SPALDING UNIVERSITY
MASTER OF SCIENCE IN ATHLETIC TRAINING

STUDENT HANDBOOK

2026-27

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INTRODUCTION

ACKNOWLEDGEMENT OF RECEIPT

This handbook will be updated annually and provided to each student to ensure visibility and access to key university and program information. MSAT students are required to complete the Receipt of Acknowledgment form in the ATrack System before the start of each academic year.

SPALDING UNIVERSITY VISION & MISSION

Vision: Building on Tradition, Focus on the Future

Mission: Spalding University is a diverse community of learners dedicated to meeting the needs of the times in the tradition of the Sisters of Charity of Nazareth through quality undergraduate and graduate liberal and professional studies, grounded in spiritual values, with emphasis on service and the promotion of peace and justice.

Diverse Community of Learners …

Spalding University welcomes students, faculty, staff, and administrators who are diverse in age, experience, intellect, race, class, minority status, gender, religion, and culture and encourages them to become members of an academic community.

Dedicated to Meeting the Needs of the Times …

Since 1814, Spalding University has been and continues to be a community committed to providing curricula and programs that address evolving educational needs and contributing knowledge and understanding derived from teaching, scholarship, and creative activity.

Quality Undergraduate and Graduate Liberal and Professional Studies …

Spalding University provides a stimulating educational atmosphere, personal student/faculty interaction, and individual attention to a student's total learning experience. The values of curiosity, wonder, and reflection, sharpened by rigorous critical thought, are brought together with recognition of the needs and expectations of each member of the community.

Grounded in Spiritual Values …

Established in the Catholic tradition, the Spalding University community embraces individuals of all traditions, encouraging them to live a personal philosophy centered on a value system beyond themselves.

Service and the Promotion of Peace and Justice …

Spalding University serves human needs by challenging, encouraging, and supporting members of its community to exercise leadership in applying their learning to the fundamental needs of human life – physical, emotional, intellectual, and spiritual – in whatever social or professional context they may find themselves. All are encouraged to recognize moral, social, economic, political, and environmental issues, and to engage actively in the promotion of a just and peaceful world.

Students at Spalding University represent a broad range of ages and come from various academic, social, economic, and national backgrounds. Their interaction with a well-prepared, experienced faculty is marked by mutual concern in a climate where learning is valued. How faculty and students engage in the learning process is determined by the character of the particular discipline being pursued and by the knowledge, ability, and creativity of those involved in the pursuit.

SPALDING UNIVERSITY CORE COMPETENCIES

In keeping with Spalding University's long tradition, rigorous study across and within academic disciplines fosters a commitment to life-long learning, service, and the promotion of peace and justice among students and faculty. The University provides opportunities to practice habits of mind and heart that emphasize the joy of discovery, animate the creative intellect, and promote the development of personal and intellectual competencies needed for success in living life to the fullest.

To this end, students will demonstrate the ability to

- Think critically;
- Communicate effectively using oral, visual, and written skills;
- Comprehend social issues from different perspectives, such as literary, artistic, historical, cultural, philosophical, scientific, global, political, technological, and economic;
- Use scientific and mathematical skills to solve problems;
- Demonstrate effective interpersonal skills; and
- Understand one's values and religious beliefs and respect those of others.

ACADEMIC PROGRAM ACCREDITATION, CERTIFICATION, AND LICENSURE

Spalding University is accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

MSAT students in good academic standing are eligible to sit for the certification examination administered by the Board of Certification, Inc. in their final semester at Spalding University. The BOC is located at 1415 Harney Street, Suite 200, Omaha, NE 68102 (telephone: 402- 559-0091).

BOARD OF CERTIFICATION
FOR THE ATHLETIC TRAINER

MSAT PROGRAM INFORMATION AND PROFESSIONAL EXPECTATIONS

1. MSAT Administrative Location: The administrative office of the Master of Science in Athletic Training Professional Program is in room 104B of the Kosair for Kids College of Health and Natural Sciences Building located at the southeast corner of Breckinridge Street and 3rd Street in Louisville, Kentucky. Faculty offices are also located in the CHNS building. Each faculty member's office is identified with the member's name outside the door.

2. Phone numbers: The phone number of Spalding University is (502) 585-9911. The Program Director's (PD) phone number is (502) 873-4306. The phone number for the Director of Clinical Education (DCE) is (502) 873-4290. The phone number of the Department Coordinator is (502) 588-7196. The fax number is (502) 585-7149. The university phone system additionally has voice recognition software that can assist you in locating various faculty members by following the prompts and stating the name of the person you wish to call.

3. Voice Mail/Email: Telephone, voice mail, and email are available to transmit messages to all faculty and staff. Individual faculty extensions can be accessed through the University phone voice system or the online directory. Your voice message is recorded through the Zoom phone system and uploaded to the faculty's Zoom account. If you do not leave a message, it is unlikely that the faculty will return your calls. If you need to reach the faculty member, please leave a message.

4. All students must access a myspalding.edu portal account. This will be the main means of communication with students by MSAT faculty and the University. All email communication must go through your Spalding e-mail address. The university faculty and staff cannot communicate with you through other varied e-mail accounts, so please use your official account for university business.

5. Releasing Personal Information: Names, addresses, and telephone numbers or information of Athletic Training Student's status will NOT be released to others, not even to parents, without the prior written consent of the student concerned. Students are responsible for notifying the University Enrollment Services, Financial Aid, and the Master of Science in Athletic Training program regarding changes in such personal contact information as name, postal and email address, and phone number. Home addresses and telephone numbers of faculty members will not be released without the prior written consent of the individual faculty member.

6. Report of Grades: Test grades are distributed on the course Canvas sites, during regular class meetings, or at other times as specified. The MSAT staff are not permitted to provide completed course grade information at any time. (Final official course grades are distributed by the University Registrar through WebAdvisor) The faculty does not distribute final course grades.

7. Usage of Copier/Lab printers: Student use of the CHNS copiers is not allowed. All registered students will have access to the printing kiosks. Students must follow the university's printing policy which can be found on the myspalding.edu portal.

8. Orientation: All students entering the MSAT professional program must participate in orientation. You will receive information, upon enrollment into the MSAT program, on the initial date and expectations of orientation. Any student unable to meet the orientation date and time due to excused or emergent situations, will be required to schedule an orientation make-up with the Program Director. Subsequent dates for Clinical and Administrative updates may occur throughout the professional program. Many

items/processes must be completed by or during the orientation period. These include but are not limited to:

- Completing CPR/AED Training
- Completing HIPAA, BBP, and FERPA Training
- Completing a Castle Branch registry

9. Use of Canvas online course materials: All students are expected to access course materials before the beginning of the academic year. Students are responsible for checking current course(s) online platforms for updates daily. Many courses have hybrid wrap-around components that require students to participate in course content through the online portal/Canvas system.

10. Use of Artificial Intelligence: Students may use Artificial Intelligence (AI) to support their coursework *only* if specified by the instructor due to the nature of the assignment, or written permission is obtained from the instructor prior to coursework submission. Students may use AI programs to help generate ideas and brainstorm without instructor permission but please note that large language models may produce biased, inaccurate, incomplete, or non-existent information, including false citations. The student is responsible for ensuring all coursework submitted contains accurate information. Language and information produced by AI should be cited, following the format provided by the instructor. Submitting coursework generated by AI without instructor permission will be considered academic dishonesty.

STATEMENT OF PROFESSIONALISM

Professional behavior is a series of actions deemed acceptable in the workplace. These interaction methods are dictated by courtesy, civility, and good taste. Today's practice environment is in an era where quality services are perceived as a variable, dependent in part, upon the individual athlete trainer's responsible and accountable actions. As athletic training educators, faculty members are committed to the values of responsibility and accountability, we uphold this statement of professionalism and believe it is our responsibility to instill and require these same values of Spalding University MSAT students. Future clients, the athletic training profession, and the organizations within which you will work warrant high standards of accountability.

Many behaviors reflect responsible and accountable athletic training practice. Commitment to the safety, well-being, and health of the clients and families receiving our services is a fundamental requirement. Adhering to the profession's ethical standards as outlined in the NATA's Code of Ethics AND the Board of Certification of Athletic Training (BOC) Standards of Ethics (These will be available in the Orientation Portal and ATRACK), is also required. Accountable actions that have significant ramifications include adequate preparation; sensitivity to the client and the client's family privacy; concern for the client's best interests; consultation with fellow professionals, and most importantly integrity and honesty in all of one's actions.

Additionally, athletic trainers must genuinely commit themselves as professional practitioners. This commitment is lived out, in part, through adherence to the philosophy that learning is a lifelong process, and the currency of knowledge is crucial. Personal appearance and behavior are also hallmarking of a professional. How one conducts oneself is a measure of the individual's standards and self-concept. This concern for self provides an added dimension of credibility that assists the client and family in developing a trusting, restorative relationship with the athletic trainer. This includes the expectations found under the dress code policy.

The professional athletic trainer must commit to his/her employer. Therefore, it behooves the professional practitioner to be familiar with the philosophy, purpose, and goals of an organization before committing to that organization. Punctuality, dependability, and accountability are part of meeting this commitment. Organizations that allow MSAT students to gain knowledge, skills, and competence in their facilities also deserve this same level of accountability. Students are expected to be punctual, dependable, and accountable while in these organizations. This includes following all standards set forth concerning client/patient confidentiality and required documentation of criminal background checks and reporting of immunizations and certifications.

You are studying in an educational program that prepares you as a professional practitioner. The MSAT program expects from you the same responsible and accountable behaviors required when you graduate and take employment in various service agencies. Additionally, you are responsible, as a member of the Spalding University Community, to uphold the mission and objectives of the University, the academic policies of the university, as well as the mission, philosophy, objectives, and policies of the MSAT Program.

Students will be required to complete a Professional Acknowledgment Form yearly through the ATrack System and will be saved in the student files.

MSAT PROGRAM DESCRIPTION

MSAT FACULTY & STAFF

Faculty	Title	Email
Dr. Beth Rogers	Chair/Program Director	eshoulders@spalding.edu
Dr. Collin Herb	Director of Clinical Education	cherb@spalding.edu
Dr. Blake LeBlanc	Assistant Professor	bleblanc@spalding.edu
Sam Klein	Adjunct Professor	samkleinatc@gmail.com
Dr. Amy Verst	Adjunct Professor	averst@spalding.edu
Becky Clifton	Adjunct Professor	bcliftonatc@gmail.com
Aileen McPhillips	Department Coordinator	amcphillips@spalding.edu

PROGRAM VISION STATEMENT

The Spalding University Master of Science in Athletic Training (MSAT) program strives to be the premier athletic training program, recognized for its commitment to interdisciplinary care, innovative practices, and immersive experiential opportunities. We are dedicated to developing leaders who are equipped to advance the profession through a lifelong commitment to learning, excellence in practice, and a holistic approach to healthcare. Our graduates will emerge as pioneers in the field, prepared to meet the evolving challenges of athletic training with integrity, compassion, and expertise.

PROGRAM MISSION STATEMENT

In the pioneering spirit of Lewis and Clark, the Mission of Spalding University's Master of Science in Athletic Training program is to develop professionals dedicated to meeting the needs of the times through compassionate service and evidence-based clinical application. The program places high value on its core principles of *interdisciplinary care, innovative practice, experiential opportunity, leadership development*, and *lifelong learning.*

PROGRAM OUTCOMES

The Spalding University MSAT program will:

1. Provide quality instruction to professional MSAT students.
2. Implement superior clinical education opportunities to supplement didactic learning.
3. Prepare MSAT students for professional practice.

STUDENT LEARNING OUTCOMES

The *Spalding University MSAT students* will display:

1. Competency in clinical reasoning.
2. Ethical application of evidence-based medicine.
3. Effective Interdisciplinary communication.
4. Proficiency in professional practice skills.

STUDENT LEARNING OBJECTIVES FOR EACH PROGRAM OUTCOME

Outcome #1. *Spalding University MSAT students* will display competency in clinical reasoning.

1.1. *80% of graduating students from the MSAT program will demonstrate competent clinical reasoning through hands-on practical examination.*

- Students will be assessed by faculty on their MSAT 510 Emergency Care Practical

Exams using a standardized rubric.

1.2. *80% of graduating students from the MSAT program will demonstrate competent clinical reasoning in the development and application of a patient/client-centered treatment plan.*

- Students will be assessed by faculty on their MSAT 630 Rehabilitation final project using a standardized rubric.

Outcome #2. *Spalding University MSAT students* will demonstrate the ethical application of evidence-based medicine.

2.1. *80% of graduating students from the MSAT program will demonstrate ethical application of evidence-based medicine through oral and visual modes.*

- Students will be assessed by faculty on their evidence-based modalities presentation in MSAT 530 Therapeutic Modalities using a standardized rubric.

2.2. *80% of graduating students from the MSAT program will demonstrate ethical application of evidence-based medicine through a final research project.*

- Students will be assessed by faculty on their Master's Project in MSAT 685 using a standardized rubric.

Outcome #3. *Spalding University MSAT students* will display effective interdisciplinary communication.

3.1. *80% of graduating students from the MSAT program will demonstrate effective interdisciplinary communication through simulated scenarios in MSAT 550.*

- Students will be assessed by faculty on their interdisciplinary communication during simulation scenarios in MSAT 550 using a standardized rubric.

3.2. *80% of graduation students from the MSAT program will demonstrate effective interdisciplinary communication through presentation of their final Master's Project.*

- Students will be assessed by faculty on their presentation of their final Master's Project using a standardized rubric.

Outcome #4. *Spalding University MSAT students* will display proficiency in professional practice skills.

4.1. *80% of graduating students from the MSAT program will demonstrate proficiency in professional practice skills through the completion of the Commission on Accreditation of Athletic Training Education curricular content standards assigned to clinical education courses.*

- Students will be assessed by faculty on the completion of CAATE curricular content standards through ATrack.

4.2. *80% of graduating students from the MSAT program will demonstrate proficiency in professional practice skills through mock Board of Certification (BOC) examination scores taken during the BOC preparation course.*

- Students will be assessed by faculty on their mock BOC examination scores using test mode.

MSAT PROGRAM SEQUENCE

Professional Phase First Year (40 hours)

All major courses must be completed at Spalding University

MSAT 500	Foundations of Athletic Training	3
MSAT 510	Emergency Care of Athletic Injuries	3
MSAT 512	Advanced Regional Anatomy	3
MSAT 519	Neuroscience For the Active Population	3
MSAT 515	Nutrition, Strength & Conditioning for Active Populations	2
MSAT 520	Upper Extremity and Spinal Injury Pathomechanics, and Assessment with Laboratory	4
MSAT 530	Therapeutic Modalities and Evidence-Based Applications	3
MSAT 540	Lower Extremity and Spinal Injury Pathomechanics, and Assessment with Laboratory	4
MSAT 610	General Medical Conditions with Pharmacology	3
MSAT 620	Health Science Research Designs and Statistical Methods	3
MSAT 630	Advanced Functional Rehabilitation and Return-to-Activity Decision Making	4
MSAT 550	Clinical Education I	2
MSAT 600	Clinical Education II	3

Year 1

Fall August-December	Spring January-April	Summer May-August
MSAT 500 Foundations of Athletic Training (3)	MSAT 520 Upper Extremity and Spinal Injury Pathomechanics, Assessment w/ Lab (4)	MSAT 630 Advanced Functional Rehabilitation and Return-to-Activity Decision-Making (4)
MSAT 510 Emergency Care of Athletic Injuries (3)	MSAT 540 Lower Extremity and Spinal Injury Pathomechanics, Assessment w/ Lab (4)	MSAT 530 Therapeutic Modalities and Evidence-Based Applications (3)
MSAT 512 Advanced Regional Anatomy (3)	MSAT 610 General Med. Conditions w/ Pharmacology (3)	MSAT 515 Nutrition, Strength & Conditioning for Active Populations (2)
MSAT 519 Neuroscience for the Active Population (3)	MSAT 600 Clinical Education II (15 hrs. per week) (3)	MSAT 620 Health Science Research Designs and Statistical Methods (3)
MSAT 550 Clinical Education I (10 hrs. per week) (2)		
Total Credits = 14	Total Credits = 14	Total Credits = 12
40 hours total		

Professional Phase Second Year (22 hours)

All major courses must be completed at Spalding University

MSAT 625	Clinical Education III Immersive	9
MSAT 650	Clinical Education IV	3
MSAT 660	Psychosocial Aspects	2
MSAT 680	Leadership, Administrative, & Ethical Concerns in Healthcare	3
MSAT 685	Master's Project	3
MSAT 690	Board of Certification Preparation	2

Year 2

Fall August – December	Spring January – April
MSAT 660 Psychosocial Aspects (Asynchronous Online) (2)	MSAT 680 Leadership, Administration, and Ethical Concerns in Healthcare (3)
MSAT 625 Clinical III Immersive (30-45 hrs. per week) (9)	MSAT 685 Master's Project (3)
	MSAT 690 BOC Prep (2)
	MSAT 650 Clinical Education IV (20 hrs. per week) (3)
Total Credits = 11	Total Credits = 11
22 hours total	

PROGRAM OF STUDY REQUIREMENTS

The Master of Science in Athletic Training (MSAT) Program at Spalding University can be pursued through two distinct pathways: the Combined BSHS or BSNS/MSAT Pathway and the Traditional Graduate Pathway. Both pathways lead to a graduate-level degree and require the successful completion of 62 credit hours of professional coursework. All MSAT courses are held to graduate-level standards, and students must earn a grade of "B" or higher in all courses. Failure to meet this standard may result in program dismissal.

1. Spalding 3+2 Pathway. Students in the combined Bachelor of Science in Health Science (BSHS)/MSAT or Bachelor of Science in Natural Science (BSNS)/MSAT pathways begin their academic journey as undergraduates and transition into the graduate MSAT program upon completion of undergraduate requirements:
    a. Completion of all University undergraduate degree requirements for the BSHS or BSNS;
    b. A preferred cumulative GPA of 3.0 or higher before transitioning to the graduate MSAT component;
    c. Approval from the MSAT Program Director and confirmation of a completed Program of Study Sheet (available in the *Spalding University Catalog for Undergraduate and Graduate Studies* under "Athletic Training"); and
    d. The program application requirements during the academic year prior to enrollment.

Important Note: If you do not meet all undergraduate degree requirements and GPA expectations at the time of transition, you will not:

a. Be eligible to begin graduate-level MSAT coursework;
b. Receive clinical placements; and
c. Be permitted to walk in the graduation ceremony with your cohort.

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2. Traditional Graduate Pathway. Students entering the MSAT Program as a traditional graduate student must first complete:
    a. The program application requirements;
    b. All prerequisite coursework as specified by the MSAT Program; and
    c. A Bachelor's degree from an accredited institution.

Admission to the traditional pathway is contingent upon meeting these entry requirements. Once admitted, traditional students enter directly into the graduate-level MSAT curriculum and are subject to the same academic standards and credit hour requirements as students in the combined pathway.

Academic Standards and Advising
Regardless of the pathway, all students must:

- Complete 62 credit hours of graduate-level MSAT coursework,
- Maintain a grade of "B" or higher in all professional courses, and
- Adhere to the academic standards expected of graduate students.

Students are responsible for ensuring that all program requirements are met. It is essential to work closely with your academic advisor and the MSAT Program Director to develop and follow an approved Program of Study Sheet.

STUDENT SERVICE HOURS

Service learning is a unifying thread that links the School of Athletic Training with the greater mission of

Spalding University. Spalding University's mission emphasizes service and the promotion of peace and justice through graduate and undergraduate studies.

Volunteer service is defined in the School of Athletic Training as experiential learning opportunity hours that are beyond academic course requirements. The experiential learning hours are completed individually; however, the Spalding University School of Athletic Training will organize various opportunities throughout the year.

Experiential learning is a method of teaching that combines classroom instruction with meaningful community service. This form of learning emphasizes critical thinking and personal reflection while encouraging a heightened sense of community, civic engagement, and personal and professional accountability. All MSAT students must track their service, clinical education, and volunteer activities as a part of their academic curriculum

EXPERIENTIAL LEARNING OPPORTUNITY REQUIREMENTS

Students are required to have 20 hours of documented *Experiential Learning Opportunity (ELO) Hours* during the course of the program with a minimal of 5 hours completed in the first year. Each ELO experience can only count for a maximum of 3 hours per event. Additional mandatory experiences listed below are in addition to this requirement. These Experiential Learning hours will be documented yearly and will be reviewed by the MSAT program faculty. For any ELO that are completed outside of MSAT program activities, please verify with MSAT faculty that the hours will count before completing them. Documentation verifying completed hours will be due in MSAT 690.

Areas that will count as *experiential learning hours may* include, but are not limited to:

- Local, state, regional, or national Health and/or Athletic Training Associations
- Non-profit agencies.
- Local Health Fairs (both Spalding and non-Spalding sponsored)
- Assisting at local athletic events (i.e. KDF Mini, Ironman, Bourbon Burn)
- Working at charity events (i.e. Festival of Trees and Lights, St. Joseph's Picnic)
- Church community events (i.e. Vacation Bible school, youth leader)
- Other opportunities as approved by the MSAT program faculty

Experiential learning hours are completed following requests from the community. These requests may be directly to the MSAT students or from public service announcements, a local newspaper, church requests, etc.

- Areas that are NOT counted as *experiential learning hours* include:
- Work completed with for-profit agencies.
- Leadership positions and commitments (MSAT student club involvement).
- Required outside class work (i.e. CPR).
- Clinical Education (This is separately tracked through course requirements).
- Required Social gatherings (Graduation events, etc.)
- Class requirements.

Mandatory learning experiences are completed by students during their enrollment, additional mandatory learning experiences could be added at any time by the MSAT faculty. These events do NOT count as part of

your ELO, classroom, and/or clinical education requirements, but will be documented on in the same way as ELOs.

1. Ergo Day: The School of Athletic Training has committed to one day every year when students will go to Amazon and learn about ergonomics and industrial athletic training. Each student is required to attend and participate in this event as there will be required competencies that students are able to demonstrate compliance in. The date for this may change from year to year, but students will be given advance notice to plan accordingly to attend.
2. IPE Event: All students will be required to participate in at least one IPE day with the MSAT program.
3. Wrestling Coverage: All students in the School of Athletic Training will volunteer at least one day of Wrestling Coverage with a preceptor. This is an experiential learning opportunity where students will learn about the many facets of wrestling coverage and general medical conditions in sports.
4. Mass Physical Day: All students within the School of Athletic Training will participate in the Spalding University Athletics Program "Mass Physical Day" or other health organization "Mass Physical Days".

INCIDENT REPORTING POLICIES & PROCEDURES FOR EXPERIENTIAL LEARNING

The School of Athletic Training seeks to provide active learning experiences for its students that facilitate appreciation for service, critical thinking, and clinical reasoning in preparation for clinical education and beyond. Before starting clinical education, students are educated on blood-borne pathogens, infection control, and HIPAA/FERPA to keep themselves, their patients, and their work environments safe. These same principles apply to any volunteer experience.

Appreciating the nature of the community and healthcare environments, unforeseen incidents may occur despite preventative measures and education. To provide an accurate record of incidents, affiliating agencies have established policies and procedures that direct actions to be taken following the occurrence of reportable incidents.

The information below the School of Athletic Training Incident Reporting Policy and Procedures that will be followed *in addition to* the affiliating agency's policies and procedures should any student experience a reportable incident (accident, incident, or injury) during off-campus experiential learning experiences in the community.

1. In the event of an incident involving an MSAT student while at an off-campus experiential learning experience, the following processes are to be performed:
    a. The student is responsible for complying with the affiliating agency's policy and procedure for notifying the appropriate personnel, seeking immediate medical attention, and incident reporting;
    b. The student is responsible for notifying the MSAT Director of Clinical Education of the incident immediately following its occurrence;
    c. The student is to be examined by an appropriate professional and a determination will be made regarding further intervention and/or treatment;
    d. Refusal on the part of the student to be examined is to be noted in the written record.
    e. In this case, the student is required to sign a waiver that relieves MSAT faculty, Spalding University, and the affiliating agency from any consequences following a refusal to seek an evaluation and/or treatment;
    f. Spalding University or the affiliating agency is not responsible for the costs of treatment as a result of the event. To this end, MSAT requires all students to maintain current health insurance.

2. In addition to complying with all policies and procedures of the affiliating agency, MSAT faculty are also required to complete the following procedures:
    a. An oral /written report is to be made to the School of Athletic Training Chair / Program Director on the same day of the incident triggering the MSAT Incident Reporting Policy and Procedure.
    b. A written report using the Incident Reporting Form is to be completed and submitted to the School of Athletic Training Chair within one business day of the student event which will become a part of the student's file.

Upon receipt of the written report, the School of Athletic Training Chair will notify the Dean of Students, as needed, to determine the next steps.

The *MSAT Incident Reporting Form and Waiver* can be found in ATrack and will collect Student Information, Affiliating Agency, and Narrative of the Incident. If a student wishes to decline care, this must be indicated upon submission of this form under the Student Declaration of Care section.

PROGRAM COST

Master of Science in Athletic Training Program (MSAT) Estimated Schedule of Costs
The following items represent projected costs for students enrolled in the MSAT Program. These costs are estimated costs provided for budgeting and planning purposes only. They may not represent actual costs one may concur through the program, for these vary based upon individual student needs.

Program Associated Costs	Price Description
University Tuition and Fees These are available from Enrollment Services and are updated each year.	You can find the current schedule of tuition costs at https://spalding.edu/admissions/tuition-and-fees/.
Textbooks	Estimated Costs of Textbooks & Software approximately $75.00-300.00 per semester.
Castle Branch	Background checks and re-checks and immunization tracking throughout the program timeframe $118.74
National Athletic Trainers' Association (NATA) Student Membership / Annual (Non-Certified) Kentucky Athletic Trainers' Society (KATS) Student Membership Southeast Athletic Trainers' Association (SEATA) Student Membership	$92.00 (If KY Resident) $87.00 (If IN Resident) Included in NATA cost above Included in NATA cost above * Annual fees will expire each year in December.
ATrack Clinical education documentation tracker	$90 annual fee
Attire Students will be required to purchase professional attire and/or MSAT attire for clinical education rotations. Students will have the option to purchase additional MSAT attire, such as jackets. Professional attire, such as khakis, athletic shoes, and belts, is required while the student is out on clinical education rotations	Varies
Clinical Education Costs There may be additional costs for travel, lodging, meals, and other associated living costs due to some Clinical Education placements. All extra costs related to travel, lodging, meals, and other associated living costs are the sole responsibility of the student. The PD and DCE will communicate with all students before Clinical Education placement to ensure that any extra associated costs will be approved by the student.	Varies
Annual CPR Certification	Varies
Immunization/Titer	Varies
Annual TB Skin Tests	$10.00-15.00
Drug Testing *Required for some clinical education rotations	Varies

PROGRAM PROGRESSION

STUDENT STATUS

University Policies

The MSAT program adheres to and follows the University's policies. These policies apply to all University students. Violations of Student Responsibilities, Procedures and Sanctions for Violations of Student Responsibilities, Procedures for Student Academic Integrity, Administrative or Discrimination Appeals, and Sexual Harassment Policy are printed in the *University Catalog*.

Grade Requirements for MSAT Program Retention

The MSAT professional program consists of all 500-600-level courses, thus all are considered graduate program courses and adhere to the University's grade policies for graduate courses. An overall GPA of 3.0 on a 4.0 scale must be maintained. If a student earns less than a "B" in two or more courses, continuation in the Athletic Training Program is not permitted. The lowest grade for which credit is given in a graduate course is a "C." In addition to the above requirements, students who earn a grade of "C" for a 5-credit hour course will be dismissed from the program, as will students who earn one grade of "F" in any course. In courses of fewer than 5 credit hours, earning a "C" in more than one course within the curriculum is grounds for dismissal from the program and the University.

Professional Level Course Withdrawal

A student in the MSAT Program may withdraw from a maximum of two (2) courses. If a student seeking readmission into the MSAT program has withdrawn from the same course more than once or has not been successful in completing the same course with a grade of "C" or better in two attempts, the student is not eligible for readmission in the professional program. Most courses occurring in each semester are prerequisites for subsequent professional program courses occurring in later semesters. The student may withdraw from a professional-level course only once. Approval will not be given for a second withdrawal from the same course. For example, a student may withdraw only one time from MSAT 512, Advanced Regional Anatomy and Neuroscience. Please refer to the University Catalog for the Athletic Training Program of Study and course descriptions.

All courses must be taken in sequence unless permission from the Program Director is given to alter the progression as outlined.

1. Withdrawal from a required course will result in the student being placed on a delayed track for up to one year until that course is taught again in the curriculum. During the program delay, the student may not be registered for Athletic Training courses unless approved by the Program Director.
2. If a student has significant life challenges in any given semester that preclude successful academic performance in more than two courses, and if the student has no prior professional-level course withdrawals; the student may be allowed to withdraw from all professional-level courses for that semester during the official University withdrawal period. The student will be placed on the delayed track to return to the program the following year. Further course withdrawals will not be approved without written appeal to, and subsequent approval from, the MSAT Program Director.
3. Regardless of whether the course withdrawal is the first or second occurrence in the professional program, a withdrawal request will be approved for only one (1) Clinical Education course. Course withdrawal from a Clinical Education experience due to failing performance will require a faculty-approved intervention plan before subsequent Clinical Education placement. This plan is developed through a face-to-face dialogue between the student, the DCE, and the PD. Future Clinical Education will be scheduled as available.

Withdrawal from the MSAT Program

Any student wishing to withdraw from the MSAT Program should meet with their advisor and the MSAT PD for academic counseling. An exit interview with the MSAT PD is required. Students who withdraw are encouraged to use WebAdvisor to assist with task completion and to meet with a financial aid counselor. Any drop or withdrawal from a course may impact a student's financial aid package. If a student is in good academic standing with the program and wishes to return to the program, arrangements and a timeline for return will be discussed at the time of withdrawal. If a withdrawing student is eligible to return to the program this return must occur within 24 months of withdrawal, or the student will be subject to re-admission and to complete the entire 62-credit professional program curriculum.

Dismissal from the MSAT Program

Students who fail to demonstrate behaviors consistent with the professional practice of Athletic Training as described in the Statement of Professionalism on page 9 of this handbook and/or the NATA Code of Ethics, or violations of student responsibilities, and/or maintenance of academic GPA standards as described in the University Catalog will be dismissed from the professional program. Students have the opportunity to present their position regarding such action if they wish to do so per the University Catalog's Procedures for Student Academic Integrity. Students are expected to understand and foster the University Statement of Responsibility as listed in the University Catalog. The following remediation policy outlines the process by which students may be dismissed from the MSAT program.

Remediation Policy

Students accepted into the MSAT program are expected to demonstrate professionalism both in didactic and clinical coursework. The Statement of Professionalism found in this handbook outlines professional expectations of MSAT students for academic and professional behaviors while a student in the MSAT program. MSAT students and faculty may perform scheduled and "as needed" assessments of professionalism components throughout the curriculum to ensure students are developing both as students and as ethical and safe healthcare professionals.

The MSAT program upholds high scholastic standards that will help advance each student through the program to their highest potential. These standards include the following:

- The student is responsible for monitoring their academic standing throughout the program (course grades, GPA, registration, financial obligations, etc.).
- The student submits assignments according to due dates per syllabi or faculty communications.
- The student references the work of others according to faculty instruction.
- The student demonstrates professional writing competency according to APA guidelines.
- The student is responsible for obtaining any course materials they may have missed due to missing class or other learning experiences.
- The student is expected to complete all course evaluations according to the prompts sent by Spalding University.
- The student will procure all required academic resources, including but not limited to textbooks, articles, videos, subscriptions, and memberships, according to faculty or program instruction; and
- The student upholds academic integrity, which means they are honest, do not cheat, do not plagiarize, and do not share their work with others unless otherwise specified by faculty.

DUE PROCESS

Escalation of Concern Policy

The MSAT program follows a formal process for identifying and addressing academic or professional behaviors that are misaligned with the expectations of the MSAT program and Spalding University, following the University Catalog.

Initial Review and Student Notification

Once a formal report is submitted, the faculty member or program leader will:

1. Meet with the student to:
    - Present the concern
    - Allow the student to share their perspective
    - Counsel the student on professional expectations and behavioral standards
2. Depending on the nature and severity of the concern, one or more of the following may occur:
    - Documentation of the meeting in the student's academic file
    - Development of a **Success Plan** to guide behavioral and/or academic improvement
    - Issue a Notice of Concern

Ongoing Concerns or Escalation

If the student displays a recurrence or escalation of the identified behavior, or fails to meet expectations:

- A meeting will be scheduled with:
    - The student
    - The faculty member
    - The Chair of the School of Athletic Training
- Outcomes may include:
    - Revision or extension of the Success Plan
    - Academic or professional probation
    - Dismissal from the MSAT program and/or Spalding University
    - Issuing a Notice of Concern

Failure to Fulfill Success Plan

If the student fails to meet the terms of the Success Plan:

- A follow-up meeting will occur with the same parties listed above.
- Potential outcomes:
    - Further revision of the Success Plan
    - Continuation of probation
    - Dismissal from the program

Note: This policy aligns with the Spalding University Catalog's Academic Status and Appeals procedures.

IMMEDIATE DISMISSAL FOR HARMFUL CONDUCT

The MSAT program upholds the highest standards of professional, ethical, and safe conduct. Students whose actions cause **physical, emotional, or psychological harm** to a patient, peer, faculty member, clinical preceptor, or community member may be subject to **immediate removal from clinical and/or academic settings**, and potential **dismissal from the program**.

Examples of egregious conduct include (but are not limited to):

- Patient abuse or neglect
- Breach of confidentiality
- Harassment or discrimination
- Behavior violating legal, ethical, or licensure standards

Such cases will be promptly reviewed by the **Program Director** and relevant university personnel. Dismissal decisions will be based on:

- The severity and nature of the behavior
- The findings of any investigation
- Alignment with professional and institutional standards
- Student rights under due process

REPERCUSSIONS

The following actions may result from academic or professional behavior that violates the NATA Code of Ethics, MSAT Student Handbook, Spalding University Catalog, or Student Handbook. All actions are documented in the student's official MSAT record:

- Advising (with or without a Success Plan)
- Professional or academic probation
- Dismissal due to:
    - Failure to meet the terms of a Success Plan
    - Substantiated reports of egregious or unsafe conduct
- Immediate dismissal for:
    - Felony conviction
    - Behavior that would preclude professional licensure

The MSAT program reserves the right to dismiss a student upon the first offense if the conduct poses a significant risk or violation of standards. Students dismissed from the program must follow Spalding University's appeal and grievance policies as outlined in the University Catalog.

Any faculty member, staff, affiliated educator, preceptor, student, or MSAT leader who observes or suspects unprofessional or inappropriate behavior must report the concern to the course faculty of record or the Chair of the School of Athletic Training. Reports should be submitted via email, Word document, or the ATrack Escalation of Concern Form, and must include the following:

- Name of the student of concern
- Name of the reporting individual
- Name of the witness (if different from the reporter)
- Date the report is filed
- Date of the incident (if different)
- Description of the observed or alleged behavior
- Any supporting evidence (e.g., documentation, communications)
- Any immediate actions or outcomes that followed the incident

Confidentiality:
The identity of the reporting party will remain confidential, except when disclosure is required due to legal or institutional obligations. If such disclosure is necessary, the reporter will be notified.

Note: If the Director of Clinical Education, Program Director, Chair, Dean, or Provost position is vacant at the time of escalation, concern or due process procedures, the correct representative will be provided to the appropriate parties.

CLASS REQUIREMENTS

Class Attendance

The Athletic Training curriculum is planned based on regular attendance in class and clinical experiences. A student finding it necessary to be absent from either class or clinical experience is expected to display professional accountability and courtesy by notifying the instructor and the clinical site a minimum of one hour before scheduled class or clinical time. This should be done as soon as possible before the absence. It is the student's responsibility to obtain lecture notes, complete class assignments, and obtain all information missed.

Absences

Students are expected to attend all scheduled classes (including lab, clinical education, or scheduled class meetings -all of which are components of a course.) Failure to adhere to the attendance requirements without written permission may impact the student's overall grade or failure to complete the course.

- If a student will be absent from class, lab, or clinical education experience, the instructor must be notified before the beginning of class.
- A student with more than three occurrences of being tardy or leaving early could be subject to points being subtracted from his/her final course grade. Any lateness beyond 30 minutes will be considered an absence.
- All Clinical Education absences must be made up for course completion.
- Any student missing 20% or more of a class is subject to dismissal from the course and a grade of "F" for the course.
- Experiential learning opportunities that require the absence during designated course times must be approved by the course instructor via email.

Absences on examination and test days are considered a serious matter; exceptions will not be granted without a valid and verifiable reason. The instructor has the prerogative to establish the procedure for and the format of make-up examinations or to deny a make-up exam. Class attendance of fewer than 80% of the required contact hours may result in a meeting with faculty to develop a success plan that could result in dismissal from that course and a grade of "F" for the course. The instructor has the right to request written verification of excuse for an absence, yet any absence counts toward the 80% standard.

Assignments

All assignments/course evaluative measures in the class outline are considered essential for meeting curriculum learning outcomes. If a student has not fulfilled all the course requirements for a course the student may be assigned a grade of "I" for incomplete. If a student is assigned a grade of "I" the student will have 90 days to complete all assignments or will be subject to receiving a grade of "F" for that course. Students must communicate with the instructor for the course and/or the School of Athletic Training Chair to determine what must be completed to fulfill all course requirements.

All written assignments are to be word-processed and in APA format or otherwise stated by the course instructor. Each day an assignment is late may result in a drop of one letter grade. The course instructor may adjust this standard for a particular course, yet students must assume this level of professional performance.

GRADING POLICY/SCALE

(A) **90-100%-** indicates work of excellent quality: a superior grasp of the content of the course, initiative in doing work considerably beyond ordinary assignments, originality in attacking problems, and the ability to relate the knowledge of the course material to other topics.

(B) **80-89.99%-** indicates work of high quality: a very good grasp of content, initiative in doing some work beyond the ordinary assignments, and above-average ability to apply principles intelligently.

(C) **70-79.99%-** indicates work of acceptable quality for undergraduate students: a grasp of the essentials of the course, the satisfactory completion of work assigned, and an average ability to see relationships and to make applications. For graduate students, a grade of "C" indicates a minimal grasp of course materials.

(F) **69.00% or below**- indicates a failure to master the minimum essentials of the course or failure to follow the official procedure for withdrawing from classes.

(V) **Incomplete**- indicates that the student's achievement with the course has been satisfactory but that for valid reasons, a part of the work is incomplete, and permission has been given for it to be completed within a given period not to exceed three months. If the work is not completed by the time stipulated, a grade of "F" is recorded.

(W) **Withdrawal-** Indicates approved withdrawal from classes. Withdrawals must occur within the designated timelines.

Note: In all courses in the Athletic Training Program a minimum of a "B" is considered acceptable. A student can earn only one "C" within professional program courses that consist of fewer than 5 credit hours. If a grade for a course in Athletic Training is incomplete the student is not permitted to begin a subsequent Athletic Training course, unless the student has approval from the program director. All BS/MSAT students must have a cumulative GPA of 3.0 in the BSNS portion of the program to advance to the MSAT portion of the program.

Many professional-level courses require successful completion of written exams/tests; a minimum passing average of 70% for the total of all course exams/tests must be achieved to receive a minimum score of "C" or above for the course. This requirement supersedes the grade average of all coursework.

INCLEMENT WEATHER POLICIES

Spalding University Inclement Weather Policy

The University will remain open, except for the most severe weather or other environmental conditions. When the weather is severe enough to warrant a change in our operating schedule, *one* of the following announcements will be made *before* the start of the workday (Monday – Sunday):

Delayed schedule – University offices will open at 10:00 a.m.
Classes canceled – All University offices will open at 10:00 a.m.
University closed – All classes are canceled, and all University offices are closed. In the event classes are canceled, make-up session(s) may be required.

*Should weather conditions deteriorate after students, faculty, and staff arrive for work or class, a review of the decision to remain open will be made at either noon or mid-afternoon.

For information regarding the University's operating schedule, all students, faculty, and staff may call the University weather line at (502) 585-7102; on campus, you may dial ext. 7102.

The following television and radio stations will also have information regarding our operating status:

Television: WAVE-3, WHAS-11, FOX 41
Radio: WHAS-AM, WAMZ-FM, and WAVG-AM

If no announcements are made via the University's voicemail system and/or Website or on local radio and/or television, OR if you are not notified by your instructor, the University is open and operating on a normal schedule. Please be sure to communicate directly with your course instructors and preceptors for clinical education to be aware of potential delays, closings, or normal scheduling due to inclement weather.

MSAT Program Inclement Weather Policy

The MSAT Program adheres to the University's policy on inclement weather and the scheduling of classes.

If Spalding University is closed or operating on a delayed schedule due to inclement weather or any other unexpected occurrence, the University notifies students, faculty, and staff via the Weather and Emergency Alert Notification System for which students should register on the homepage of the Spalding portal at Weather and Emergency Alerts under "Quicklinks". http://www2.spalding.edu/e2campus/alerts.html

Registration is free, and individuals may select their preferred means of notification (e.g., voicemail, text message, e-mail). The Weather and Emergency Alerts System is Spalding University's official communication system for weather-related closings and delays; students should not rely on television or radio news reports for such information, as such reports are often incorrect or not current.

In the event of inclement weather that results in university closure or altered scheduling, it is the responsibility of the student to coordinate with the Preceptor about attendance during inclement weather. In the event of conflicting University and Agency closures or altered schedules, the student will have the right to choose participation with the assigned clinical experience but are required to communicate with the Preceptor as soon as possible, where conditions are safe.

In the event of developing inclement weather during Clinical Education, students will follow the policies and procedures of the agency where the clinical education is taking place.

Campus Emergencies

Spalding University has implemented an emergency alert system. Signing up is simple, easy, and takes only a few moments. Just go to the Spalding Alerts Signup page under Student Development and Campus Life at www.spalding.edu/alerts.

This technology allows you to receive instant voice and text messages from Spalding University regarding emergencies. SPALDING WILL ONLY USE THIS SYSTEM IN THE EVENT OF AN EMERGENCY.

It cannot be stressed enough that we will use this system only for emergencies and that signing up is vital to our ability to reach you in the case of an emergency on campus. All students will be provided instructions on how to sign up for the university emergency system. Importance for complying is vital for the safety and security of all students, faculty, and staff.

Student-Athlete Participation

The MSAT Program is committed to providing the best experience for Student-Athletes participating in university sponsored athletic programs. Student-Athletes acknowledge that both didactic and clinical education learning will be prioritized over participation. Student-Athletes are responsible for communicating participation to the MSAT Program Director and Director of Clinical Education prior to the start of the academic year. Student-Athletes may be required to complete the Student-Athlete Academic & Clinical Success Form.

Active Duty Policy

The MSAT program at Spalding University recognizes that there may be students who are currently enrolled in the MSAT program who may also be in a Reserve component of a military branch or The National Guard. In either of these instances, any student who is military personnel may be called to Active Duty, or Deployment during the planned curriculum sequence of the MSAT program. If a current student in the MSAT program is called to Active Duty or Deployment, at any time during the curriculum, including both didactic and clinical education learning, the Program Director will work with that student to determine the best course of action for the student to complete the MSAT program. The Program Director must approve any changes in the curriculum sequence.

CLINICAL EDUCATION

DESCRIPTION

The MSAT curriculum includes clinical education as a credited component of the academic experience. Consequently, successful completion of the clinical education courses must be completed before graduation.

CLINICAL EDUCATION

Clinical education is a crucial component of the curriculum in the preparation of an Athletic Trainer. The experience provides students with the opportunity to carry out professional responsibilities under appropriate supervision and professional role modeling.

Clinical education provides a valuable opportunity for students to effectively apply their foundational knowledge base to real-world experiences and scenarios in athletic training assessments and interventions. The objectives for each clinical education course are collaboratively developed by the faculty and preceptors to optimize key learning outcomes.

Site Selection for MSAT Program

Clinical Education sites where students may be placed are chosen based on the following criteria:

1. The clinical preceptor (who has professional credentials and experience following CAATE standards) demonstrates an active interest in participating as a clinical educator for MSAT students.
2. The clinical site provides services, programs, and a delivery model following CAATE standards and in alignment with the MSAT mission and vision.
3. The inclusion of the clinical site as a community partner adds depth and scope to the objective of providing the student with a range of clinical experiences in settings with varied populations, service delivery models, and programs for clients across the lifespan.

Process for Assigning Students to Clinical Education Experiences

The MSAT program curriculum includes four clinical education rotations and one supplemental rotation. Students are placed in their clinical education rotations by the MSAT DCE with assistance from the PD and Program Faculty. The MSAT DCE and Faculty follow the CAATE-approved requirements regarding clinical education experiences.

The Spalding MSAT program values student feedback and includes student input on the placement of clinical education experiences. The initial clinical education experience occurs within the first semester of the MSAT program. Once students are in the first semester of the program, they will then meet with the DCE to develop a clinical education plan. This includes discussion about post-graduation plans as an Athletic Trainer, and ideas for future clinical placements, including the immersive clinical experience. After the initial clinical education plan meeting, students will meet with the DCE after each semester to plan for subsequent clinical education experiences. These clinical education experiences are prescriptive, but students will meet with the DCE each semester to give input on their preferences for clinical placement. Students will have input in their immersive clinical placements, as the program strives to provide meaningful placements for clinical education. All Clinical placements will be assigned in accordance with CAATE standards.

Students may be assigned to settings that require both travel and relocation outside of the Louisville-Metropolitan area. Non-immersive clinical education experiences could require travel up to 90 minutes any direction from Spalding University. Transportation and living costs associated with these experiences are the sole responsibility of the student and may vary.

Nondiscrimination Statement

The Spalding University MSAT Program provides educational opportunities and clinical placements that support a climate of equity and inclusion, free of harassment and discrimination. Clinical education experiences shall be reflective of diversity, equity, inclusion, and social justice initiatives and there shall be no discrimination based on race, color, national or ethnic origin, religion, sex, sexual orientation, age, disability, or veteran status either in the selection of students participating in the Program or as to the administration of either parties' policies.

Clinical Education Orientation

For each Clinical Education experience, an orientation and advising session will include an in-depth review of the purpose, objectives, learning assignments, and evaluation methods. The objectives to be reviewed will include but are not limited to, professional performance behaviors related to ethics, confidentiality, dress code, and compliance with clinical education procedures and protocols. This site-specific orientation session is held at the beginning of each Clinical Education experience. Each student will develop goals to assist in focusing on specific individual learning outcomes as a part of this ongoing Clinical Education process. Clinical Education orientations are scheduled and provided to each student throughout the academic calendar. Attendance at each of the orientation sessions is mandatory.

Clinical Education experiences allow the student to develop beginning-level athletic training skills and to apply theoretical concepts and his/her knowledge base to practical experiences. All clinical education courses must be completed within the timeframe described in the educational curriculum.

To ensure the safety of and reduce risks to clients, students, faculty, clinical education sites, and Spalding University, a competency-based segment on safety is included in the orientation. This segment specifically addresses:

1. Infection control information
2. HIPAA / FERPA compliance guidelines
3. Criminal background checks/ immunization requirements

Before beginning any Clinical Education experience, students must upload current immunizations, CPR certification, proof of health insurance, and a completed background check, through CastleBranch. Students declining Hepatitis B vaccination must sign a letter of declination. Additionally, some Clinical Education sites may require drug testing as well as proof of additional vaccinations.

Work and Clinical Education

The schedule for clinical education assignments is listed on the program of study and academic calendar. All students need to be aware that there is potential for second-year clinical placement to be out of state. It is highly recommended that students do not hold personal jobs during MSAT Clinical Education III. During Clinical Education III, students are required to be at their clinical rotations approximately 30-45 hours a week. Other concerns include taking away time for preparation, reflection, resting, and mental and physical health.

Student-Athlete Participation

The MSAT Program is committed to providing the best experience for Student-Athletes participating in university sponsored athletic programs. Student-Athletes acknowledge that both didactic and clinical education learning will be prioritized over participation. Student-Athletes are responsible for communicating participation to the MSAT Program Director and Director of Clinical Education prior to the start of the academic year.

Renumeration Policy

Students may be placed at a clinical site for their clinical immersion that also provides compensation. This may include stipend, meal allowance, housing allowance, and/or hourly compensation. Students being compensated for clinical immersion must submit a copy of the work agreement to the PD or DCE for review and approval before award of the compensation. This review will ensure that expectations for receiving compensation are not in direct conflict with program policy for clinical immersion.

CAATE CURRICULUM CONTENT STANDARDS

Each clinical education course includes required content standards based on current CAATE standards. The specific standards for each course are determined by the PD, DCE, and program faculty, and will be listed in the course syllabus.

Student Expectations

- Students must show proficiency in all assigned standards to pass the course.
- Competency is assessed by preceptors through check-offs in ATrack, marked as either "Proficient" or "Not Proficient."
- Students may attempt each standard multiple times within the clinical experience until proficiency is demonstrated.
- Standards can be completed any time before the final day of the course.

Monitoring & Support

- The DCE tracks completion of standards throughout the course.
- Students receive quarterly check-ins to monitor progress.

Failure to Complete Standards

- If a student does not complete all assigned standards, they will fail the course and must retake it when next offered.
- In some cases, the student may receive an incomplete, at the discretion of the Program Director and DCE.
    - The incomplete must be resolved by the agreed-upon deadline.
    - If not, the incomplete will convert to an "F", resulting in course failure.

STUDENT DRESS CODE & BEHAVIOR REQUIREMENTS

Official Name Badge

Athletic Training students are required to wear the official identification name badge when functioning as Athletic Training students in all clinical and site-visit areas. Name badges will be provided. This is a requirement so that clients/patients can differentiate students from credentialed professionals.

Personal Appearance

Student clothing should reflect the professional standards expected of Spalding University MSAT students. The following guidelines apply to clinical experiences unless otherwise discussed and approved by clinical preceptor(s):

- Fit & Condition: Clothing must be appropriately fitted, not excessively tight or loose, and must be clean, wrinkle-free, and free from tears, stains, or holes.
- Shirts:
    - Tank tops, sleeveless tops, graphic T's and other casual attire are not permitted.
    - Athletic gear must be of the current clinical site, Spalding MSAT attire.
- Pants & Shorts:
    - Navy, khaki, or black "docker"-style slacks are required.
    - If permitted by the clinical site and preceptor, docker-style shorts of mid-thigh length or longer in navy, khaki, black, or grey may be worn in outdoor settings.
    - Cut-off shorts, jean shorts, jeans, or denim of any kind are not allowed.
- Shoes:
    - Closed-toe and closed-heel shoes are required.
    - Shoes must be clean and worn with socks or hosiery.
    - If tennis shoes are permitted at the clinical site, they must be clean and in good condition.
- Weather Considerations: In extreme weather conditions (hot, cold, or rainy weather), appropriate outerwear may be worn over the standard clinical attire.
- Laboratory Attire: For laboratory-based classroom experiences, students should wear:
    - Lab attire consisting of a t-shirt or tank top and athletic-style shorts, unless otherwise instructed by the course professor.
    - For any lab experiences conducted outside the classroom, students must follow the full clinical dress code or any additional guidelines provided by the course instructor.

General Student Guidelines

The student is responsible for knowing basic employee policies and procedures regarding general performance for each clinical education experience. The student is obligated to follow clinical site policies. Examples include policies related (but not limited to):

- Emergency Action Plan for specific venues and clinic sites
- Blood-borne pathogen policies
- Exposure plans
- Radiation exposure (as applicable)
- Parking spaces
- Smoking/nicotine
- Where to and where not to eat
- Telephone/cell phone use.
- Where to work/observe
- HIPAA guidelines

- Infection control standards
- Documentation standards

Cellular phones & Electronics

Cellular phones are allowed to be on a student's body during a clinical education experience for emergency purposes only. Students may only check cell phones for messages during scheduled breaks. No texting or use of a phone for any personal activity is allowed while a student is at a clinical education or experiential learning Computers and laptops are not permitted at your clinical education rotations unless you have been assigned by your Clinical Preceptor to use a computer or laptop/tablet for an assigned task by your Clinical Preceptor.

Professional Behaviors

It is the expectation of the MSAT program that every student will demonstrate outstanding professional accountability and behaviors and will exhibit a professional image throughout his/her academic career. Please refer to the Statement of Professionalism presented earlier in this document for further explanation of the program expectations. At any time during clinical education rotations, if the student violates the Statement of Professionalism or if the clinical preceptor is concerned about the student's display of less-than-professional behaviors during clinical education rotations, the clinical preceptor reserves the right to contact the DCE and Program Director immediately. Any student in violation of the Statement of Professionalism and/or MSAT Student Handbook Clinical Education Policies is subject to dismissal from the clinical education rotation and the MSAT program. The section on remediation outlines that will be followed. The Clinical Preceptor reserves the right to decide if the MSAT student is allowed to return to their respective clinical education rotation after professional behaviors or clinical education policies have been violated. The program director makes the final decision about the student's progression in clinical education.

CLINICAL EDUCATION PROGRAM REQUIREMENTS

Health and Immunization Requirements

Ongoing maintenance of the following information throughout the program curriculum is required. All health and immunization requirements must be completed before starting the program.

1. PDD or Chest x-ray - The T.B. skin test is performed annually. If you have a positive test, you must have a chest x-ray.
2. A record of Hepatitis B vaccinations or a letter of declination signed and dated.
3. A record of two immunizations for each of the diseases, measles, mumps, and rubella
4. Evidence of tetanus/diphtheria shot in the last seven (7) years before the program starts.
5. Medical documentation of having chickenpox (varicella) in childhood or proof of varicella vaccination before the program starts.
6. Students are responsible for informing faculty of the occurrence of health problems that may affect the student's progression through the program.
7. C.P.R. certification for health providers must be completed and maintained, ensuring consistent compliance throughout the professional program.
8. Additional health information, tests, drug screens, and immunizations, may be required according to the policies of specific agencies where a student is associated for experiential learning activities such as clinical education. Information concerning these requirements or any change in the Athletic Training student health policies will be communicated to the student at the earliest possible date.
9. Health and immunization records are submitted through an online company called Castlebranch.com by using a tool called Immunization Tracker. This site will serve as a repository for your immunizations as a part of your student record throughout the entirety of the program. See the separate Castle branch attachment for detailed instructions. You will not need to submit any immunization records directly to Spalding University.

Health and Malpractice Insurance

1. Students are responsible for costs and coverage of health emergencies or injuries occurring while engaged in the curriculum. The MSAT program requires Athletic Training students to show proof of private health insurance throughout the professional program.
2. Since Athletic Training students are not employed by the affiliating health care and clinical education sites or the university, Worker's Compensation while in the role of an Athletic Training student is non-existent. Any medical costs incurred during educational programming and clinical education experience are at the student's expense.
3. Professional Liability Insurance coverage is purchased through the University. Students' liability insurance from Spalding University is available for the student while on clinical assignments (on or off campus). Athletic Training Program liability insurance, issued to Spalding University through a group policy, is maintained continuously. Professional liability insurance coverage through Spalding University does not cover volunteer hours outside of clinical education rotation experiences.

Background Checks

Healthcare organizations, school systems, and state-run organizations require students in healthcare programs to have a completed background check before coming into their facilities. Castle Branch, Inc. https://discover.castlebranch.com/, provides background checks for students of the MSAT program. Information obtained in Castle Branch is public knowledge and can be released, per student consent, to clinical. education sites as requested. Information on how you access and create an account with this agency is provided.

Do not complete the steps outlined in Castle Branch student instructions until you are less than 6 weeks from the program's start date.

IF YOU DO NOT COMPLETE AND SUBMIT THESE ITEMS PROMPTLY AND AS REQUESTED BY THE SCHOOL, YOU ARE SUBJECT TO DISMISSAL FROM ALL COURSES AND THE PROGRAM ENTIRELY.

Cardiopulmonary Resuscitation Certification – CPR

CPR certification for the professional rescuer must be completed at orientation upon entering the program and must be renewed annually or every two years depending on the organization from which the certification is obtained. It is the student's responsibility to obtain this certification.

All students must complete CPR/AED Certification from the American Heart Association BLS Healthcare Provider course.

IF YOU DO NOT COMPLETE AND SUBMIT PROOF OF CPR CERTIFICATION AT ORIENTATION UPON ENTERING THE PROGRAM, YOU MAY NOT BE ALLOWED TO CONTINUE IN THE PROGRAM.

Transportation

Athletic Training students are responsible for providing their transportation to clinical experiences. Students should arrange for the consistent use of a car. Students with cars are responsible for carrying the appropriate automobile insurance. Public transportation may be accessible for some clinical education rotations.

Lodging

In instances in which clinical assignments that require relocation and housing are not provided by the clinical education site, the student is responsible for arranging lodging before the assignment and for costs associated with lodging expenses.

Chain of Command

If an athletic training student has a matter that needs to be addressed regarding Clinical Education, it is important to follow this chain of command.

1. Athletic Training Student
2. Preceptor
3. Director of Clinical Education
4. Program Director
5. Dean
6. Provost

COMMUNICABLE DISEASE POLICY

Students and faculty in the MSAT program are provided with the information regarding the:

- Signs and symptoms of communicable diseases
- Proper body substance precautions
- Proper hand hygiene
- Use of self-protection guidelines

Students diagnosed with a communicable disease or with symptoms of a communicable disease will be temporarily excused from coursework and/or clinical education experience. Students will be referred to their primary health care provider for further evaluation and will be unable to return to coursework and/or clinical education experience until they are either symptom-free for 24 hours or have written documentation from the primary health care provider, stating the student may return to coursework and/or clinical education experience.

COMMUNICABLE DISEASE CONTROL GUIDELINES

Site/Infection	Criteria	Comments
Respiratory Tract		
Common Cold	Two or more of the following: • Runny nose or sneezing • Stuffy nose, hoarseness, or difficulty swallowing • Dry cough • New swollen or tender glands in the neck	Symptoms must be acute and not allergy related. Fever is not required but does not exclude the diagnosis.
Sinusitis	Diagnosis by a physician or practitioner	
Influenza-like Illness	Fever and two or more of the following: • Chills • Headache or eye pain • Myalgias (muscle aches) • Sore throat • Dry cough	Symptoms must be acute. Usually during influenza season (in Kentucky – generally November to March).
Pneumonia	Interpretation by a radiologist of a chest x-ray as demonstrating pneumonia, probable pneumonia, or the presence of an infiltrate with a compatible clinical syndrome	
Other Lower Respiratory Tract Infection	Three or more of the following: • New or increased cough • New or increased sputum production • Fever • Pleuritic chest pain • New physical findings on chest exam (rales, rhonchi, wheezes, bronchial breathing) One or more of the following: • New shortness of breath • Increased respiratory rate	Symptoms must be acute. Either no chest x-ray was done, or the x-ray does not meet the above criteria for pneumonia.

Site/Infection	Criteria	Comments
Skin		
Cellulitis/Soft Tissue/Wound	Pus is present at a wound, skin, or soft tissue site or four or more of the following: • Fever or worsening mental/ functional status (and/or at the site of infection, new or increasing) • Heat • Redness • Swelling • Tenderness • Serious drainage	
Fungal Skin Infection	Maculopapular rash (abnormally colored, usually red, flat, or slightly raised area of skin in varying sizes) and Physician or practitioner diagnosis or laboratory confirmation	No evidence of a non-infection cause (e.g., allergy to new medication). Other diagnoses of skin disease ruled out (i.e., scabies)
Herpes Simplex (Cold Sores) or Varicella Zoster (Herpes Zoster/Shingles)	Vesicular rash (blister-like skin lesions containing watery fluid) and Physician or practitioner diagnosis or laboratory confirmation	Counted as nosocomial in rare situations (i.e., when herpes simplex occurs for the first time in a lifetime). Varicella-Zoster is not considered nosocomial even when after first-time chickenpox in a long-term care resident.
Scabies	Undiagnosed macular (flat) or popular (slightly raised) rash different in color or texture or dry thickened, scaling skin with documented tracks or itching rash or Physician or practitioner diagnosis or laboratory confirmation	One or more residents or staff have laboratory confirmation (mite, egg, or fecal pellet) Several cases occurring within the same time frame and setting can be counted within an outbreak without laboratory confirmation provided.

Body Substance Precautions

Diseases Transmitted by Airborne Route

The following diseases are transmitted in whole or in part by the airborne route. Students with these diseases should not be attending didactic or clinical education experiences until they are no longer contagious as documented by a physician, or the information listed below.

Diseases	How Long to Apply Airborne Precautions
** Chickenpox (Varicella)	Students cannot attend didactic or clinical education experiences until all lesions are crusted and the student has been medically cleared to return.
** Disseminated Shingles (Herpes Zoster or localized Herpes Zoster in immunocompromised patient)	Students cannot attend didactic or clinical education coursework for the duration of the disease until medically cleared to return.
* Tuberculosis (TB) – pulmonary; confirmed or suspected	Students cannot attend didactic or clinical education experiences until medically cleared by a physician. In most instances, the duration can be guided by clinical response and reduction in the number of TB organisms on sputum smear. Usually, this occurs within 2-3 weeks after chemotherapy has began.
Rubeola (Hard Measles)	Students cannot attend didactic or clinical education coursework until they are 4 days after the appearance of the rash, and they have been medically cleared.

NOTE: Suspected or diagnosed Mycobacterium Tuberculosis infection is a reportable Category I disease, which must be reported to the Department of Health within 24 hours as required by 19 CSR 20-20.020.

Examples of Situations Using the Body Substance Precaution System

Athletic training students must use appropriate judgment about illnesses/conditions to ensure they are not interacting with other people when they may be contagious. Students should always use appropriate hand hygiene and use other barriers such as masks, gloves, etc. when interacting with patients who may have contagious illnesses or conditions. Here are some examples of typical situations:

When a Patient Has a Rash or Skin Lesions

When a patient has a rash on his/her body or skin lesions, it could be due to any number of causes. A critical index of suspicion is essential to determine whether the rash is varicella (chickenpox or zoster), herpes simplex, scabies, syphilis, impetigo, drug reaction, or due to any number of other conditions. The most important intervention for rashes or skin lesions is the use of appropriate protective barrier precautions (e.g., gloves and possible gown), followed by referring the patient to a physician so appropriate testing can be performed and/or a diagnosis can be obtained. In many cases, prompt recognition of the rash, identification of the cause, and prompt appropriate intervention can prevent transmission to the care provider and others. Gloves and gowns should be worn when caring for a person with a rash caused by a communicable condition.

Use of Suction

In the instance where suction may be utilized, eye protection and masks should be used only if splashing is likely to occur. Most people who suction patients frequently have learned how to position their heads so that they are not splashed. Suctioning of a patient's airway should ALWAYS be one with the care provider wearing gloves on both hands. In addition, if a care provider puts hands into a patient's mouth for ANY reason, (e.g., for examination), gloves should be worn followed by hand washing after glove removal.

HANDWASHING POLICY & PROCEDURE

Hand washing is generally considered the most important single procedure for preventing nosocomial infections; proper procedures must be followed.
All students and faculty members are required to wash their hands after each direct or indirect contact for which handwashing is indicated by accepted professional practices.
Waterless antiseptic soap may be used for handwashing per The Center for Disease Control (CDC) Guidelines. Hands should be washed with soap and water after no more than ten uses of the waterless antiseptic soap.

Center for Human Potential staff follows the Center for Disease Control's Guidelines for Hand Washing and Hospital Environmental Control, 1985, and more recent handwashing recommendations as included in other CDC Guidelines.

Procedure:

The absolute indications for, and the ideal frequencies are not known; however, in the absence of a true emergency, personnel should always wash their hands, even when gloves are worn:

- As promptly and thoroughly as possible after contact with blood, body fluids, secretions, excretions, equipment, and articles contaminated by them, whether or not gloves are worn.
- After gloves are removed
- Before performing procedures in which a normally sterile part of the body is entered
- Before taking care of particularly susceptible patients
- Before and after touching wounds
- After situations in which microbial contamination of hands is likely to occur
- As promptly and thoroughly as possible between patient contact
- When otherwise indicated to avoid transfer of micro-organisms to other patients and environments
- When indicated between tasks and procedures on the same patient to prevent cross-contamination of different body sites
- After using the toilet
- After eating, drinking, and smoking
- Before preparing food
- After cleaning and sanitizing environmental surfaces, toilets, or bathrooms

Gloves should be worn when in contact with blood, body fluids, secretions, excretions, and non-intact skin. However, gloves are not a substitute for handwashing. Hands should be washed as indicated above even when gloves are worn.

When handwashing is indicated, in most cases a vigorous, brief, at least 15 seconds, rubbing together of all surfaces of lathered hands, followed by thorough rinsing under a stream of water is recommended. If hands have obvious contamination on them, more time will be required. After thorough rinsing, hands should be dried with a clean paper towel. The water faucet should be turned off with a paper towel to avoid re-contaminating the hands.

USE OF SELF-PROTECTION MATERIALS GUIDELINES

Introduction

Good hand hygiene is one of the most critical control strategies in outbreak management. Hand hygiene is defined as any method that removes or destroys microorganisms on hands. It is well-documented that the most important measure for preventing the spread of pathogens is effective hand washing. Hand hygiene programs should include clear guidance on procedures for the removal of common pathogens from the hands. Included in this program should be detailed instructions on when, where, why, and the "how-to" of proper hand hygiene, including the use of soap and water, followed by effective hand drying. Instructions should also be given on the effective use of antiseptic hand washes and hand rubs/sanitizers.

Hand Washing and Drying

Hand washing is defined as the vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under a stream of water. Hand washing suspends microorganisms and mechanically removes them by rinsing them with water. The fundamental principle of handwashing is removal, not killing.

The amount of time spent washing hands is important to reduce the transmission of pathogens to other food, water, people, and inanimate objects, such as doorknobs, hand railings, and other frequently touched surfaces. Proper hand hygiene involves the use of soap and warm, running water, and rubbing hands vigorously for at least 20 seconds. The use of a nail brush is not necessary or desired, but close attention should be paid to the nail areas, as well as the area between the fingers.

Wet hands have been known to transfer pathogens much more readily than dry hands or hands not washed at all. The residual moisture determines the level of bacterial and viral transfer following hand washing. Careful hand drying is a critical factor for bacterial transfer to skin, food, and environmental surfaces.

The drying time required to reduce the transfer of these pathogens varies with drying methods. Repeated drying of hands with reusable cloth towels is not recommended and should be avoided.

Proper Hand Washing with Soap and Water

Follow these instructions for washing with soap and water:

- Wet your hands with warm, running water and apply liquid or clean bar soap. Lather well.
- Rub your hands vigorously together for at least 15 seconds.
- Scrub all surfaces, including the backs of your hands, and wrists, between your fingers, and under your fingernails.
- Rinse well.
- Dry your hands with a clean or disposable towel.
- Use a towel to turn off the faucet.

Using Alcohol-Based Hand Antiseptics

The use of alcohol-based hand antiseptics (hand sanitizers) does not replace the need for frequent and proper handwashing. The efficacy of most alcohol-based hand antiseptics approximates simple hand washing. In addition, many alcohol-based hand antiseptics have very poor activity against bacterial spores, protozoan cysts, and certain non-enveloped viruses, such as

noroviruses. Alcohol-based hand antiseptics appear to have very good to excellent activity against many bacteria and some enveloped viruses. Some scientific evidence suggests that ethanol-based hand antiseptics containing 60-90 percent alcohol appear to be the most effective against common pathogens, including non-enveloped viruses that cause acute gastroenteritis. In general, ethanol-based hand antiseptics appear to have greater antimicrobial activity against viruses than isopropanol-based hand antiseptics, although both appear to offer some activity against these pathogens.

It should be noted that alcohol-based hand antiseptics are not effective on hands that are visibly dirty or contaminated with organic materials. Hands that are visibly dirty or contaminated with organic material must be washed with soap and water, even if hand antiseptics are to be used as an adjunct measure. It is also worth noting that the amount of alcohol-based hand antiseptic is important to its overall effectiveness. Failure to cover all surfaces of the hands and fingers will also greatly reduce the efficacy of alcohol-based hand antiseptics.

To Use an Alcohol-Based Hand Sanitizer

- Apply about ½ teaspoon of the product to the palm of your hand.
- Rub your hands together, covering all surfaces of your hand, until they are dry.
- If your hands are visibly dirty, however, wash them with soap and water rather than sanitizer.

Use of Self-Protection Materials Guidelines

Self-Protection Materials Procedure with any Patient	WASH	GLOVES	GOWN	MASK AND PROTECTIVE EYEWEAR
Talking with patient				
No evidence of communicable diseases				
Evidence of communicable disease				X -Mask Only
Examining patient; contact with blood/body fluid not likely	X			
Examining patient; contact with blood/body fluid likely (Wound Care)	X	X	X	
Taking Vital Signs	X			
Any procedure likely to produce splashing or splattering of blood/body fluids	X	X	X	X
Handling soiled linen and other soiled materials	X	X		
Handling waste, linen, and other materials extensively contaminated and contact is likely	X	X	X	X

SPALDING COMMUNITY STRATEGY FOR PANDEMIC INFLUENZA MITIGATION

Based upon: Early, Targeted, Layered Use of Nonpharmaceutical Interventions www.pandemicflu.gov

The goals of the Federal Government's, and Spalding University's response to pandemic influenza are to limit the spread of a pandemic; mitigate disease, suffering, and death; sustain infrastructure and lessen the impact on the economy and the functioning of society.
Without mitigating interventions, even a less severe pandemic would likely result in dramatic increases in the number of hospitalizations and deaths. In addition, an unmitigated severe pandemic would likely overwhelm our nation's critical healthcare services and impose significant stress on our nation's critical infrastructure.

This means that Spalding University must be prepared to face the first wave of the next pandemic without vaccines and potentially without sufficient quantities of influenza antiviral medications. In addition, it is not known if influenza antiviral medications will be effective against a future pandemic strain. During a pandemic, decisions about how to protect the public before an effective vaccine is made available need to be based on scientific data, ethical considerations, consideration of the public's perspective of the protective measures and their impact on society, and common sense. Evidence to determine the best strategies for protecting people during a pandemic is very limited. Retrospective data from past influenza pandemics and the conclusions drawn from those data need to be examined and analyzed within the context of modern society.

The pandemic mitigation interventions will include:

1. Isolation and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home healthcare setting, depending on the severity of an individual's illness and /or the current capacity of the healthcare infrastructure.
2. Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing enough effective medications exist and that a feasible means of distributing them is in place.
3. Dismissal of students from school and all school-based activities, coupled with appropriate social distancing in the university community to achieve reductions of out-of-school social contacts and community mixing.
4. Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services. Enable the institution of workplace leave policies that align incentives and facilitate adherence with the nonpharmaceutical interventions (NPIs) outlined above.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).
2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).
3. Dismissing students from school and school-based activities for up to 12 weeks, coupled with protecting the university community through the reduction of out-of-school social contacts and community mixing.

All such university-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette. Spalding must be prepared for the cascading second and third-order consequences of the interventions, such as increased workplace absenteeism related to child-minding responsibilities if local schools dismiss students and childcare programs close.

Decisions about what tools to use during a pandemic should be based on the observed severity of the event, its impact on specific subpopulations, the expected benefit of the interventions, the feasibility of success in modern society, the direct and indirect costs, and the consequences on critical infrastructure, healthcare delivery, and society. The most controversial elements (e.g., prolonged dismissal of students from schools) are not likely to be needed in less severe pandemics, but these steps may save lives during severe pandemics.

BLOOD-BORNE PATHOGEN/INFECTION CONTROL POLICY & PROCEDURE

Policy

Students enrolled in the MSAT program at Spalding University will undergo annual Blood-Borne Pathogen (BBP) training before placement in any possible exposure situation, including clinical education experience through the program. Documentation of each student's completion of the BBP will be accessible by the DCE and available upon request. The annual BBP training is scheduled to occur annually during the beginning of the fall semester or arranged otherwise by the DCE.

Students must complete an orientation session with the designated preceptor at each clinical education site to discuss information about policies and procedures specific to each clinical education site, including, but not limited to, BBP policies, post-exposure plan, personal protective equipment and barriers available, sanitation methods available and immediate access to each of these in the event of an exposure,

Standard precautions shall be utilized by all *MSAT* students and faculty members. In specific patient care settings where there are no established facility standards for infection control as with care provided in independent living, the students, faculty, and staff will follow the established MSAT policies as outlined below. These policies will be reviewed annually by the *MSAT* faculty and the CORF Infection Control Team. These policies will be monitored for compliance by the CORF Administrator and assistant administrator through observation of the staff.

The MSAT program will follow the standards as outlined in the Department of Aging and Disability Services, Minimum Standards for all HCSS/Agencies, Standard 97.285, Infection Control. Compliance by the Agency, employees, and contractors will follow the guidelines as outlined:

1. The Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81
2. The Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens
3. The Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of human immunodeficiency virus and hepatitis B virus.

Procedure

1. Gloves shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces with blood or body fluids, and for performing intravenous therapy and other vascular access procedures. Gloves shall also be worn during oral motor, or dysphagia training activities.
2. Gloves shall be changed after contact with each patient.
3. Masks and protective eyewear or face shields shall be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure to mucous membranes of the mouth, nose, and eyes.
4. Gowns shall be worn during procedures that are likely to generate splashes of blood and other body fluids.
5. Hands and other skin surfaces shall be washed immediately and thoroughly after contact with blood or other body fluids. Hands should be washed immediately after gloves are removed.
6. Healthcare workers with cuts and abrasions on their hands shall use the proper protective barriers to prevent exposure to blood and body fluids. Healthcare workers who have exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling patient-care equipment until the condition is resolved.
7. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices shall be available for use in areas in which the need for resuscitation is predictable.

8. Pregnant healthcare workers are not known to be at a greater risk of contracting HIV infection than healthcare workers who are not pregnant; however, if a healthcare worker develops HIV infection during pregnancy the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant healthcare workers shall be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
9. Any patient-care equipment soiled with blood, body fluids, secretions, and excretions will be handled in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
10. Reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately; single-use items are discarded properly.
11. The therapy area will follow procedures for the routine care, cleaning, and disinfection of environmental surfaces, mats, beds, equipment, and other frequently touched surfaces.
12. Linen soiled with blood, body fluids, secretions, and excretions will be handled, transported, and processed in a manner that prevents skin and mucous membrane exposures and contamination of clothing.
13. All healthcare workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during the following procedures:
    a. When cleaning used instruments
    b. During the disposal of used needles
    c. When handling sharp instruments after procedures
14. To prevent needle stick injuries, needles should NOT be recapped, purposely bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
15. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the processing area.
16. Precautions should be especially observed in emergency-care settings in which the risk of blood exposure is increased, and the infection status of the patient is usually unknown.

Standard Precautions for Infection Control			
Precautions	**When Used**	**Examples of Diseases**	**Instructions**
Standard (previously known as Universal Precautions)	All patients	All patients	Use barrier precautions as needed to prevent contact with blood, body fluids, excretions, secretions, and contaminated items. Wash hands before and after contact or glove use. Wash hands and change gloves between patients.
Airborne	Diseases spread by droplet nuclei particle	Measles, Varicella, TB	*Follow facility procedures such as Private room, negative air pressure, discharge air to the outside, or filter air. N95 Respirator for all persons entering the room.
Droplet	Diseases spread by droplets	H Influenza, Meningitis, Pertussis, Diphtheria, Pneumonia, Rubella, Mumps	Private room, if possible. Wear regular masks if working within 3 feet of contact.
Contact	Diseases/organisms spread by contact with skin or surfaces	Multi-drug-resistant bacteria: C. Difficile E Coli Hepatitis A Shigella Herpes simplex (severe) Highly contagious skin infections Lice, Scabies	Glove when entering the room. Change gloves after contact with infective material. Wear a gown for contact with the patient or environmental surfaces. Mask per hospital MRSA policy.

REFERENCE: Guidelines for Isolation Precautions in Hospitals, Infection Control and Hospital Epidemiology, Vol. 17, No. 1, January 1996 U.S. Department of Health and Human Services Public Health Service Centers of Disease Control, Atlanta, Georgia 30333 ***MMWR May 15, 1998, Vol. 47, NORR-7, Public Health Service Guidelines for the Management of Healthcare Worker Exposure to HIV.***

PRECAUTIONS TO PREVENT TRANSMISSION OF BLOOD-BORNE PATHOGENS

Cleaning and Decontaminating Spills of Blood or Other Bodily Fluids

Policy

Approved chemical germicides shall be used to decontaminate spills of blood and other body fluids.

Procedure

1. Small Spills
    a. Put on gloves or any other protective barrier needed.
    b. Remove visible material by using disposable paper towels and dispose of them in a proper container.
    c. Clean the area with a cleaning agent and rinse with tap water.
    d. Decontaminate area or equipment using a germicidal solution; use spray or pour germicide and wipe with paper towels and dispose of in a proper container.
2. Large Spills
    a. Flood-contaminated areas with the germicidal solution.
    b. Leave the area flooded for at least 30 minutes to kill time. Paper towels shall be used to cover the contaminated area.
    c. Put on gloves or any other protective barrier needed.
    d. Remove visible material using disposable paper towels.
    e. Clean the area using a cleaning agent and rinse with tap water.
    f. Decontaminate the area using a germicidal solution.
3. Discard used paper towels, gloves, and any other protective barrier used into bags labeled contaminated waste and dispose of them in appropriate containers.
4. Wash hands thoroughly.

Disinfection of Patient-Care Equipment

Policy

All medical devices or patient-care equipment contaminated with blood or other body fluids shall be cleaned according to protocol and then disinfected based on policy and manufacturer's recommendations.

Procedure

1. Gloves must be worn during the cleaning and disinfecting procedure.
2. Other types of protective barriers such as gowns and eye shields shall be worn if deemed necessary.
3. Contaminated medical devices shall be thoroughly cleaned with a cleaning agent before they are disinfected.
4. Devices or items, such as laryngeal mirrors, which contact intact mucous membranes shall receive high-level disinfection.
5. Chemical germicides shall be used for high-level disinfection.

Handling of Contaminated Linens

Policy

Soiled linen shall be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and persons handling the linen.

Procedure

1. All soiled linen shall be bagged at the location where it was used.
2. Soiled linen shall NOT be sorted or rinsed in the patient-care areas.
3. Linen soiled with blood or body fluids shall be placed and transported in bags that are marked as, "contaminated linen".
4. Contaminated linen that needs to be washed should be washed in water at least 71° C (160° F) for 25 minutes. If low-temperature (less than 70° C/158° F) laundry cycles are used, chemicals suitable for low-temperature washing at the proper use concentration should be used.
5. Gloves shall always be worn and other protective barriers, if needed, shall be used when handling linen contaminated with blood or body fluids.
6. Hands shall be washed thoroughly after handling soiled linen.

Handling and Disposing of Sharps

Policy

Sharp objects, such as needles and razors, shall be handled in such a manner as to protect staff, residents, and families

Procedure

1. Needles are not to be bent, broken, or recapped.
2. Needles should be taken to the nearest puncture-resistant container for proper disposal.
3. If straight-edge razors are used, the blades shall be disposed of in the puncture-resistant container. Disposable razors shall be handled as sharps.
4. Notify the facility when the puncture-resistance container is ¾ full. The facility will be maintained, disposed of, and replaced as per facility policy.

REGULATED WASTED & BIO-HAZARDOUS WASTE PROCEDURE

Definition of Bio-Hazardous Waste (BHW)

Bio-Hazardous Waste is any solid waste or liquid waste, which may present a threat of infection to humans. The term includes but is not limited to non-liquid human tissue and body parts, discarded sharps, human blood, human blood products, laboratory waste that contains human disease-causing agents, and body fluids. The following are included:

1. Used, absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood and absorbent materials saturated with blood or blood products that have dried. Absorbent material includes items such as bandages, gauze, and sponges.
2. Non-absorbent disposable devices that have been contaminated with blood, body fluids, or blood-contaminated secretions or excretions and have not been sterilized or disinfected by an approved method.
3. Other contaminated solid waste materials represent a significant risk of infection because they are generated in medical facilities which are for persons suffering from diseases requiring isolation criteria.

Body Fluids: Those fluids that have the potential to harbor pathogens such as human immunodeficiency virus and Hepatitis B Virus and include lymph, semen, vaginal secretions, cerebrospinal synovial, pleural, breast milk, pericardial and amniotic fluids. Body excretions such as nasal discharges, saliva, sweat, tears, urine, and vomitus should be treated as BHW.

Sharps: Devices with physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin. All needles, whether contaminated or not, are considered biohazardous. Examples include but are not limited to, needles, scalpels, contaminated intact or broken glass, or hard plastic.

Site-Specific Bio-Hazardous Waste

Based on the definition of Bio-Hazardous waste, items to be considered BHW at this location are as follows:

Segregation and Handling

Bio-hazardous waste is identified and segregated from other waste at its point of origin into its proper container. "Point of Origin," is defined as the room or area at which the BHW is generated.

All "sharps" shall be discarded into leak-proof, puncture-resistant containers located at each clinical education site.

All non-sharp BHW shall be disposed of directly into red impermeable plastic bags or bio-hazardous containers that meet the OSHA and HRS specifications. Red bags or bio-hazardous containers are located at each clinical education site.

Any staff handling BHW should at a minimum wear glove.

When three-fourths are filled, all sharps' containers and red bags shall be sealed. Bagged BHW being prepared for off-site transport shall be enclosed in a rigid-type container.
If fiberboard is used, it shall meet the construction requirements defined in DOT 178.205 Code of Federal Regulations.

Co-Mixing

All solid waste, mixed with bio-hazardous waste shall be managed as BHW.

Labeling

1. All containers of BHW shall be labeled as required by State law.
2. When red bagging is used, all waste containing blood or body fluids will be tagged with a "BIOHAZARD" label.
3. Tags shall be used to prevent accidental injury or illness to staff that is exposed to hazardous or potentially hazardous conditions, equipment, or operations that are out of the ordinary, unexpected, or not readily apparent. Tags shall be used until the identified hazard is eliminated or the hazardous operation is completed. Tags will not be used where signs, guarding, or other positive means of protection are being used.
4. Bags or other receptacles containing articles contaminated with potentially infectious material, including contaminated disposable items, shall be tagged or otherwise identified. The tag shall have the signal word "BIOHAZARD," or the biological hazard symbol. If the outside of the bag is contaminated with body fluids, a second outer bag shall be used.
5. All required tags shall meet the following criteria:
    a. Tags shall contain a signal word and a major message.
    b. The signal word shall be "BIOHAZARD," or the biological hazard symbol. The major message shall indicate the specific hazardous condition or the instruction to be communicated to the staff.
    c. The signal word shall be readable at a minimum distance of five feet (1.52m) or such greater distance as warranted by the hazard
    d. The tag's major message shall be presented in either pictographs, written text, or both.
    e. The signal word and the major message should be understandable to all staff that may be exposed to the identified hazard.
    f. All staff shall be informed as to the meaning of the various tags used throughout the workplace and what special precautions are necessary.
    g. Tags shall be affixed as close as safely possible to their respective hazards by a positive means such as string, wire, or adhesive that prevents their loss or unintentional removal.
6. Inquiries concerning the use of tags should be directed to the Facility Director/Infection Control Designee. BHW shall be labeled before transport off-site at the generating facility. The label shall be securely attached or permanently printed on each bag, container, or outer layer of packaging and be clearly legible and easily readable. The following shall be included in the labeling:
    a. Facility name and address
    b. Date the waste was sealed (on sharps container and red bag package)
    c. The international biological hazard symbol
    d. The phrase "Bio-Hazardous Waste" or "Infectious Waste"

Contingency Plan (Spill Kit)

Surfaces contaminated with spilled or leaked BHW shall be contained and cleaned with a solution of detergent to remove visible soil and shall be disinfected with one of the following:

1. Spray and wipe with one of the following: 5% Hypochlorite solution, i.e., bleach (1:10 bleach: water made within 48 hours).
2. A chemical germicide that is registered by the EPA as a hospital disinfectant and is tuberculocidal and used following instructions.
3. Liquid waste created by these chemical disinfecting operations shall be disposed of in a sewage system. The disinfectant utilized at each facility may vary* A generic substitution may be utilized.

Storage and Treatment of BHW

All on-site storage of BHW shall be in a designated area away from general traffic flow patterns and be

accessible only to authorized personnel. Storage of BHW shall not be for a period greater than 30 days. The 30-day period for storage shall commence when the first item of BHW is placed into a red bag or when the sharps container is full.

All areas primarily used for the storage of BHW, other than the point of origin, shall be constructed of smooth, easily cleanable material that is impervious to liquids and capable of being readily maintained in a sanitary condition. If the facility does not have impervious flooring, a rubber container must be placed between the floor covering and the BHW receptacle.

BHW is removed per contract service.

Treatment of BHW

The facility utilizes an off-site transportation company, which is registered with the Environmental Protection Agency.

Records

All BHW records are kept on the premises for 3 years or per state requirements per regulatory requirements (i.e., manifests, certificate of disposal).

Responsibility

The School of Athletic Training Faculty is responsible for implementing and reviewing compliance with this plan.

POST-EXPOSURE EVALUATION AND FOLLOW-UP PROCEDURE

MASTER OF SCIENCE ATHLETIC TRAINING (MSAT) POST-EXPOSURE EVALUATION AND FOLLOW-UP
Revised July 2026

Spalding University's Master of Science in Athletic Training is committed to providing a safe and healthful learning/work environment for our students and faculty. In pursuit of this goal, the following post-exposure control plan is provided to minimize the impact of occupational exposure to bloodborne pathogens.

As preparatory risk reduction measures, all MSAT students must complete all immunization vaccination requirements and report before entering the MSAT program.

NOTE: The DCE will ensure that this procedure is communicated with the contact individual of the clinical education site. The clinical site procedure, if different from this procedure, be followed.

Should an MSAT student experience an exposure incident, IMMEDIATE action steps are required:

- First Aid measures – clean the wound, flush eyes, or other mucous membranes.
- Communicate with the MSAT Director of Clinical Education

A confidential medical evaluation and follow-up by the student's Primary Care Provider (PCP) should occur immediately following the incident. If the student does not have a PCP, the MSAT DCE will facilitate (with the MSAT student's written permission) an appointment with a local licensed healthcare professional.

Additional actions to take post-exposure:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and decide to have the source individual tested as soon as possible to determine HIV, Hepatitis C Virus (HCV), and Hepatitis B Virus (HBV) infectivity; document that the source individual's test results were conveyed to the student's PCP or health care provider.
- If the source (individual or contaminated object from source individual) is already known to be HIV, HCV, and/or HBV positive, new testing is not required.
- Assure that the exposed student is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect the exposed student's blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.
- If the student does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed student elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

Administration of Post-Exposure Evaluation and Follow-Up

The MSAT DCE ensures that:

- All MSAT students have met the risk reduction and prevention measures upon beginning the MSAT Program
- That health care professional(s) responsible for student's post-exposure hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood-borne pathogens standard.

The DCE (with the MSAT student's written permission) and/or the MSAT student exposed ensures that the health care professional evaluating the MSAT student after an exposure incident receives the following:

- Description of the MSAT student's duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, the results of the source individual's blood test
- Relevant MSAT student records, including vaccination status.

The MSAT DCE will provide the MSAT student with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The MSAT DCE will review the circumstances of all exposure incidents to determine:

- Controls in use at the time
- Work practice followed.
- Description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of incident
- Activity when the incident occurred.
- The student's training.

The MSAT DCE will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

This MSAT Post-Exposure Policy will be reviewed on an annual basis as a part of the MSAT Program Evaluation process. If revisions to this MSAT Post Exposure Policy are necessary, the MSAT DCE will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding faculty, MSAT students, and university administrators to the exposure determination list, etc.)

This MSAT Policy was adapted from Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards, https://www.osha.gov/Publications/osha3186.pdf /

BBP INCIDENT REPORTING

In the event of possible exposure, the MSAT student/faculty member/staff of Spalding University shall complete an incident report including information about the exposure, and post-exposure evaluation and follow-up as needed. The Incident Reporting Form can be found in ATrack.

School of Athletic Training Therapeutic Modalities Safety Policy

To ensure student safety and to comply with CAATE standards, the MSAT program at Spalding University has set forth the following policies for therapeutic modality safety.

Therapeutic Equipment

The Spalding MSAT program requires all clinical sites to inspect, calibrate, and maintain according to the manufacturer's guidelines all therapeutic equipment that MSAT students may come into contact with. The MSAT program requires these inspections to be completed according to the manufacturer guidelines, or at a minimum, annually. MSAT students must have access to documentation at each clinical education site that addresses calibration and maintenance of equipment according to manufacturer guidelines and will complete a form in ATrack about the inspections of aforementioned items. This includes all forms of hydrotherapy, such as whirlpools in addition to therapeutic modalities.

Use of Therapeutic Equipment

Students enrolled in the MSAT program at Spalding University must be officially enrolled in the program and instructed on athletic training clinical skills before performing those skills on patients. The students of the MSAT program at Spalding University can either be instructed in these skills formally in MSAT-530, Therapeutic Modalities, and Evidence-Based Application, or informally by the preceptor before they can perform skills on patients using any therapeutic modalities. The students of the MSAT program at Spalding University must always be DIRECTLY supervised during the delivery of any athletic training services, including therapeutic modalities, by the preceptor, and the preceptor must be physically present and can intervene on behalf of the athletic training student and the patient.

Reporting Safety Concerns

If student or other personnel in the MSAT program at Spalding University notes any damage or concerns with any of the therapeutic modalities at a clinical education site, the student or personnel must immediately discontinue the use of the affected therapeutic modality and must immediately report the damage or concern to the preceptor. All therapeutic modalities with any possible safety hazards must be fixed according to appropriate manufacturer guidelines to ensure patient and practitioner safety. If a therapeutic modality is determined to have a safety concern or hazard, it is not to be used under any circumstances until it has been completely repaired according to manufacturer guidelines.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT – HIPPA

Affiliating Agency and Spalding University acknowledge, that Spalding University will require its students, as a condition of participation in this clinical experience, to maintain protected health information, as defined at 45 C.F.R. § 160.103, of Affiliating Agency's patients and all other information which relates to or identifies a particular patient. This information includes but is not limited to the name, address, medical treatment or condition, financial status, or any other personal information that is deemed to be confidential under applicable state and federal laws (collectively, "Patient Information"), following all such applicable standards of professional ethics, state and federal laws, including without limitation the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d et seq., and the Health Information Technology for Economic and Clinical Health Act, as each may be amended from time to time, and any current and future regulations promulgated thereunder, all collectively referred to herein as, "HIPAA."

Affiliating Agency and Spalding University agree that only for purposes of HIPAA, students shall be considered members of Affiliating Agency's workforce, as that term is defined as 45 C.F.R. § 160.103 when receiving training under this Agreement at Affiliating Agency, and as such, neither party shall be considered a business associate of the other, and no business associate agreement is required between the parties. Spalding University agrees to require students to comply with Affiliating Agency's HIPAA policies and procedures, any other policies and procedures governing the privacy and security of patient information, and to participate in any training required by Affiliating Agency for workforce members. Notwithstanding the preceding, students are not and shall not be considered to be employees of the Affiliating Agency.

Students will not make copies of patient records or remove any Patient Information from the Affiliating Agency. Further, students will not include, and Spalding University will not request that students include, any Patient Information in any oral or written presentations, including without limitation papers, reports, or case studies. Further, notwithstanding any other provision set forth herein, Spalding University will not have access to any Patient Information, unless such access is otherwise permitted by HIPAA, any other applicable federal and state laws, and the Affiliating Agency's confidentiality and privacy and security policies and procedures unless Spalding University first obtains the written permission of Affiliating Agency.

All students enrolled in the MSAT program at Spalding University will complete HIPAA training annually, scheduled to occur during the beginning of the fall semester, or arranged otherwise by the DCE. Proof of completion of HIPAA training will be accessible by the DCE and available upon request.

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 – FERPA

All students enrolled in the MSAT program at Spalding University will complete FERPA training annually to be scheduled with BBP and HIPAA training. Both first- and second-year students will complete this training annually, scheduled to occur during the beginning of the fall semester, or arranged otherwise by the DCE. Further information about FERPA is publicly available to students on the University Catalog website https://catalog.spalding.edu/?id=109 Proof of completion of FERPA training will be accessible by the DCE and available upon request.

MSAT PROGRAM TECHNICAL STANDARDS

PROGRAM TECHNICAL STANDARDS POLICY

In addition to the requirements stated in the application procedures for entry into the Spalding University MSAT program, you will also need to submit the MSAT Program Technical Standards form illustrating that you are physically and mentally qualified to participate in the expected athletic training academic, and clinical requirements.

As a potential athletic training student, you should be aware of the physical and mental requirements needed to pass the academic and clinical components of the MSAT program. If you are unable to pass the physical and mental requirements, you will be unable to pass the national certification exam required to become a Certified Athletic Trainer.

Physical Demands

- If you have physical limitations that may prevent you from completing the clinical component of the program, written permission from a physician must be provided to ensure that you can safely perform the required physical duties.
- Some physical demands include:
- Transporting injured athletes from the field
- Carrying heavy 10-gallon water containers
- Carrying heavy medical kits
- Completing physical testing procedures of muscles and ligaments to all body joints, etc.
- Completing all taping procedures in a reasonable amount of time
- Running across uneven field surfaces in a reasonable amount of time to care for emergencies.
- Assisting in lifting injured athletes and carrying said athletes for a short distance so they are out of harm's way.
- Be able to perform CPR and First Aid procedures.

Cognitive and Communication Abilities

The MSAT program contains rigorous coursework that, at times, may give the sense of feeling mentally overloaded with too much to learn and/or too many responsibilities to handle. In addition, you will be expected to demonstrate the ability to analyze, think critically, synthesize, and integrate information both from previous athletic training courses and within the current athletic training course to collectively apply the knowledge you are acquiring.

In the case where you feel overburdened with any academic expectation, you are strongly encouraged to contact your academic advisor to develop a plan to handle the academic and/or clinical requirements of the MSAT program. Every effort will be made to ensure your academic success. Please note that if a student earns less than a “B” in two or more courses, the student will then be dismissed from the MSAT program. In addition to the above requirements, students who earn a grade of a “C” for a 5-credit hour course will be dismissed from the program, as will students who earn one grade of “F” in any course.

You will also be expected to demonstrate and acquire interpersonal skills, which are appropriate for the many different personal and professional situations that you may encounter during your educational processes. Likewise, you must be able to demonstrate the ability to speak and write the English language to complete the requirements of the Athletic Training Program.

TECHNICAL STANDARDS OUTLINE

All students applying for admission to the Athletic Training Program and subsequently for progression through the program must be able to meet all course performance outcomes. The Technical Standards for Admission and Progression listed below must be reviewed by each student upon admission to determine whether reasonable accommodation or modifications are necessary. If reasonable accommodations are required, the student must request such services from Accessibility Services, per university policy as stated in the Catalogue of Undergraduate and Graduate Studies on ADA Compliance.

CORE PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION

ISSUE	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL-INCLUSIVE)
Critical Thinking	Critical thinking ability sufficient for clinical assessment	Identify cause-effect relationships in clinical situations and develop the athletic training program.
Interpersonal	Interpersonal abilities to interact with individuals, families, and groups from a variety of social-emotional, cultural, and intellectual backgrounds	Establish rapport with patients/clients and colleagues.
Communication	Communicate clearly and sufficiently for interaction with others in verbal and written form	Explain intervention procedures; initiate teaching; interpret actions, assessments, and client responses; follow written and verbal directions accurately and consistently
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces	Move around in patient rooms, workspaces, and treatment areas, administer cardio-pulmonary procedures
Motor Skills	Gross and fine motor ability sufficient to provide safe and effective athletic training services	Calibrate and use equipment; position patients/clients safely within the scope of assessment and intervention strategies
Hearing	Auditory ability sufficient to monitor and assess health needs	Hear monitor alarms, emergency signals, auscultatory sounds, and cries for help. Adequate ability to verbally communicate by phone and in person.
Visual	Visual ability sufficient for observation and assessment necessary in the athletic training process	Observe patient/client responses, measurement increments of equipment related to practice, and written documentation
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical assessments and/or those related to therapeutic intervention

REQUEST FOR ACCOMMODATIONS & SPECIAL NEEDS

If you feel that you need special accommodations either upon admittance into the MSAT program, or after admittance into the MSAT program, you must contact Accessibility Services to submit appropriate documentation and have your need for accommodation reviewed. You will need to work with the MSAT Program Director and Accessibility Services to determine potentially reasonable and appropriate accommodation options that do not "fundamentally alter" and/or place an "undue burden on" the MSAT program or educational requirements and technical standards which are essential to the program of study. All potential needs will be designed following institutional standards and academic policies. You may contact the Accessibility Services office at any time if you wish to discuss available academic support services that are available at Spalding University.

If you become unable to meet the MSAT Program Technical Standards with or without accommodation, you cannot continue enrollment in the Athletic Training Program.

Accommodations Acknowledgement

Students will be asked to certify that they have read and understand the Spalding University MSAT Program Technical Standards and acknowledge that they understand the requirements to complete the Athletic Training Education Program. These forms will be found in ATrack.

SOCIAL MEDIA POLICY

Spalding University recognizes and supports its athletic training students' rights to freedom of speech, including the use of online social networks. As an athletic training student, you represent the MSAT program, the University, and the profession. As a result, you are expected to portray yourself professionally at all times, including on social media.

Below is a list of social media activities that are considered inappropriate and prohibited by the Spalding University MSAT program. Violation of the social media policy will result in disciplinary action as determined by Spalding University MSAT program administrators. Disciplinary action could include removal from the clinical education site, failure of a clinical education or didactic course, and possibly dismissal from the MSAT program.

- Violating HIPAA by posting confidential information or comments about patients.
- Derogatory comments about patients, fellow students, coaches, administrators, faculty, staff, or preceptors.
- Profane comments surrounding race, gender, sexuality, ethnicity, religion, political views, or other personal factors.
- Incriminating photos, videos, or statements regarding illegal criminal behavior, underage drinking, usage of illegal drugs, sexual harassment, or violence.
- Demeaning statements or threats that endanger the safety of another person.
- Information, photos, or other items that could negatively reflect on you, the University, the program, or the profession.

The MSAT Program faculty retains the right to determine any violation of the Social Media Policy and can require that a student remove the material in question from a social media platform.

Guidelines to Consider When Using Online Social Networking Sites

HIPAA /FERPA guidelines must be followed at all times. Identifiable information concerning patients or clinical education experiences must not be posted in any online forum, social media platform, or webpage.

It is vitally important not to friend, follow, or engage your patients (especially underage and high school or middle school students. See Kentucky Senate Bill 181) in any way on social media. Make sure to check with your preceptor regarding their employer's/school's social media policy. It is your responsibility to be aware of and abide by the policies at your specific site.

All students must be aware of the potential danger involved with posting information and/or participating in online activities. Additionally, potential employers often check social media sites on applicants to screen candidates during the hiring process. Students should be aware that everything they post on social media reflects them, the program, the University, and the profession.


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