



Policies & Principles: Best Practices & Recommendations for the Practicing Athletic Trainer

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- I have no disclosures.



- Examine policies, procedures and facilities to ensure the safe, effective and legal provision of athletic healthcare services including:
 - patient confidentiality
 - Employee safety
 - bloodborne pathogens
 - hand washing
 - electrical safety
 - emergency preparedness and behavioral health

Objectives

- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties

BOC Standards of Professional Practice:
Professional Responsibility

- Five high school wrestlers filed a lawsuit seeking \$12 million for (MRSA) bacterial infections contracted from a sodden wrestling mat that allegedly had not been cleaned for seven years.
- MRSA resulted in the wrestlers having to undergo multiple surgeries to remove infected tissue and endure weeks of intravenous antibiotic therapies.
- According to data from the CDC, approximately 19,000 people die from MRSA infections each year.
- The pleadings in the lawsuit assert negligent failure to fulfill the duties to provide a safe playing environment, to monitor athletes for injuries and incapacities, to provide adequate immediate medical assistance, and to develop an effective emergency medical response plan.

Lucia, et al v. Rocky Point Union Free School District (NY)

- Lawsuit filed by the family of a 16-year-old basketball player against a school that leased its gymnasium to be used for an AAU tournament during which the victim collapsed and later died.
- After the player fell to the floor, an ER physician and a nurse who separately were in attendance to watch the game came out of the crowd to render assistance.
- They immediately began performing CPR, and requested AED, but one was not available on-site.
- The suit asserts the school failed to develop and implement an emergency medical response plan for athletics events and that by failing to have an AED available, the school also failed to fulfill its duty to provide a safe playing environment and to provide adequate immediate medical assistance.

Cullum v. Riverside-Brookfield Township School District 208 (IL)

- Jury awarded \$990,000 to a former high school football player who was allowed to continue practicing and playing after suffering a concussion and who then suffered permanent brain damage from subsequent “Second Impact Syndrome” head injuries.
- The case is notable for the jury’s finding of negligence against not just the district and its athletics personnel, but also against a school nurse to whom the injured player was referred, but who failed to diagnose the concussion or to refer him to a physician for a follow-up evaluation that might have identified the true extent of his head injuries.
- Injury was so severe that he had to eventually be placed into a medically-induced coma, undergo surgery to relieve the swelling of his brain and remove a blood clot that had formed near his brain stem, and has left him confined to a wheelchair.

Strough v. Bedford School District (IA)



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PUBLISHED APRIL 2013
Updated March 2015

BOC Facility Principles

- Is your program EXEMPT from state or federal OSHA regulations?
- Is your program EXEMPT from compliance with Title IX?
- Is your athletic training facility EXEMPT from federal ADA requirements?
- Do you have any other licensed healthcare practitioners besides the Athletic Trainer working in your organization?
- Do you have someone who is responsible for risk management for your organization?
- Are student athlete/patient health records managed in paper or electronic format?

Preliminary Questions

- Employee education about storage and handling of confidential patient information is available (i.e., FERPA and HIPAA)
- Communication to employees about storage and handling of confidential patient records occurs
- All interactions between patients/athletes and Athletic Trainers or other healthcare providers are documented in the health records of each patient/athlete and securely maintained
- The facility has a locked file cabinet for all patient health files
- Electronic and paper copies of health information are protected and accessible/transferred only to authorized individuals. (i.e., FERPA, HIPAA and HiTECH)
- There is a place to have private conversations with patients and/or their parents
- Communication occurs with employees about their responsibility for ensuring the confidentiality of healthcare information
- Evidence of the above communication is documented

Privacy & Confidentiality

- What other licensed healthcare practitioners besides the Athletic Trainer are working in your organization?
- Who is responsible for risk management at your organization?
- How are student athlete/patient health records managed in your facility? Pros/Cons?
- Do you receive formal training about confidentiality, privacy, HIPPA and FERPA laws in your organization? Who oversees this?

Round Table Discussion

- Employee education about bloodborne pathogens is sufficient
- Communication to employees occurs on a regular basis
- Evidence of the above communication is documented

Employee Safety: Bloodborne Pathogens



- Personal protective equipment is available for employees
- Employee education and information is sufficient
- Communication to employees about the required use of personal protective equipment occurs
- Evidence of the above communication is documented



Employee Safety: Personal Protective Equipment

- Employee education for disposal of biohazardous or sharps materials is sufficient
- Communication to employees occurs
- Evidence of the above communication is documented
- Separate containers or receptacles for the disposal of biohazardous materials are available within the athletic training facility
- Secure containers for disposal of sharps is available within the athletic training facility



Employee Safety:

Disposal of Hazardous Materials

- Adequate facilities for hand washing or hand sanitation are available throughout the athletic training facility
- Employee education about hand washing and personal sanitation is sufficient
- Communication to employees occurs
- Evidence of the above communication is documented

Employee Safety: Hand Washing



- Electrical outlets near water sources have ground fault interrupters (GFIs)
- Electrical devices and GFI outlets used near water sources are inspected annually by appropriately licensed/certified electricians/technicians
- Devices such as ultrasounds, electrical muscle stimulators or other units used on patients are inspected and calibrated annually
- Inspection and calibration are documented and archived per the organization's document retention policies

Employee Safety: Electrical Safety

CALIBRATION

EQUIPMENT NO. _____

DESCRIPTION _____

BY _____ DATE _____

NEXT CALL DUE _____

- Does your organization require bloodborne pathogen training? Who oversees this? How is this documented?
- Do you have a plan in place for exposure to BBPs? Is it posted in your facility?
- Do you have a plan for disposal of BBPs? Does the plan meet OSHA guidelines?
- What is your plan for electronic safety checks and calibrations for your therapeutic modalities and exercise equipment? Is this being documented?
- Does your facility have a handwashing policy in place? How are you ensuring best hygiene and sanitary practices of your facility? Is this documented?

Round Table Discussion

- An EAP is developed for each facility/venue where injuries may occur
- EAP is communicated and practiced/drilled by employees
- Evidence of the above communication is documented
- Senate Bill 82 (2007)

Emergency Preparedness: Emergency Action Plans

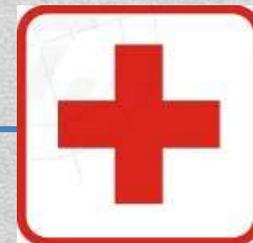


National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics

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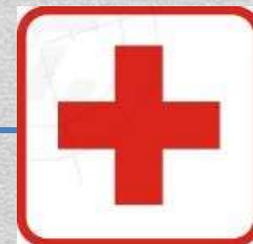
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Emergency Preparedness: Emergency Action Plans



- Must have a written emergency plan
- Distributed to to key personnel
- Identifies personnel involved in carrying out the emergency plan and outlines the qualifications of those executing the plan
- Equipment needs and location
- Clear mechanism of communication
- Venue specific
- Incorporates the emergency care facilities to which the injured individual will be taken
- Specifies necessary documentation supporting the implementation and evaluation of the emergency plan
- Reviewed and rehearsed annually

Emergency Preparedness: Emergency Action Plans



Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Collegiate Level: An Executive Summary of a Consensus Statement

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Behavioral Health Plans

- Develop a plan to include a policy statement and procedures for identifying and referring student-athletes with potential mental health concerns
 - Should include emergent mental health referral
- Have a team in place to address the psychological concerns of student-athletes (team physician, ATs, campus counseling services, community-based mental health professionals)
- Mental health assessment (pre-participation exam)
- Approaching the student-athlete
- Confidentiality

Behavioral Health Plans

- The student-athlete's approach indicates a need to talk with you.
- Stop what you are doing, look at the person, and listen.
- Listening is the most important part of communication.
- It is hard to talk and listen at the same time.
- If you listen well, you will know when to speak and what to say.
- Accept what you are given.
- Ask questions for clarification without judging.
- When it appears the person has finished talking, ask if there is anything else he/she needs to say.
- Indicate that you are glad he/she came to you and that you want to help.
- Make the necessary referral and encourage/support its acceptance.

Responding to Athletes

- Emergency Action Plans
 - Does your EAP meet the recommended best practices?
 - Are you practicing your EAP annually? Is this being documented? Lessons learned?
- Behavioral Health Plans
 - Do you have a plan in place for behavioral health issues? What have been some of your biggest challenges/successes? What other healthcare disciplines and/or professions in your organization could assist in creating a plan?

Round Table Discussion
