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Policies and procedures manual for the NIU ATEP

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Northern Illinois University

Policies and Procedures Manual for the NIU ATEP

A Project Submitted to the

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With Upper Division Honors

Department of Kinesiology IPhysical Education

By

Lisa-Marie Shewalter

May 14,2005

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Department of: KINESIOLOGY & PHYSICAL EDUCATION

Date: MAY 16, 2005

Honors Thesis Abstract
Thesis Submission Form

AUTHOR: Lisa-Marie Shewalter

THESIS TITLE: Policies and Procedures Manual for the NIU ATEP

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ABSTRACT (100-200 WORDS): The purpose of this project was to create uniform communication between the NIU Athletic Training Education Program (ATEP) students and faculty at the ATEP clinical sites. Students involved in the ATEP are placed at various schools in the area as part of their clinical education and supervise all sports practices and activities. There is a potentially dangerous communication gap that currently exists between these allied health faculty and students. This creates a need for consistent and open communication so that in case of emergency, all ATEP members will know what to do. To solve this problem, the process included three parts. The first was to open up discussion and survey professional members of the ATEP. These results are presented in part one of the project.. Their ideas were then used to create a uniform plan of action in the case of athletic injuries. This is presented in part two of the project. Finally, the manuals were given to members of the ATEP along with meetings scheduled to be held at the beginning of each semester.. This will address any new issues, allow everyone to meet new ATEP members and discuss any necessary changes in the manual.

Part 1:
Initiating Contact and Surveying ATEP Members

Part 1: Initiating Contact and Surveying ATEP Members
Methodology

To be able to collect information from various faculty members at affiliated ATEP clinical sites, I first set out to make contact and introduce my project and myself. A letter was written that explained the project and what was to be accomplished with their help. The letter was sent to approximately 27 people, consisting of nurses, social workers, guidance counselors, coaches and athletic directors. The letter was a preemptive measure to introduce them to the project and inform them that they would be receiving shortly a survey to be reviewed and returned.

The surveys were sent out approximately two weeks after the letters. The survey consisted of five questions that required detailed answering. The questions were formed as a result of discussing with current athletic training students (including myself) what they thought were situations that they were not sure of how to handle appropriately and safely. These situations included how to deal with athletes when facing serious personal issues, such as eating disorders, suicidal or depressive expressions, and signs of abuse or neglect. The faculty that were mailed the survey were asked to explain appropriate actions that athletic trainers and athletic training students should take when dealing with these situations, and who they should contact in this type of event. After a few weeks only 5 of the 27 faculty members had responded to the survey, or about 19%. This poor response turnout could be attributed to various reasons. Initially, the intent was to meet all of these professionals, but due to scheduling conflicts this could not be achieved. By meeting with the surveyed faculty personally, a greater percentage would have felt more inclined to respond. Also, with the hectic schedules that many of the faculty face, many

may have found it hard to find time to answer the survey thoroughly. The survey could have also been simply lost in the mail. Whatever the reason, the few that did respond gave some insightful help and information as to what should be done. Some of their answers were very similar and even repetitive, so further action to elicit a response from the other faculty members was not warranted. With this information, along with the information found in various athletic training sources, the second phase of the project, creating a policies and procedures manual, was then begun.

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March 16, 2005

[Name
School
Address
City, state, zip
Phone]

Dear [name],

My name is Lisa Shewalter and I am an Athletic Training Student at Northern Illinois University. I am conducting an independent study project as part of my senior year studies. My project is to implement communication with you and fellow faculty members and the head Athletic Trainer that is working with your school's athletes. Your school is a part of the NIU Athletic Training Education Program (ATEP). This means that NIU provides your athletic program with a Certified Athletic Trainer (ATC) as well as Athletic Training Students CATS's) to supervise athletic practices and games as well as aid in the prevention, treatment, and rehabilitation of athletic injuries. As a member of the [department] you playa very important role in the lives of your students. I am writing this letter to you because as a member of the NIU ATEP I recognize that importance and would like to set up a more formal relationship between you and the NIU ATEP to help ensure the safety of the athletes of [school].. There is a potentially dangerous gap in communication currently that could be helped with some feedback from you and other professionals at your school.. After obtaining this feedback I hope to establish communication between you and your school's athletic training staff by having

a meeting each semester. This meeting would serve two purposes: to introduce you to your school's Athletic Training staff that changes each semester and to get feedback from you as to how to effectively communicate when a problem arises. I will also use this information to create a policy and procedures manual for future NIU ATEP students to follow when they begin their time at your school. By creating this it is my hope that the student athletes will receive the best care possible. I understand that you are also very busy which is why I would like to make this process be less of a burden and more of a solution. I feel the easiest way to obtain feedback is via e-mail. I will be sending you soon a survey in this format that you can respond to at your convenience. But please let me know if you prefer to be contacted over the phone or to meet in person. Thank you in advance for your time and help with this important issue.

Sincerely,

Lisa-Marie Shewalter

ATEP SURVEY RESULTS

Question I-What type of lines of communication would you like to see in place at your H.S. between you and the Athletic Training Staff that is at your school? Can you think of any examples where communication was necessary?

A-I would like to see a more formal form of communication imposed. I think it would be beneficial if we could set up a formal meeting between the two groups either at the beginning of each year or if necessary at the beginning of each semester

A-I would like to have a list of contacts between the two groups. It should state their name, title, and number where they can easily be reached, listing them in priority (i.e. first, second, third).

A-communication should be set up between us so that we know when you are here at the school and what office hours you have and vice versa. We also need to know what you can and can't do and what we maybe can do for you, dependent upon the situation. For example, if an athletic trainer did witness an athlete cutting themselves and it was during school hours that they would notify the social worker on duty, or if it was an issue with grades then they would notify the guidance counselor..

A-I think that our lines of communication need to be greatly expanded. Currently I have only talked to the athletic trainer once. I don't know if that is a result of bad

communication or if there have been any situations where my assistance was needed, but I do think weekly communication is a good idea. For example there are many situations in which an athlete may hurt themselves during school hours and still wait to see the Athletic trainer instead of coming to me. This should not happen. But if it is a case where the athlete becomes ill after school, I need to know so that I may take appropriate action immediately or the next day at school..

A-I think that the lines of communication do not need to beextensive between our two parties however they do need to exist.. I think that an annual meeting is fine between the two of us. If a member of your staff feels they have a situation that I may have to address, then I would be more than happy to assist..

Question 2- What would you suggest either an ATC/ ATS should do if it's later in the evening or night and they notice that an athlete might need to be monitored for their safety? Do they tell the parents, coach, A.D., let the athlete go...what steps would you take?

A-If it is a weekday night depending on who is attending the game I would have the athletic trainer simply notify the coach or the parents and then inform the appropriate staff member (social worker, counselor) in the morning.

A- I would not let the athlete go unless I was sure that they were safe. Check to see if the child's parents are present.. If not, find a member of the staff that can direct you to that

information. If the athletic director were available I would inform him of the situation. If it is found that action is necessary, there is always a social worker available and on-call.

A-whatever action is taken, documentation needs to be made. Whoever was called, what time and the nature ofthe situation should be recorded immediately in case oflegal action. The AD needs to be notified immediately as well as the social worker and counselor assigned to the student..

Question 3- Would these steps change if it were a Friday night, when everyone is gone for the weekend?

A-If it is a Friday night and you are not sure what to do then at that point there are only a few choices. You can either tell the student's coach or tell the parents. If for some reason you feel that it would be detrimental to the student's health to tell either ofthese two people then you could call our crisis hotline or the police department.. If you feel that it is a matter that is stemming from family abuse, I am legally obligated to contact DCFS if the student is a minor.. Whatever happens, the social worker needs to be contacted Monday morning and notified of the situation if they haven't been already.

A-You can still notify the social worker on duty. They are available even after hours and are assigned to deal with emergency situations. The parents or guardians should also be notified unless they are the cause for concern. Before any medical treatment can be given we have to have their permission. The only way we don't is ifDCFS is involved.

Question 4- If an ATe/ ATS overheard a conversation between some students about things that could be dangerous (suicide, eating disorder, etc.) who should they contact and what would be the proper chain of command if you cannot reach the typical contact person.

A-They should contact the social worker as soon as possible. There are fully aware of the confidentiality issues one might be facing and would be the best prepared in dealing with these types of situations. If for instance this is over the weekend as long as the discussion wasn't suicide then it could wait until Monday morning so that someone more qualified could talk to the athlete. However, if the conversation did mention suicide then steps should definitely be taken that night.. If their was emergency contact information then I would call the parents so that the athlete wouldn't see the athletic trainer talking to their parents and lose trust in them (one thing to remember in these situations if you lose their trust that is better then their life). If there were no contact information available I would notify the coach.

A- Unfortunately there are instances where a child is dealing with serious psychological diseases such as anorexia, bulimia, or depression. These situations can sometimes be very delicate so I would suggest that rather than trying to talk to the student yourself, the social worker on duty should be notified. They professionally trained to handle this situation. While the student is being evaluated and treated, it is important to not treat

them differently. By giving them special attention (or lack of) it can cause greater repercussions. Depending on the case they mayor may not be able to return to their sport. Other teammates though should not be divulged the nature of the situation, as that not only violates the child's privacy but can be deterrent to their recovery.

Question 5-If a student athlete confided in the *ATC/ATS* with very personal information and this information causes the *ATC/ATS* to raise concern about the athlete's well-being, but may not be considered a medical emergency, what would you suggest the *ATC/ATS* say to the athlete?

A- The social worker should be notified as soon as possible in either situation regardless. If this information is not life threatening but is limited or vague then the athlete should be re-engaged to find out as much information as possible. That way when the social worker or appropriate personnel is contacted they will know what if any steps should be taken.

A- When a child presents confidential information to you, and it is of a deviant nature, then we should be informed of the situation. If you ever have any questions or concerns, please let us know. The situation can even be presented without revealing the child's name if you feel more comfortable. We will let you know if action is necessary or at least give advice on what you can do. If ever in doubt, ask!

Part 2:
Creation of a Policies and Procedures Manual

Part 2: Creation of a Policies and Procedures Manual
Methodology

Once the surveyed information was gathered, a policies and procedures manual was created. The manual would serve as the guide for all members of the ATEP (Athletic Training Education Program) to implement at the various ATEP sites. The ATEP consists of the NIU athletic training program as well as six area high schools and one community college. More emphasis and effort was put forth to address the issues that athletic trainers and athletic training students may face while working at one of the high schools due to the age of the athletes that were being handled. In the case of administering treatment to athletes that are minors, proper protocol must be maintained.

To prepare the manual, many areas were put into consideration. By researching current athletic training literature as well as observing the actual athletic training room procedures used at the ATEP sites, several key issues were addressed. To properly operate an athletic training program, the safety and security of the athlete is always considered. This includes establishing protocol for various emergency situations such as environmental, and physical distress as well as how to properly handle day-to-day routine. Ground rules had to be established for both ATEP staff as well as for the athletes, and a code of ethical behavior had to be agreed on so that everyone could be clear on behavior or actions that would be deemed inappropriate. Also, because communication was currently inexistent between athletic training staff and school faculty, the roles and responsibilities of each ATEP member had to be established. For faculty members that may not have been aware of current legal issues that athletic training staff practice under, sections on OSHA (Occupational Safety and Health Administration) and HIPAA (Health

Information Portability and Accountability Act) were also included. By having all of this information put together in one uniform manual, there should be an increase in efficiency of handling emergency situations that will arise in the athletic training program.

Policies and Procedures Manual

Athletic Training Education Program

Spring 2005

ATHLETIC TRAINING

TABLE OF CONTENTS:

Northern Illinois University, DeKalb, IL.

Introduction

The Northern Illinois University (NIU) Athletic Training Education Program (ATEP) policies and procedures manual is intended to serve as a guide for the student athletic body, the program faculty, affiliated organizations, and administrators. All the aforementioned individuals participating in the NIU athletic program are responsible for complying with the policies and procedures in this manual. This manual serves to add to the existing policies and procedures and requirements of the University. The NIU Athletic Training faculty reviews this manual regularly. There may be times whereby items in the manual must change immediately. Notification of changes in this manual will be posted outside the ATEP Program Director's office as soon as they are made and given to each school's athletic director for proper dispension. Formal changes to the manual will be added seasonally.

I. MISSION STATEMENT

The mission statement of Northern Illinois University Athletic Program is to provide the highest quality of care to the student-athlete population while promoting responsibility, professionalism, self-awareness, sportsmanship, improving school spirit, and providing opportunities for school-community relationships to grow.

II. PHILOSOPHY OF CARE

All the members of the athletic department staff at Northern Illinois University adhere to the same philosophy of giving universal care to all the athletes involved in the ATEP. Athletes shall receive the best care possible, regardless of age, sex, ethnicity, or religious background. This care includes providing immediate injury care by recognizing, evaluating, and treating any injury while adhering to the NAT A code of ethics and statutory, regulatory, and case law relating to the practice of athletic training.

III. ROLES AND RESPONSIBILITIES

ROLES AND RESPONSIBILITIES OF THE ATHLETIC DIRECTOR

The Athletic Director (AD) is responsible for the daily operations of the entire athletic department. These responsibilities include but are not limited to the following:

- Scheduling of practice and game events for each sport
- Organizing away game transportation
- Hiring and supervising officiating for events
- Communicating changes in events scheduling and venues
- Monitoring inclement weather and making appropriate game calling decisions
- Working and communicating with all members of the ATEP to address any issues or problems.
- Enforcing appropriate disciplinary and grade-related action toward student athletes

ROLES AND RESPONSIBILITIES OF THE TEAM PHYSICIAN

The team physician is ultimately responsible for directing the total health care of the athlete. In cooperation with the athletic training staff, the physician should be a supervisor and an advisor to the athletic training staff. The responsibilities of the team physician are as follows:

- Seeing that a complete medical history of each athlete is compiled and is readily available.
- Determining through a physical examination the athlete's health status.
- Diagnosing and treating injuries and other illnesses.
- Directing and advising the athletic trainer about health matters.
- Acting, when necessary, as an instructor to the athletic trainer, assistant athletic trainer, and athletic training students about special therapeutic methods, therapeutic problems, and related procedures.
- If possible, attending all games, athletic contests, scrimmages, and practices.
- Deciding when, on medical grounds, athletes should be disqualified from participation and when they may be permitted to reenter competition.
- Serving as an advisor to the athletic training and coaching staff and, when necessary, as a counselor to the athlete.
- Working closely with the school administrator, school dentist, athletic trainer, coach, and health services personnel to promote and maintain consistently high standards for the care of the athlete.

ROLES AND RESPONSIBILITIES OF THE CERTIFIED ATHLETIC TRAINER (ATC)

The Certified Athletic Trainer (ATC) is a highly educated and skilled health care professional. In cooperation with physicians and other allied health personnel, the athletic trainer functions as an integral member of the health care team in a wide array of work settings - including secondary schools, colleges and universities, sports medicine clinics, professional sports programs, hospitals and the military.

ATC's are medical experts in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. Athletic trainers can help you avoid unnecessary medical treatment and disruption of normal daily life; if you're injured, they can get you on the mend and keep you on the move.
Specifically, the ATC specializes in six practice areas or domains:

- Prevention
- Recognition, evaluation and assessment
- Immediate care
- Treatment, rehabilitation and reconditioning
- Organization and administration
- Professional development and responsibility

As part of a complete health care team, the certified athletic trainer works under the direction of a licensed physician and in cooperation with other health care professionals, athletic administrators, coaches and parents. The ATC gets to know each athlete or patient individually and can treat injuries more effectively as a result.

The ATC ensures continual communication between the injured athlete/patient, physician, coach and family on when and how the athlete/patient can return to play or to work. As specialists in the prevention, recognition and rehabilitation of injuries, ATC's can administer immediate emergency care and - under the supervision of the family or team physician - use their knowledge of each athlete's or patient's injuries and the factors influencing them to develop a treatment program based on medical, exercise and sports sciences.

NATA's ROLE

The National Athletic Trainers' Association (NATA) is a not-for-profit organization dedicated to improving the health and well being of athletes worldwide. The Association is committed to the advancement, encouragement and improvement of the athletic training profession. Founded in 1950 with a membership of200 athletic trainers, the NATA today has almost 30,000 members worldwide. The Association sets the standards for athletic trainers through its education programs. Almost 100 universities and colleges offer NATA-approved curricula. Based in Dallas, Texas, the organization provides a variety of services to its membership including continuing education, governmental affairs, certification and public relations. The NATA also publishes the Journal of Athletic Training, a quarterly scientific journal; and NATA News, a monthly news magazine.

ROLES AND RESPONSIBILITIES OF ATHLETIC TRAINING STUDENT

The athletic training student is an undergraduate student at Northern Illinois University enrolled in the Athletic Training Education Program (ATEP). As a part of their education, they are present in the athletic training program to assist with the daily procedures and health care in the NIU athletic program while gaining important practical

experiences. Under the direct supervision of an ATC, they are allowed to practice under the same domains of the ATC as their skills and knowledge increase.

ROLES AND RESPONSIBILITIES OF COACH

The coach is directly responsible for preventing injuries to the student athlete by seeing that the athlete has undergone a preventive injury conditioning program. The coach must also ensure that sports equipment, especially protective equipment, is of the highest quality and is properly fitted and maintained. A coach is responsible to be keenly aware of what produces in their particular sport and what measures must be taken to avoid them. Other responsibilities of the coach include:

- Apply proper first aid when called to do so, especially with head and spine injuries
- Thorough understanding of proper body mechanics
- Engage in continuing communication with the athletic training staff

ROLES AND RESPONSIBILITIES OF THE STUDENT ATHLETE

The student athlete is the key to the NIU athletic program. They play an essential role in working with both the athletic training and medical staff and the coach in preventing injuries. The athlete's responsibilities include:

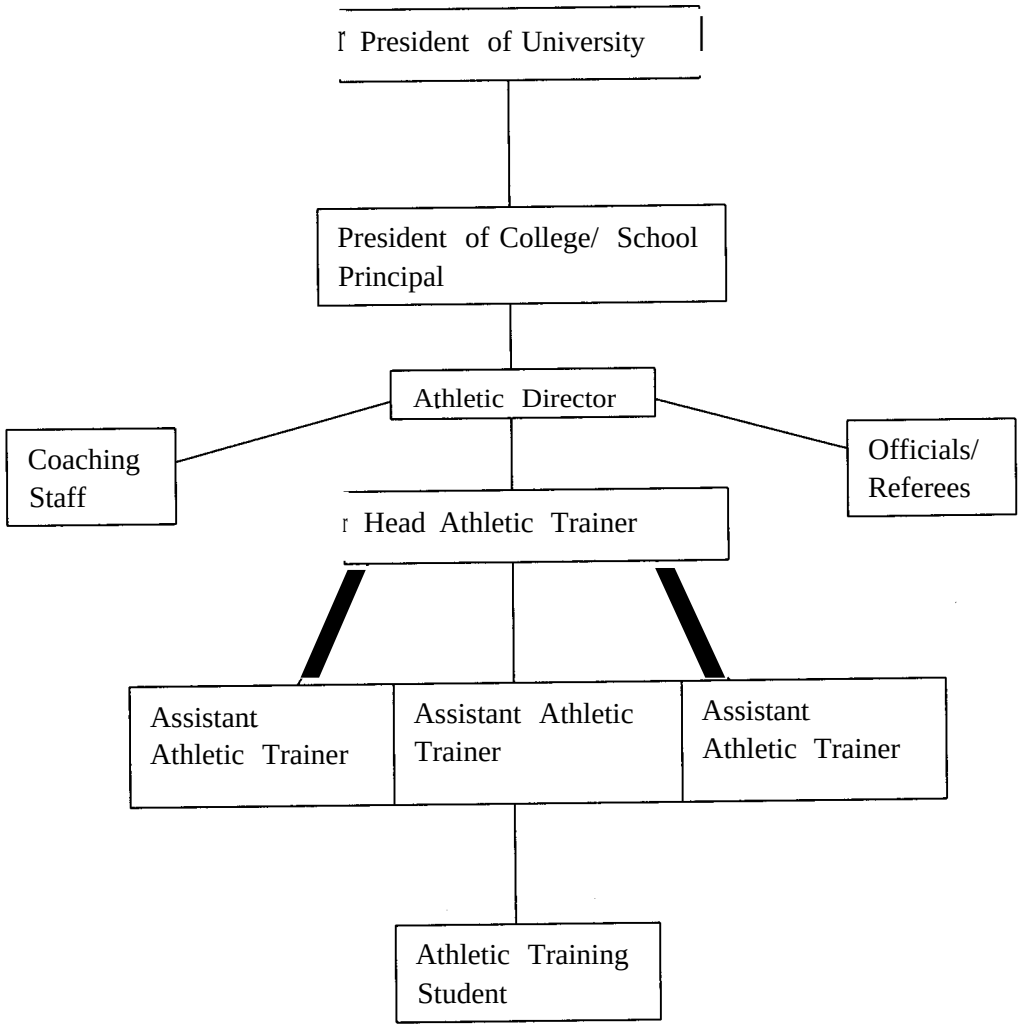
- Maintaining a high level of fitness
- Maintaining a healthy diet
- Participating within the rules and regulations of their sport and their respective school's program as well as the NIU athletic program

ROLES AND RESPONSIBILITIES OF HEALTH SERVICES

Northern Illinois University's Health Services provides health coverage for all the student athletes. Services they provide include:

- Physician and nurses available full and part time
- Emergency medical care
- Diagnosing and treating disorders that include neurological, orthopedic, cardiovascular, ophthamological, internal, dental, and psychological
- Prescribing medicines
- Administration of vaccinations and preventative medicines
- Referrals to specialists (podiatrist, gynecologist)

IV. ORGANIZATIONAL CHART



V. PROFESSIONAL BEHAVIORS

DRESS CODE

The athletic training staff at NIU is required to present themselves in a professional manner that presents a professional image and is conducive to efficient performance of their work tasks. For athletic practices and games, all staff members are required to wear khaki pants/shorts or black/blue wind pants with a collared NIU athletic training polo. Only on non-game/event days maya NIU athletic training t-shirt may be worn instead of a polo.

If a member of the sports medicine staff reports to a game or practice improperly dressed or groomed, the supervisor shall instruct him/her to return home to change clothes or may take other appropriate corrective action.

If you have questions concerning what is acceptable attire, please contact one of the Head/Assistant Athletic Trainers.

ALCOHOL AND DRUG POLICY

Northern Illinois University is committed to providing a safe, drug-free working environment for its staff, athletes, and to protection from unnecessary financial loss due to alcohol and drug use among its employees. Therefore, it is a serious violation of University policy for any employee of the University, in any of its locations or on university business anywhere:

- To possess, use, sell, offer to sell or distribute alcoholic beverages;
- To possess, use, sell, offer to sell or distribute illegal drugs;
- To be under the influence of alcohol or illegal drugs; or
- To misuse, abuse or use excessively any drug, whether legal or illegal.

Northern Illinois University has a no tolerance drug and alcohol policy. Any staff members found to be consuming drugs and/or alcohol in or around the official NIU campus and its affiliations will be immediately removed from the program. The athletic training staff (ATC's, ATS', physicians, coaches) is also not permitted to consume alcohol and/or drugs with any of the student athletes (whether they are oflegal age or not).

This policy is subject to additions, modifications, or deletions from time to time upon notice to employees.

SMOKING RESTRICTIONS

It is the policy of Northern Illinois University to promote a safe and healthy environment for staff and athletes. All members of the NIU ATEP are prohibited from smoking while

in a Northern Illinois University facility and/or attending a Northern Illinois University function.

SEXUAL HARASSMENT

Equal opportunity in the workplace means that the workplace is free of both discrimination and harassment. Workplace discrimination occurs when an employment decision is made on the basis ofrace, color, gender, creed, religion, national origin, age, gender (including pregnancy), disability, veteran/military status or any other status protected by law. Workplace harassment occurs when there is unwelcome conduct based on the protected categories noted above; the harassment may create a hostile work environment (which means that a reasonable person finds the environment hostile) or may create a quid pro quo situation (where a benefit or detriment is conditioned on submission to the offensive conduct). Equal opportunity also means that the workplace is free from retaliation for reporting or participating in investigations of discrimination and harassment. Additional information about this subject is available at the website maintained by the Equal Employment Opportunity Commission that can be found at www.eeoc.gov. NATA encourages its members to create and maintain workplaces free of discrimination and harassment and to report any unlawful behavior to the appropriate parties at their workplace.

Sexual harassment is any form of unwelcome conduct based on a victim's gender. There are two basic types. Most people understand the first type, quid pro quo, in which the victim is threatened or fears some kind of harm in exchange for sexual favors. Sexual favors include requests for dates and social events as well as requests for any sexual touching. The second type of harassment, hostile environment harassment, is more commonly alleged and does not require any threat or promise of benefit: sexual harassment occurs if a harasser by hislher conduct or failure to act creates or allows a hostile, offensive, or intimidating environment. An environment may be hostile if no touching occurs: jokes, pictures, innuendo, comments about a person's body or appearance, sexual remarks about others, gestures and looks, and even more subtle collections of practices may create one.

"OPEN DOOR POLICY"

In an organization the size of Northern Illinois University, it is important to place emphasis on open communication, particularly between you and your manager. The best way to stay informed about policies, changes and opportunities at Northern Illinois University is through the program director. The NIU ATEP also encourages you to share your ideas, suggestions, or any complaints with the program director.

At Northern Illinois University we have an "open door" policy, so if you have talked with your program director and still feel a problem has not been resolved or if, because of the nature of your concern, you want to talk with a person removed from the issue, you may discuss your situation with the head of the college, the president ofthe university, or the Human Resources Department.

CODE OF ETHICS

The NIU athletic training staff must adhere to the code of ethics that are written by the National Athletic Training Association. They have been written to make the membership aware of the principles of ethic behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

NATA CODE OF ETHICS

Preamble

The Code of Ethics of the National Athletic Trainers' Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

Principle 1:

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

1.1 Members shall not discriminate against any legally protected class.

1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or required by law.

Principle 2:

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

2.1 Members shall comply with applicable local, state, and federal laws and institutional Guidelines.

2.2 Members shall be familiar with and adhere to all National Athletic Trainers' Association Guidelines and ethical standards.

2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.

2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

Principle 3:

Members shall accept responsibility for the exercise of sound judgment.

3.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

Principle 4:

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

4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute

knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

Principle 5:

Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1 The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.

5.2 Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.

5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

Reporting of Ethics Violations

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

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

necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

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

VI. OCCUPATIONAL SAFETY HEALTH CARE ADMINISTRATION (OSHA)

OSHA Guidelines and universal precautions will be followed.

NATA Blood Borne Pathogens Guidelines for Athletic Trainer

The NATA recognizes that blood borne pathogens such as HIV, HBV, and HCV present many complex issues for athletic trainers, athletic administrators and others involved with the care and training of athletes. As the primary health care professional involved with the physically active, it is important for athletic trainers to be aware of these issues. The NATA therefore offers the following guidelines and information concerning the management of blood borne pathogen-related issues in the context of athletics and settings in which the physically active are involved.

It is essential to remember, however, that the medical, legal and professional knowledge, standards and requirements concerning blood borne pathogens are changing and evolving constantly, and vary, in addition, from place to place and from setting to setting. The guidance provided in these guidelines must not, therefore, be taken to represent national standards applicable to members of the NATA. Rather, the guidance here is intended to highlight issues, problems and potential approaches to (or management of) those problems that NATA members can consider when developing their own policies with respect to management of these issues.

Athletic Participation

Decisions regarding the participation of athletes infected with blood borne pathogens in athletic competitions should be made on an individual basis. Such decisions should be made following the standard or appropriate procedures generally followed with respect to health-related participation questions, and taking into account only those factors that are directly relevant to the health and rights of the athlete, the other participants in the competition, and the other constituencies with interests in the competition; the athletic program, the athletes, and the sponsoring schools and organizations.

The following are examples of factors that are appropriate in many settings to the decision-making process:

The current health of the athlete
The nature and intensity of the athlete's training
The physiological effects of the athletic competition
The potential risks of the infection being transmitted
The desires of the athlete
The administrative and legal needs of the competitive program

Education of the Physically Active

In a rapidly changing medical, social, and legal environment, educational information concerning blood borne pathogens is of particular importance. The athletic trainer should playa role with respect to the creation and dissemination of educational information that is appropriate to and particularized with respect to that athletic trainer's position and responsibilities.

Athletic trainers who are responsible for developing educational programs with respect to blood borne pathogens should provide appropriate information concerning:

The risk of transmission or infection during competition
The risk of transmission or infection generally
The availability of HIV testing
The availability of HBV testing and vaccinations

Athletic trainers who have educational program responsibility should extend educational efforts to include those, such as the athletes' families and communities, who are directly or indirectly affected by the presence of blood borne pathogens in athletic competitions.

All educational activities should, of course, be limited to those within athletic trainers' scope of practice and competence, be within their job descriptions or other relevant roles, and be undertaken with the cooperation and/or consent of appropriate personnel, such as team physicians, coaches, athletic directors, school or institutional counsel, and school and community leaders.

The Athletic Trainer and Blood Borne Pathogens at Athletic Events

The risk of blood borne pathogen transmission at athletic events is directly associated with contact with blood or other body fluids. Athletic trainers who have responsibility for overseeing events at which such contact is possible should use appropriate preventative measures and be prepared to administer appropriate treatment, consistent with the requirements and restrictions of their job, and local, state, and federal law.

In most cases, these measures will include:

_Pre-event care and covering of existing wounds, cuts and abrasions
_Provision of the necessary or usual equipment and supplies for compliance with universal precautions, including, for example, latex gloves, biohazard containers, disinfectants, bleach solutions, antiseptics, and sharps containers.
_Early recognition and control of a bleeding athlete, including measures such as appropriate cleaning and covering procedures, or changing of blood-saturated clothes
_Requiring all athletes to report all wounds immediately
_Insistence that universal precaution guidelines be followed at all times in the management of acute blood exposure

_Appropriate cleaning and disposal policies and procedures for contaminated areas or equipment
_Appropriate policies with respect to the delivery of life-saving techniques in the absence of protective equipment
_Post-event management including, as appropriate, re-evaluation, coverage of wounds, cuts, and abrasions
_Appropriate policy development, including incorporation, with necessary legal and administrative assistance, of existing OSHA and other legal guidelines and conference or school rules and regulations

Athletic Training Student Education

NATA encourages appropriate education of and involvement of the athletic training student in educational efforts involving blood borne pathogens. These efforts and programs will vary significantly based on local needs, requirements, resources and policies.

At the secondary school level, educational efforts should include items such as the following:

_Education and training in the use of universal precautions and first aid for wounds
_Education regarding the risks of transmission/infection from the participants that they care for
_Education on the availability of HIV testing
_Education on the availability ofHBV vaccinations and testing
_Education of parents or guardians regarding the students' risk of infection

At the college or university level, education efforts should include items such as those listed above, and, additionally, as appropriate, the following:

_Education in basic and clinical science of blood borne pathogens
_Discussions regarding the ethical and social issues related to blood borne pathogens
- The importance of prevention programs
_Education concerning the signs and symptoms of HBV and HIV, as consistent with the scope of practice of the athletic profession and state and local law

Universal Precautions and OSHA Regulations

Athletic trainers should, consistent with their job descriptions and the time and legal requirements and limitations of their jobs and professions, inform themselves and other affected and interested parties of the relevant legal guidance and requirements affecting the handling and treatment of blood borne pathogens.

Athletic trainers cannot be expected to practice law or medicine, and efforts with respect to compliance with these guidelines and requirements must be commensurate with the athletic trainer's profession and professional requirements. It may be appropriate for athletic trainers to keep copies of the Center for Disease Control regulations and OSHA regulations and guidelines available for their own and others' use.

Medical Records and Confidentiality

The security, record-keeping, and confidentiality requirements and concerns that relate to athletes' medical records generally apply equally to those portions of athletes' medical records that concern blood borne pathogens.

Since social stigma is sometimes attached to individuals infected with blood borne pathogens, athletic trainers should pay particular care to the security, record-keeping, and confidentiality requirements that govern the medical records for which they have a professional obligation to see, use, keep, interpret, record, update, or otherwise handle.

Security, record-keeping, and confidentiality procedures should be maintained with respect to the records of other athletic trainers, employees, student athletic trainers, and athletes, to the extent that the athletic trainer has responsibility for these records.

The Infected Athletic Trainer

An athletic trainer infected with a blood borne pathogen should practice the profession of athletic training taking into account all professionally, medically, and legally relevant issues raised by the infection. Depending on individual circumstances, the infected athletic trainer will or may wish to:

- Seek medical care and on-going evaluation
- Take reasonable steps to avoid potential and identifiable risks to his or her own health and the health of his or her patients.
- Inform, as or when appropriate, relevant patients, administrators, or medical personnel.

HIV and HBV Testing

Athletic trainers should follow federal, state, local and institutional laws, regulations, and guidelines concerning HIV and HBV testing. Athletic trainers should, in appropriate practice settings and situations, find it advisable to educate or assist athletes with respect to the availability of testing.

HB V Vaccinations

Consistent with professional requirements and restrictions, athletic trainers should encourage HBV vaccinations for all employees at risk, in accordance with OSHA guidelines.

Withholding of Care and Discrimination

NAT A's policies and its Code of Ethics make it unethical to discriminate on the basis of medical conditions.

VII. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

HIPAA is a law passed by congress in 1996 to improve the efficiency and effectiveness of the healthcare system. It requires health care professionals to adhere to privacy and security standards in order to protect their patients Personal Health Information (PHI). PHI is confidential information about a patient, including demographic information.

For a complete description of HIPAA please refer to Appendix A.

VIII. EMERGENCY ACTION PLAN (EAP)

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practices and training techniques and other safety avenues, some potential emergencies may be averted.

Components of the Emergency Plan

These are the basic components of this plan:

1. Emergency personnel
2. Emergency communication
3. Emergency equipment
4. Roles of first person on the scene
5. Venue directions with map

1. The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, managers, and possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. Individuals with lower credentials should yield to those with more appropriate training. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Providing information to EMS: name, address, telephone number of caller; nature of emergency, whether medical/non-medical; number of athletes; condition of athlete/s; first aid treatment initiated by first person on the scene; specific directions as needed to locate the emergency scene; and other information as requested by dispatcher. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with

the types and location of the specific equipment needed. Athletic training students, managers, and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. An athletic training student, manager, or coach may be appropriate for this role. When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

2. Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

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

3. All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection logbook for continued inspection is strongly recommended. It is recommended that a few members of the emergency team be trained and responsible for the care of the equipment.

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

4. The roles of the first person to arrive on the scene will vary depending on the situation. These may include but are not limited to: surveying the scene, determine the safety of the scene, provide immediate care of the injured/ill student-athlete, activate EMS, retrieve emergency equipment, direct EMS to scene.

5. Venues:

Football Field, soccer fields, baseball/softball fields, practice fields, main gym, auxiliary gym, practice gym

Directions: [Example] Football Field is located on Sammy Street. Main entrance is located on Sammy Street and the side entrance is located on Michael Street.

Medical Emergency

Immediate first care of injured athlete
Activate EMS (Call 911)
Direct EMS to location of injury (during football games, EMS will be located at the southeast end of the field for the entire game).
Maintain a safe area around the athlete (have excess people move back)
Contact the athlete's parents/legal guardians (if over 18 ask the athlete first)

Fire

Evacuate the venue using appropriate exits
Activate the fire alarms
Have coaches perform a head count of their teams
Do not allow anyone to re-enter without an all clear from the FirelRescue personnel

Chemical Emergency

Evacuate the venue using appropriate exits
Call the appropriate personnel depending on the situation
Do not allow anyone to reenter the facility without an all clear from the personnel who responded to the scene.

Weather Emergency

Evacuate the stadium to the appropriate designated locations (locker rooms, basement shelters, etc)
Do not allow anyone to re-enter the stadium until an all clear has been sounded.
Use the flash-to-bang method to predict safe return to event. Game play may not resume any sooner than 30 minutes from the last sighting of lightning.

6. Emergency Action Plan

WHAT TO DO IN AN EMERGENCY

The time to find out what to do in an emergency is before it happens! This page outlines general precautions and safety measures you should learn. But in any emergency, it's up to YOU to determine what action is appropriate.

You must KEEP CALM and ACT QUICKLY!!

Procedures for Northern Illinois University are outlined in the following sections. Please familiarize yourself with these so that you will be ready when an emergency happens.
Maps showing evacuation routes for fire and tornadoes can be found posted by the door of each room. Fire routes are indicated in red; storm routes are indicated in blue. Maps showing only the pertinent portion of the building are next to the doors in all rooms.

Contents

FIRE

WHEN A FIRE IS DISCOVERED, sound the fire alarm. Fire pull stations are indicated on the maps posted next to all room doors. To activate these, just pull down on the handle. This sends the alarm to the fire station giving our location.
THE FIRE ALARM is a steady hom. When the alarm sounds, leave the building using indicated evacuation routes on the maps. Fire evacuation routes are in red. DO NOT USE THE ELEVATORS.
Instructors accompany your students. Disabled individuals will go to predetermined "safe harbors" on each floor. Emergency personnel will know the location of all "safe areas". Where fire or smoke is threatening, emergency personnel will go to the "safe areas" and move the disabled individuals to safety.
DO NOT reenter the building until designated officials have given verbal "ALL CLEAR".
REMEMBER!! LIVES MAYBE LOST DUE TO ADELA YED ALARM TO THE FIRE DEPARTMENT.
Fire extinguisher locations are indicated on the maps. Familiarize yourself with their locations.

Operation of the Fire Extinguisher: Fire extinguishers are Dry Chemical Type. Holding the extinguisher upright, pull the pin. Standing 8 feet from flames, free hose and aim at base of fire. Squeeze lever and apply chemicals in a sweeping motion at base of fire.

BOMB THREATS

Bomb threats will be treated in the same manner as fires. Fire alarms will be sounded. All individuals are to evacuate the building until a verbal "all clear" from designated individuals is given.

SEVERE WEATHER

Severe weather falls into several categories each with a different time element, and with a different level of severity

For a Tornado Watch ... Plan!! Tornadoes are expected. If you are in the Tornado Watch, you should make emergency plans. Where will you go?

In a Tornado Warning ... Act!! A tornado has been sighted or detected on radar. When you hear the Civil Defense Siren or the intermittent horns, act immediately.

1. Public Warning Signal - 5 minute steady blast on the Civil Defense siren is the signal that a tornado has been sighted.
2. As soon as the *siren* begins to sound, all staff and students should move immediately to designated shelter areas. The routes to the nearest shelter area are indicated in blue on the map by the door in each room.

In general, move to the lowest level. Go to an interior hallway on the ground floor. Stay out of auditoriums, gymnasiums, and large open rooms. Stay away from windows.

A verbal "ALL CLEAR" will be given by designated individuals when it is safe to return to work or class areas.

Secure areas on campus:

- building Lower Level
- building interior offices
- Gym locker rooms
- building 1st floor
- 2nd floor classrooms (south side only)
- nursing lab
- building 1st floor center classrooms
- Tunnel

In a Severe Thunderstorm Warning ... Be Ready!!

The National Weather Service expects thunderstorms with large hail and/or damaging winds in excess of 57 miles an hour. Frequent lightning is likely. A tornado is possible. Warning sires usually DO NOT SOUND. Be prepared to take cover quickly.

Lightning is a Killer - Beware!! Lightning kills more people than tornadoes. Do not use a phone except in emergencies. If your hair is standing on end, which indicates lightning is about to strike, get inside a building or nonconvertible car. Use the 30-30 Guidelines to

know whether any area is safe or not. Once lightning is seen count the amount of time until the thunder is heard if it is less than 30 seconds take cover. Once lightning has stopped 30 minutes must be observed with no lightning before any type of participation may begin.

HEALTH EMERGENCIES

IN CASE OF EMERGENCY

- Follow Action guides.
- Emergency Phone Numbers:
  9-911 -- Emergency
  7544 -- Health Services
  7001 -- College Information
- Have someone meet emergency vehicle at college entrance and guide them to victim.
- Be aware of the location of all emergency supplies.
- Epinephrine is kept in emergency kits. Use **only** if directed by physician or emergency personnel..

WHAT IS AN EMERGENCY

- Severe chest pain
- Difficulty breathing or shortness of breath
- Convulsions
- Slurring or loss of speech
- Unconsciousness
- Uncontrollable bleeding
- Broken bones
- Bullet or stab wounds
- Head injuries
- Eye injuries, sudden loss of vision, or foreign substance in the eye
- Poisoning
- Drug overdose
- Choking
- Gaseous fume inhalation
- Smoke inhalation
- Hypothermia
- Prolonged vomiting or diarrhea
- Temperature over 103 degrees
- Insect stings resulting in shortness of breath
- Snake or animal bites
- Giving Birth

ACTION GUIDE -- PERSON COLLAPSES

Survey the scene -- Is it safe?
Tap the person and ask, "Are you okay?"
Does the victim respond?

I YES -- VICTIM RESPONDS. THEN:

1. Identify yourself and get consent to help.
2. Look for emergency information on victim.
3. Monitor ABC: Airway, breathing, and circulation.
4. If symptoms of a heart attack or serious illness are present:
    - Phone 9-911.
    - Have victim stop activity.
    - Have victim rest in comfortable position.
    - Loosen restrictive clothing.

II NO -- VICTIM DOES NOT RESPOND. THEN:

- Shout, "HELP".
- Open airway. Is breathing present?
    - YES -- BREATHING IS PRESENT. THEN:
        - Phone 9-911.
        - Control any severe bleeding.
        - Monitor ABC: Airway breathing, and circulation
    - NO -- BREATHING IS NOT PRESENT. THEN:
      Give two breaths. Does chest rise?
        - YES -- CHEST RISES. THEN:
          Check pulse. Is pulse present?
            - YES -- Pulse is present Then:
                - Phone 9-911.
                - If still not breathing, begin rescue breathing.
            - NO -- Pulse is NOT present.. Then:
                - Phone 9-911..
            - Begin CPR cycle: a. Give 15 chest compressions.
              b. Give 2 breaths.
              c. Repeat Cycle 3 more times.
              d. Check pulse. Is pulse present?

        - YES -- Pulse is present. Then: Check breathing. Present?
            - If Yes, monitor ABC's.
            - If No, begin rescue breathing.
        - NO -- Pulse is not present?
            - Then: Give 2 breaths.
            - Continue CPR..
        - NO -- CHEST DOES NOT RISE. THEN:
            - Retilt head. Give two breaths.
        - Does chest rise?
            - YES - Chest rises. Then:
            - Phone 9-911

- Begin rescue breathing or CPR as appropriate.
- NO - Chest does NOT rise. Then:
- Phone 9-911.
- Perform 6 to 10 abdominal thrusts.
- Do finger sweep.
- Give two breaths. Does chest rise?
    - YES - Chest rises. Then:
        - Check pulse.
        - Begin rescue breathing or CPR as appropriate.
    - NO - Chest does NOT rise. Then:
        - Repeat cycle above: b, c, d

ACTION GUIDE -- BURNS

SURVEY THE SCENE: ARE THERE DOWNED ELECTRICAL WIRES OR CORDS?

1 YES-- THER ARE DOWNED WIRES. THEN:

A. Check to make sure power source is disconnected.

B. Call the power company.

C. Never touch downed power lines. Keep bystanders well away from live current..

D. If you suspect the victim has inhaled smoke or chemicals (victim is horse and wheezing; breath smells like smoke), remove victim from source of injury if it is safe for you to do so.

E. Proceed to II below.

II NO--DOWNED WIRES ARE NOT PRESENT THEN:

A. Check ABC's (Airway, Breathing, Circulation).

B. Phone 9-911.

C. Interview victim. Do head to toe exam for other injuries.

D. *ARE BURNS PRESENT:*.

1. *Yes-1st degree or 2nd degree with closed blisters:*
    a. Flush with cool water until pain subsides.
    b. Apply loose, moist, sterile dressing and bandage.
    c. Care for shock..
2. *Yes--2nd degree with open blisters or 3rd degree:*
    a. Apply loose, dry, sterile dressing and bandage.
    b. Care for shock..
3. *Yes--Electrical burns:*
    a. Check for multiple burn sites.
    b. Cover with loose, dry, sterile dressing and bandage.
    c. Care for shock..
4. *Yes--Chemical burns:*
    a. Flush immediately with large amounts of water for 15-30 minutes.
    b. Remove any affected clothing or jewelry.

c. Cover with loose, dry, sterile dressing and bandage.
d. Care for shock.

5. *DO:*
   a. Elevate arms and legs if they're affected.
   b. Have person with face burns sit up.
   c. Reassure the burned victim and keep them as quiet as possible.
6. *DON'T:*
   a. Don't add salt to ice water. It lowers temperature and may produce further injury.
   b. Don't use absorbent cotton on burns.
   c. Don't break blisters or remove shreds of tissue.
   d. Don't use any antiseptic preparation, ointment, spray, or home remedy on a severe burn.
   e. Don't remove adhered particles of charred clothing.
   f. Don't apply ice water over extensive burned area because cold may intensify the shock reaction.

EYE INJURY

CHEMICAL BURN OF THE EYE
(Acids, Alkalis, Corrosive Chemicals)

- Keep victim from rubbing their eyes.
- Clean your hands before treating victim.
- Phone 9-911 if necessary.
- Flush eye from the nose outward with clean water for 15-30 minutes.
- Wrap bandage loosely around both eyes.
- Stay and reassure victim.
- If the victim is unconscious, close eyelids to keep the eyeballs from drying out.
- Do not attempt to remove object by inserting things like a toothpick or match into the eye.
- Do not use dry cotton around the eye.

PENETRATING OBJECT OR CUT OF THE EYE

- Position victim on back.
- If penetrating object, do not try to remove it.
- Place cup over injured eye and bandage in place with roller gauze (first aid kit)
- Wrap bandage loosely around both eyes.
- Stay and reassure victim.

OTHER MEDCAL EMERGENCIES

A different type of medical emergency may arise in the form of abusive and harmful behavior towards oneself and others. The following guidelines were set forth to address these issues.

SELF MUTILATION/CUTTING

If a member of the ATEP is to observe or suspect a student athlete is inflicting harm to himself or herself, it is important to note that this behavior is a result of psychological distress. An ATC or ATS under most circumstances has not had the proper training in how to deal with this type of situation and should immediately contact the school counselor to discuss appropriate action. It is important to keep confidentiality standards so that the athlete does not lose trust or confidence in the staff. The counselor will be responsible for contacting appropriate personnel, including the athlete's guardians.

EATING DISORDERS (ANOREXIA NERVOSA, BULIMIA)

An athlete that may be suffering from an eating disorder is suffering from psychological distress. In athletics it is important to note that the disorder may be brought on by an increase in pressure to perform at a highly competitive level. This pressure can be self inflicted or come from outside sources such as a coach or parent. Therefore caution must be used when approaching the athlete, By singling out the athlete, more harm could be caused. This is a serious medical condition and the school social worker and nurse should be contacted. They will be able to speak with the athlete regarding their health in a confidential matter..

Anorexia nervosa is a psychological eating disorder in which a person refuses to eat adequately in spite of hunger and loses enough weight to become emaciated Anorexia nervosa primarily affects teenage and young adult females and occasionally young men Anorexia involves seeing the body as fat when it is actually underweight. The person cannot see that they are painfully thin and seriously ill. Competitive female athletes are at increased risk for anorexia nervosa. The female athlete triad is associated with disordered eating, amenorrhea and osteoporosis. Various authors suggest that it begins with disordered eating. This is a complex disorder associated with multiple predisposing, precipitating and perpetuating factors.

FREQUENT SIGNS AND SYMPTOMS

- Weight loss of at least 25% of body weight without physical illness
- High energy level despite body wasting
- Intense fear of obesity
- Depression
- Appetite loss
- Constipation
- Cold intolerance

- Refusal to maintain a minimum standard weight for age and height
- Distorted body image. The person continues to feel fat even when emaciated

TREATMENT AND PREVENTION

Initially the school nurse needs to be notified of a suspected eating disorder as well as the athletic director and guidance counselor. They will be able to direct the athlete to a treatment team. Ideally, a team including a mental health professional, a doctor, and a nutritionist provides treatment. Depending on the severity of the condition, initial treatment usually includes:

- Restoring a healthy weight, which helps eliminate or lessen eating disorder symptoms, such as hoarding food or obsessive-compulsive behaviors.
- Professional counseling, to convince the person that he or she has a problem, help improve body image, and focus on relationship problems, usually through individual counseling and family therapy.
- Nutritional counseling, to help establish healthy eating patterns and a better understanding of the importance of good nutrition.
- Treatment of other conditions that frequently occur along with anorexia, such as depression or heart problems. Having another disease or disorder along with anorexia complicates treatment and may extend the duration and intensity of treatment.

If the person's condition is severe or life threatening, initial treatment may also include:

- Intravenous fluids and other nutrient replacement, which may be needed if the person has lost a large amount of weight. However, the focus of treatment is to restore weight slowly, since gaining weight too quickly can cause health problems such as swelling of the abdomen, constipation, or heart problems.
- Hospitalization or admission into an inpatient eating disorder treatment facility.

Emotional self-care and developing trust in the health professionals is an important part of recovery and may include:

- Learn new eating behaviors.
- Emotional self-care.
- Developing trust in people who are trying to help you.

Ongoing treatment for anorexia usually includes:

- Restoring a healthy weight, by working with a nutritionist, doctor, and professional counselor to learn proper nutrition and a positive view of food and body image.
- Working through self-esteem and relationship issues that may exist. Family therapy is often helpful during ongoing treatment of anorexia.

- Treating other conditions that frequently occur along with anorexia, such as depression or obsessive-compulsive disorder, or the physical consequences of anorexia, such as heart problems.
- Taking control of eating habits, emotional self-care, and developing trust in people who are trying to help, all of which can help the person with recovery.

There is no known way to prevent anorexia. Early treatment may be the best way to prevent the disorder from progressing. Knowing the early signs and seeking immediate treatment can help prevent complications of anorexia nervosa.

Recent research indicates that the medication fluoxetine (such as Prozac) may help reduce relapse of this disorder. Seeking early diagnosis and treatment can playa significant role in preventing the illness from progressing to a more serious condition.[7]

While there is no way to prevent anorexia, there are many ways the ATEP can help children and teens by helping them develop a healthy view of themselves and learn to approach food and exercise with a positive attitude. Doing this may prevent some children and teens from developing anorexia.

BULIMIA

Bulimia is another eating disorder that needs to be taken seriously. It is more difficult to diagnose than anorexia because there may not be external physical signs that are visible. In bulimia, eating binges may occur as often as several times daily for many months. These binges cause a sense of self-disgust, which leads to compensatory behaviors like self-induced vomiting or excessive exercise. A person with bulimia may also abuse laxatives, diuretics or enemas in order to prevent weight gain. Such behaviors can be quite dangerous and may lead to serious medical complications over time. For example, the stomach acid which is introduced into the esophagus (the tube from the mouth to the stomach) during frequent vomiting can permanently damage this area. Women are much more commonly affected than men. The affected person is usually aware that her eating pattern is abnormal and may experience fear or guilt associated with the binge-purge episodes.

The exact cause of bulimia is unknown, but factors thought to contribute to its development are family problems, perfectionist personalities, and an overemphasis on physical appearance. Bulimia may also be associated with depression and occurs most often in adolescent females.

FREQUENT SIGNS AND SYMPTOMS

- binge eating

- self-induced vomiting
- inappropriate use of diuretics or laxatives
- overachieving behavior
- overactivity
- peculiar eating habits or rituals
- frequent weighing
- perception of being overweight
- dental cavities/gum infection (gingivitis)
- electrolyte imbalance (dehydration)

COMPLICA nONS

- pancreatitis
- dental cavities
- inflammation of the throat
- electrolyte abnormalities
- dehydration
- constipation
- hemorrhoids
- esophageal tears/rupture

TREATMENT

Treatment focuses on breaking the binge-purge cycles. Outpatient treatment may include behavior modification techniques as well as individual, group, or family counseling. Antidepressant drugs may also be used in cases that are coincide with depression. Self-help groups like Overeaters Anonymous may help some people with bulimia. The American Anorexia/Bulimia Association is a source of information about this disorder. Bulimia is a chronic illness and many people continue to have some symptoms despite treatment. People with fewer medical complications of bulimia, and who are willing and able to engage in therapy, tend to have a better chance of recovery. The parent is responsible to call for an appointment with the child's health care provider.. Less social and cultural emphasis on physical perfection may eventually help reduce the frequency of this disorder..

ABUSE

Child abuse is a scary and serious issue that needs to be addressed. It comes in several different forms and can be something that has occurred in the past or something the child is still dealing with. Before taking any action in dealing with suspected abuse, it is important to know the causes, signs and symptoms of abuse, and what action is legally required in the state. To start, not all abuse is deliberate or intended. Several factors in a person's life may combine to move them toward abusing a child:

- General stress
- The stress of having children in the family, when one didn't have children before
- Dealing with a handicapped or behaviorally difficult child
- The stress of caring for someone besides oneself
- A personal history of being abused (childhood trauma)
- Alcohol or drug use
- Marital conflict
- Unemployment

No one has been able to predict which of these factors will cause someone to abuse a child. A significant factor is that abuse tends to be intergenerational - those who were abused as children are more likely to repeat the act when they become parents or caretakers.

In addition, many forms of abuse arise from ignorance, isolation, or benign neglect. Sometimes a cultural tradition leads to abuse, for example, such beliefs as:

- Children are property
- Parents (especially males) have the right to control their children in any way they wish
- Children need to be toughened up to face the hardships of life
- Girls need to be genitally mutilated to assure virginity and later marriage.

If you suspect child abuse, but aren't sure, look for clusters of the following physical and behavioral signs.

FREQUENT SIGNS AND SYMPTOMS

PHYSICAL ABUSE

- Unexplained burns, cuts, bruises, or welts in the shape of an object
- Bite marks
- Anti-social behavior
- Problems in school
- Fear of adults
- Drug or alcohol abuse
- Self-destructive or suicidal behavior
- Depression or poor self-image

EMOTIONAL ABUSE

- Apathy
- Depression
- Hostility
- Lack of concentration
- Eating disorders

SEXUAL ABUSE

- Inappropriate interest in or knowledge of sexual acts
- Seductiveness
- Avoidance of things related to sexuality, or rejection of own genitals or bodies
- Nightmares and bed wetting
- Drastic changes in appetite
- Overcompliance or excessive aggression
- Fear of a particular person or family member
- Withdrawal, secretiveness, or depression
- Suicidal behavior
- Eating disorders
- Self-injury

Sometimes there are no obvious physical signs of sexual abuse, and a physician must examine the child to confirm the abuse.

NEGLECT

- Unsuitable clothing for weather
- Being dirty or unbathed
- Extreme hunger
- Apparent lack of supervision

Child abuse can have the following dire consequences:

- The child may become someone who lies, resents, fears, and retaliates, rather than loves, trusts, and listens.
- The child may become reclusive, and alienated from you and from the rest of your family.
- The child will have low self-esteem, and is likely to engage in self-destructive behaviors.
- The child's psychological development and social behavior will be impaired.
- As an adult, the child will probably abuse his or her own children

The results of being abused as a child vary according to the severity of the abuse and the surrounding environment of the child. If the social environment of the family or school is nurturing and supportive, the child will probably have a better outcome.

RESULTS OF ABUSE

PHYSICAL ABUSE:

- Difficulty establishing intimate personal relationships
- Difficulty in adulthood with physical closeness, touching, intimacy, or trust

- High levels of anxiety, depression, substance abuse, medical illness, or problems at school or work
- Becoming an abusive parent or caregiver

EMOTIONAL ABUSE:

Emotional abuse can result in serious behavioral, cognitive, emotional, or mental disorders.

SEXUAL ABUSE:

- Low self-esteem
- A feeling of worthlessness
- An abnormal or distorted view of sex
- Personality disorders
- Difficulty relating to others except on sexual terms
- Tendency to become child abusers or prostitutes
- Other serious problems in adulthood

WHAT TO DO WHEN YOU SUSPECT ABUSE:

Many people don't know where to report suspected child abuse. Also, some people are afraid of reporting child abuse because of possible repercussions to the children or to themselves. In many states, it is required by law for all citizens to report suspected abuse. Illinois is one of these states. But each state has a different procedure for reporting abuse.

From any state, to get immediate guidance and help when you suspect child abuse, call the Childhelp USA National Child Abuse Hotline: **1-800-4-A-CIDLD (1-800-422-4453)**

The National Child Abuse Hotline will give you the local agency for you to call to report the incident. The abuse report must eventually go to an agency within your own state.

It is important to note that:

- If you report child abuse, it is unlikely that the abused child will be removed from their home immediately. The authorities will investigate to find out if your suspicions are correct. If child abuse is confirmed, the child would then be removed from the home and placed in safe care.
- You do not have to give your name when you report child abuse, in most states.
- The child abuser cannot find out who reported them.

Remember that suspected abuse is sufficient reason to make a report to authorities. You do not need proof. Your call may make the difference in the very life of a child. Some kids are afraid to report the abuse because they fear punishment, loss of love, or family dishonor for telling a secret. The hotline will make sure the child is protected from further abuse or secrecy. They will help them to report the abuse to an agency that will

make sure they are safe. The hotline staff members will call Child Protective Services or the police and stay on the line in a three-way call to help them talk to the agency. The hotline can help them find ongoing support from caring adults. It is not the child's fault that they are being abused, and they need help from other adults to protect their safety while the family learns new ways to act with each other. The child may wish to learn to protect himself or herself against someone who may try to abuse them. Several organizations can teach them to say "No" with words and by their actions.

If the child indicates in some manner that they were or have been a victim of child abuse, they can still get help. The National Child Abuse Hotline can lead them to a support group in your community for survivors of child abuse, or they can offer one-on-one support: 1-800-4-A-CHILD (1-800-422-4453). Child abuse is a trauma, and the child may have developed post-traumatic stress disorder (PTSD). They may find that they are more fearful than other people, as if the traumatic event were occurring in the present. They may also re-experience the trauma with flashbacks and nightmares. And they may have become unresponsive and numb to other people and events as a way of protecting themselves psychologically. Given support in a safe environment and from caring individuals, they may be able to recover psychologically.

PREVENTION

Child abuse tends to be cyclical, repeated generation after generation. A traumatized child repeats the pattern by growing into an adult who delivers trauma to the next generation. The only way to stop such a cycle is to work with parents, prospective parents, and other caregivers who seek help or who are referred for help. Mental health professionals particularly wish to help those who find themselves about to repeat the pattern of traumatizing children. The avenues that offer hope are:

- Establishing educational programs to teach caregivers good parenting and coping skills.
- Making people aware of alternatives to abusive behaviors so that they seek help for their own abusive tendencies.
- Educating the public about abuse so that people report abuse early enough for intervention.
- Establishing relationships of trust with children so that they feel comfortable disclosing abuse. Then someone can intervene early on.

DRUG/STEROID ABUSE

In recent years there has been a dramatic rise in the number of high school and college athletes that are abusing controlled substances. This includes drugs such as marijuana, alcohol, speed, methanphedamines, heroin, ecstasy, and in even more amounts, steroids. If you suspect an athlete is using any of these substances, the school nurse and social worker needs to be contacted immediately. To be able to do this it is important to know the signs and symptoms associated with the different types of substances.

STEROIDS

Anabolic-androgenic steroids are man-made substances related to male sex hormones. "Anabolic" refers to muscle building, and "androgenic" refers to increased masculine characteristics. "Steroids" refers to the class of drugs. These drugs are available legally only by prescription, to treat conditions that occur when the body produces abnormally low amounts of testosterone, such as delayed puberty and some types of impotence. They are also prescribed to treat body wasting in patients with AIDS and other diseases that result in loss of lean muscle mass. Abuse of anabolic steroids, however, can lead to serious health problems, some irreversible.

SIGNS/SYMPTOMS OF STEROID ABUSE:

HORMONAL SYSTEM

MEN

- Infertility
- Breast development
- Shrinking of the
- Testicles

WOMEN

- Enlargement of the clitoris
- Excessive growth of body hair

BOTH SEXES

- Male-pattern baldness

MUSKULOSKELETALSYSTEM

- Short stature
- Tendon rupture

CARDIOVASCULAR SYSTEM

- Heart attacks
- Enlargement of the
- Heart's left ventricle

LIVER

- Cancer
- Peliosis hepatis

SKIN

- Acne and cysts, especially around the neck and back
- Oily scalp

INFECTION

- HIV/AIDS
- Hepatitis

PSYCHIATRIC

- Increased irritability and aggression
- Homicidal rage
- Mania
- Delusions

PREVENTION AND TREATMENT

As a member of the ATEP, there are some things that we can do to ensure that steroid abuse is caught early and treated early as well as to prevent further athletes from beginning their abuse of it. A few school districts test for abuse of illicit drugs, including steroids, and studies are currently under way to determine whether such testing reduces drug abuse. Currently the high schools in the ATEP do not conduct this type of testing through the school, but this may be a necessary part of the ATEP if evidence is found to push for it. In the meantime some steps that can be taken are as follows:

- Educating athletes during pre-season conditioning
- Educating parents and coaches on warning signs
- Discuss proper nutrition and weight lifting techniques
- Discuss dire consequences of using drugs both physically and professionally
- Monitor any unusual strength gains or changes in an athlete's behavior

Presenting both the risks and benefits of anabolic steroid use is more effective in convincing adolescents about steroids' negative effects, apparently because the students find a balanced approach more credible and less biased. Another more sophisticated approach has shown promise for preventing steroid abuse among players on high school sports teams. In other successful programs, developed for male football players, coaches and team leaders discuss the potential effects of anabolic steroids and other illicit drugs on immediate sports performance, and they teach how to refuse offers of drugs. They also discuss how strength training and proper nutrition can help adolescents build their bodies without the use of steroids. As ATC's and ATS' s, we can play an important influential role for the athlete by teaching them proper weightlifting techniques as well as giving positive information about proper nutrition. An ongoing series of studies has shown that this multicomponent, team-centered approach reduces new steroid abuse by 50%. As a part of the ATEP, we all need to work together to keep our schools a safe and healthy environment. .

If a student is found to be abusing steroids or some other illegal substance, there are several steps and treatment options to consider.. First, the school social worker must be informed of the situation. They will take the necessary steps in talking one on one with the athlete and with the parents. If an athlete has a suspected drug overdose, CALL 911. This is a medical emergency and should be treated as such accordingly. The athlete needs to be accompanied to the emergency room by a member of the ATEP and the legal guardian(s) must be notified. After it has been confirmed that an athlete has been abusing drugs, all after school activities, including athletics, will be suspended until further notice from the athletic director. They will be undergoing treatment, which may include supportive therapy, which can be sufficient in some cases. Patients are educated about what they may experience during withdrawal and are evaluated for suicidal thoughts. If symptoms are severe or prolonged, medications or hospitalization may be needed. Some patients require assistance beyond simple treatment of withdrawal symptoms and are treated with behavioral therapies. Fact sheets on anabolic steroids, other illicit drugs, and related topics can be ordered free, in English and Spanish, by calling NIDA Infofax at 1-

888-NIH-NIDA (1-888-644-6432) or, for those with hearing impairment, 1-888-TTY-NIDA (1-888-889-6432). Information on steroid abuse also can be accessed through the NIDA Steroid Abuse Web Site (www.steroidabuse.org). Information on illicit drugs in general can be accessed through NIDA's home page (www.drugabuse.gov) or by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI) Web Site (www.health.org).

IX. ATHLETIC TRAINING ROOM RULES

The following policies have been instituted to provide the most efficient care of all sports personnel. Individuals are expected to abide by these rules.

A. Rules and Regulations

1. The athletic training room is a facility designed for the treatment of sick or injured athletes treat it as such.
2. The athletic training room is always open at least one half hour prior to practice. If you do not report for treatment or taping, it is assumed that you are healthy.
3. No one is allowed in the athletic training room unless under direct supervision of an athletic trainer. If you are not hurt, stay out of the athletic training room. Medical records can only be accessed under the supervision of the head athletic trainer.
4. No foul language and no horseplay will be tolerated at any time.
5. Individuals must be appropriately dressed in athletic training room. Remove cleats and spikes before entering the building and keep shoes off treatment tables.
6. Report all injuries to the athletic training staff as soon as possible; the best care occurs when it is done immediately and results in quicker return to play. If you are injured while off campus, or any time the athletic training room is closed, report to the athletic trainer the next day.
7. Do not treat yourself; athletic trainers will administer all treatments. Please notify the athletic trainers if you are taking medication prior to practice. If you are asthmatic, or require medication during practice, please give one of your inhalers (with prescription printed on it) to the athletic trainers and keep one with you at all times.
8. Athletes should not use any equipment in the athletic training room, cabinets, or medical kits. If you need something just ask.
9. Do not take anything out of the athletic training room unless it's been checked out to you.
10. All checked out equipment (wraps, crutches, slings, etc.) should be returned, clean, and in the same condition issued. Failure to return equipment will result in a bill and retention of your school records.
11. The athletic training room is not your personal locker. We have very limited space, so please leave your personal items out in the hall or in your locker.
12. No personal use of the telephone without permission. The telephone is reserved for emergency use.
13. On certain days, the athletic training room closes early. Please take note of this as, on those days, you will have to come in early to get taped or treated for practice.
14. Please sign in prior to receiving treatment.
15. All athletes must have an emergency car, medical history, and permission to treat form signed and on file prior to receiving treatment (other than emergency care) from the athletic trainer.

16. When athletic injuries occur, athletes will be evaluated, treated, and given follow-up instructions. Parents will be informed either in writing or by telephone.
17. If an athlete sees a physician, whether referred by the athletic trainers or not, the athlete is responsible for bringing appropriate documentation as to their diagnosis, practice status, and appropriate treatment.. If an athlete is held out of practice due to a physician note, the athlete cannot return to play without clearance from the same physician.
18. Any change to an athlete's medical history should be brought to the attention of the athletic trainers as soon as possible.
19. Athletes that are unable to participate in practice due to injury are expected to report to the athletic training room before practice to complete their rehabilitation. Injured athletes that are able to compete are still required to report for rehabilitation until cleared by the athletic trainer.

B. Hours of Operation

The athletic training room hours of operation will be posted on the door, please check the door on a regular basis for any changes. Be especially sure to check for any changes in hours during the holidays.

C. Statement on Treating Minors

Students under the age of 18 must have a "Consent for Medical Treatment for Minors" form completed and kept on file in the athletic training room. A copy of this form is located in the appendix.

X. Visiting Athletic Team Policies

Before you begin your trip to Northern Illinois University and the DeKalb area, please view the following information to help make your trip easier and more successful. The sports medicine staff would like to wish you safe travels and best ofluck to your team!

Northern Illinois University Sports Medicine Services:
The following services will be provided for your team while you stay in Dekalb. There is a athletic training student assigned to every sport, a certified athletic trainer will be on site for every event, and a team physician will be either on site or on call. You can have full access to the athletic training room for taping and treatment needs.

The following supplies will be provided:

- Cups
- Water
- Hydrocollator
- Injury/treatment ice and bags
- OSHA regulated first aid supplies
- Biohazard bag
- Emergency supplies including splints, crutches, spineboard, etc.

The sport medicine staff asks that if you are going to be traveling without certified athletic trainer or a non-certified athletic trainer that you notify us in advance by calling Lisa Shewalter at (815) 622-1407 or Linnette Serrano at (773) 532-2214. If treatments are needed and you will be traveling without a certified athletic trainer, please provide a note for each treatments so we may fully accommodate your team in a timely manner.

XI. Return to Play Criteria

Athletes typically want to know when they will be cleared for return to play. There are no foolproof criteria for accurately estimating recovery time. Recovery rates vary according to the severity of the injury, the effects from prior injury, the level and effectiveness of rehabilitation therapy, the motivation and compliance of the athlete, and the demands of the sport. The danger of arbitrarily assigning a date for return is that patient outcome, athletic trainer and physician credibility may be compromised if the estimate is incorrect.

To minimize such risks, return to play can be linked with objective measurements of the patient's recovery and functional status. Patients can return to play when they have been cleared either by the physician or the certified athletic trainer. The physician's job is to help the patient find ways to effectively meet the rehabilitation goals and to confirm that the goals have been satisfied. An athlete may not return to play on heresay; he/she must have a copy of the doctor's note stating that they are allowed to return to play. They will not be allowed to return until the athletic training staff has received the note.

XII. Insurance

Every student athlete that participates in the Northern Illinois University ATEP must have a current insurance policy in force. The policy will cover them for the entire school year. If coverage information is not provided by a parent or legal guardian, the student will be automatically enrolled under the school health insurance plan and charged accordingly.

Every medical professional involved the Northern Illinois University ATEP must have professional liability insurance coverage. Information on this can be obtained through the Program Director and is provided by Marsh Affinity Group. The cost is generally between $30-$60 dollars and must be renewed each year.

APPENDIX A

HIPAA

Health Insurance Portability and Accountability Act of 1996 Summary of Administrative Simplification Provisions

Standards for electronic health information transactions. Within 18 months of enactment, the Secretary of HHS is required to adopt standards from among those already approved by private standards developing organizations for certain electronic health transactions, including claims, enrollment, eligibility, payment, and coordination of benefits. These standards also must address the security of electronic health information systems.

Mandate on providers and health plans, and timetable. Providers and health plans are required to use the standards for the specified electronic transactions 24 months after they are adopted. Plans and providers may comply directly, or may use a health care clearinghouse. Certain health plans, in particular workers compensation, are not covered.

Privacy. The Secretary is required to recommend privacy standards for health information to Congress 12 months after enactment. If Congress does not enact privacy legislation within 3 years of enactment, the Secretary shall promulgate privacy regulations for individually identifiable electronic health information.

Pre-emption of State Law. The bill supersedes state laws, except where the Secretary determines that the State law is necessary to prevent fraud and abuse, to ensure appropriate state regulation of insurance or health plans, addresses controlled substances, or for other purposes: If the Secretary promulgates privacy regulations, those regulations do not pre-empt state laws that impose more stringent requirements. These provisions do not limit a State's ability to require health plan reporting or audits.

Penalties. The bill imposes civil money penalties and prison for certain violations.

APPENDIXB

CONSENT TO TREAT MINORS

NORTHERN ILLINOIS UNIVERSITY

Dear Parents:

Northern Illinois University Sports Medicine Staff requires students under the age of 18 to have the "Consent for Medical Treatment for Minors" form completed and on file. This form allows our staff to treat your child in case of an injury during the 2004-2005 sports season.

We would appreciate your completing the parental consent form located below and returning it to either one of the head athletic trainers' or one of the assistant athletic trainers' .

We appreciate your assistance with this matter and look forward to getting the completed form by the following deadline: Date _____

Northern Illinois University Sports Medicine Staff
Consent for Medical Treatment for Minors
2004-2005

I hereby authorize the medical staff at Northern Illinois University to provide medical care for my son/daughter while he/she is enrolled in the current sports season program at Northern Illinois University.

Name of Athlete _____
Birth Date _____
Name of Parent/Legal Guardian _____
Relationship to athlete _____
Address _____
_____
Home Telephone # _____
Parent/Guardian Work # _____
Signature of Parent/Guardian _____
Dme _____

Please fill this form out completely so that our staff may contact you in the event of an injury involving your child. Thank you.

APPENDIXC

PRE-PARTICIPATION PHYSICAL EXAMINATION (PPE)

Physical Examination

Height _____ **Weight**_____ **Blood Pressure**_____

Pulse: resting _____ **15 hops**_____ **after 2 minutes**_____

Visual Acuity: Eyes (R) 20/_____ **w/o glasses** _____ **(L) 20/**_____ **w/ glasses** _____

Other Testing	Normal	Abnormal Findings
1. General		
2. Skin		
3. HEENT		
4. Teeth (Dental Exam)		
5. Neck		
6. Lungs		
7. Heart (Sit and Stand)		
8. Abdomen		
9. Genitalia		
10. Musculoskeletal		
Neck		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Back		
Hip/Thigh		
Knee		
Shin/Calf		
Ankle/Leg		
Foot		
11. Peripheral Pulses		
12. Neurologic		
13. Mental Status		
14. Marfan Screen		

Other Tests (optional)

_____Auditory	_____U/V	_____EKG
_____% Body Fat	_____Drug Screen	_____Chest X-Ray
_____Hgb/Hct	_____SMAC	_____Tanner Stage

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.

Yes_____ **No**_____ **Limited** _____

Additional Comments:

Examination Date _____ **Physicians Signature** _____

Physician's Assistant Signature* _____

Advanced Nurse Practitioner Signature* _____

*** effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.**

STUDENT'S NAME _____

SCHOOL NAME _____

IHSA®
Illinois High School Association

Consent Form to self administer asthma medication

(not needed if current form is already on file with school)

I, _____, do hereby give my son/daughter, _____, permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

_____ _____

Parent Signature Date

Physician Consent

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication_____

Purpose_____

_____

_____

Dosage_____

Time/Special Circumstances_____

_____.

_____ _____

Physician Signature Date

MHSA Preparticipation Examination

To be completed by athlete or parent

Name _____ Sport/Position _____
Last First Middle

Social Security Number _____ School Year _____
Address _____
City/State _____ Phone No. _____
Birthdate _____ (___ Class _____ Student ID No. _____
Parent's Name _____
Address _____
Phone No. _____
Person to contact in case of emergency _____
Phone No. _____
Family Doctor _____ City/State _____
Phone No. _____

Past Medical History

		Yes	No	If yes, please explain (what, where, when)
1.	Presently taking medication (including birth control pills)?			
2.	Have you been diagnosed with asthma?			
3.	Have you been prescribed by a physician to use any asthma medication?			
4.	Do you have a current consent form to self-administer the asthma medication on file with your school?			
5.	Allergic to medicine, foods, bee stings?			
6.	Wears any appliances—glasses, contact lenses?			
7.	History of braces, chipped teeth, bridges?			
8.	Has ongoing medical problem?			
9.	Had serious or significant illness in past?			
10.	Any past surgical operations, accidents, non-sports or related injuries?			
11.	Any past injuries directly related to sports?			
12.	Any hospitalization not explained above?			
13.	Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?			
14.	Any serious family illness (such as diabetes, bleeding disorders, etc.)?			
15.	Heart			
	Have you ever passed out during or after exercise?			
	Have you ever been dizzy during or after exercise?			
	Have you ever had chest pain during or after exercise?			
	Do you get tired more quickly than your friends do during exercise?			
	Have you ever had racing of your heart or skipped heartbeats?			
	Have you had high blood pressure or high cholesterol?			
	Have you ever been told you have a heart murmur?			
	Has any family member or relative died of heart problems or of sudden death before age 50?			
	Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?			
	Has a physician ever denied or restricted your participation in sports for any heart problems?			
	Has anyone in your family had a heart attack before the age of 50?			
16.	Head and Nerve			
	Have you ever had a head injury or concussion?			
	Have you ever been knocked out, become unconscious, or lost your memory?			
	Have you ever had a seizure?			
	Do you have frequent or severe headaches?			
	Have you ever had numbness or tingling in your arms, hands, legs or feet?			
	Have you ever had a stinger, burner or pinched nerve?			
17.	Last tetnus shot?	Date _____		
18.	Last eye exam?	Date _____		
19.	Last menstrual period (if women)	Date _____		

Personal Habits

		Yes	No
1.	Smoking/smokeless tobacco		
2.	Alcohol/non-medical drugs: marijuana, cocaine, etc		
3.	Steroids		
4.	Eating Disorders – weight loss or gain?		

Review of systems (Please check if you have any problems with any of the following areas of your body)

_____ Skin	_____ Lungs	_____ Shoulders, Arms, Hands
_____ Head	_____ Heart	_____ Hips, Legs, Feet
_____ Eyes	_____ Abdomen	_____ Muscles—Strength, Feeling
_____ Ears	_____ Back	_____ Mental, Emotional
_____ Nose	_____ Urination, Bowel Control	_____ Fatigue
_____ Mouth/Throat	_____ Genital (including menstrual for women)	_____ Other: What?
_____ Nutrition, Weight Control		_____
_____ Neck		

I certify that the above information is correct to the best of my knowledge.

Student Signature _____

Parent/Guardian Signature _____

Both Student And Parent/Guardian Signatures Are Mandatory

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