress Code

Athletic training students are expected to represent themselves as future professionals and to dress and be groomed in a manner appropriate to profession for all clinical experiences. Remember that you are representing PSU, PSU Athletic Training, and yourself throughout the clinical experience. Please communicate with your preceptor about any site-specific dress codes as they may vary in different environments. Students are expected to always comply with any site specific dress requirements.

General dress code requirements for PSU Clinical Experiences include the following:

- Khaki or khaki type pants or shorts are preferred.
- All shorts must be structured with a minimum 4” inseam or reach mid-thigh. No running or loungewear type shorts.
- Jeans, leggings, yoga pants, and sweatpants are not allowed
- Clothing should be neat and free of rips or tears
- PSU Athletic Training logo T-shirts or collared game shirts are strongly encouraged in the clinic and may be required by individual preceptors.
- No tank tops or sleeveless tops allowed.
- No T-shirts or sweatshirts with graphics, logos, inappropriate images, comments or advertisements.
- Attire with other school logos should be avoided.
- Game day attire should be discussed with and approved by the preceptor but generally includes khaki type pants and a collared PSU AT game polo.
- No sandals, slides or otherwise open-toed shoes are allowed in a healthcare facility, athletic training clinic, or at athletic practices or events.
- Hats may be worn outside but are discouraged in the clinic.
- All students should dress appropriately for the weather. Students are strongly encouraged to invest in appropriate and durable rain and cold weather gear.

Clinical Supervision Policy

Preceptors who supervise students in the athletic training program at Plymouth State University are required to complete mandatory preceptor training for the program. All preceptors are required to maintain constant direct auditory and visual supervision of their assigned athletic training students. AT students may not be left unsupervised at any time they may be in direct contact with patients either in the clinic or on the practice or game field. If a student finds themselves without supervision because their preceptor has stepped away, it is the student's responsibility to know their allowed scope of practice and to avoid any direct patient interactions until their supervising preceptor returns to direct supervision.

Clinical preceptors are expected to meet with each assigned student at the beginning of any clinical experience to discuss specific expectations, site or sport specific policies, and the student's individual learning goals. Preceptors should review relevant site-specific Emergency Action Plans (EAP) with each student at the beginning of the clinical experience and then routinely revisit and review the EAPs with students before practices and events.

It is the responsibility of the preceptor to approve the completed clinical hours (on ATrack) for each assigned student. Preceptors are also responsible for completing periodic clinical learning goal assessments and clinical evaluations for their assigned students and meeting with those students to discuss their evaluations and provide feedback.