

**Marshall University
College of Health Professions
School of Kinesiology
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**Athletic Training Program
Undergraduate Student Policies and Procedures Manual**

Table of Contents

Welcome!	2
Mission and Goals	3
The 21 st Century Athletic Trainer	4
Professional Organization	5
The Commission on Accreditation of Athletic Training Education	6
Athletic Training Standards Glossary As Defined by CAATE	7
The National Athletic Trainers Association (NATA)	10
Mission	10
History of NATA	10
NATA CODE OF ETHICS	11
Board of Certification	13
Athletic Training Education Program Academic Advisors	15
Advising	16
Recommended Plan of Study	17
Core Athletic Training Undergraduate Course Descriptions	18
Transfer Student Policies	20
ATEP to ATEP Transfer Policy	20
Clinical Rotations	21
Retention/Graduation Requirements	22
<i>PROBATION OR DISMISSAL FROM CLINICAL EDUCATION</i>	22
<i>GRADUATION REQUIREMENTS</i>	22
Educational Resources	23
Athletic Training Student Role	24
Policies and Procedures	26
Student Supervision Policy	27
Clinical Experience Observation-Hour Requirements Policy	27
Marshall University Blood Borne Pathogens Policy	28
Communicable Disease Policy	33
Non-Discriminatory Policy	35
Sexual Harassment Policy	36
DRESS & CONDUCT CODE	38
Technical Standards for Admission	39
Policy/Procedure Violation	42
ACADEMIC INFORMATION	43
Absences	43
Academic Appeals	43
Academic Dishonesty	43
Appeal Procedure:	45
Academic Dismissal	45
Appeals Board	46
Selection of Members for an Individual Hearing:	47
Hearing Procedures	47
INCIDENT REPORT	50
INCIDENT REPORT FOLLOW-UP	51

Aldridge Family Dentistry	52
BOYD CO. HIGH SCHOOL	53
Brooks Eye Care:	54
Cabell Huntington High School	55
Chesapeake High School	56
Fairland High School	57
GREENUP COUNTY HIGH SCHOOL	58
Huntington Physical Therapy.....	59
Kentucky Christian University	60
MARSHALL UNIVERSITY ATHLETICS POLICY MANUAL	61
Nichols Chiropractic	87
Profitt Chiropractic PLLC.....	88

Welcome!

Welcome to the School of Kinesiology's Athletic Training Program (ATP). We are excited about your interest in the field of athletic training. The information in this manual will help you become familiar with the program of study and the requirements set forth at Marshall University by CAATE (The Commission on Accreditation of Athletic Training Education).

The Athletic Training curriculum combines didactic (classroom), laboratory setting, and direct observation experiences. This allows each student the opportunity to acquire the skills needed to enter the athletic training field.

By accepting admission into the athletic training program, you have made a commitment to excellence. It is up to you, the student, to obtain the most information you can through course work, practical laboratory experiences, and by direct observation.

Once again, welcome to the Athletic Training Education Program and good luck!

Mission and Goals

The Mission of the Athletic Training Program (ATP) at Marshall University is to meet the academic needs of individuals desiring to become certified athletic trainers. This mission is accomplished through curricular planning and faculty organization. The ATEP provides education and services for a society that is open, complex, demanding, and evolving. To this end, the ATEP seeks to achieve the following goals:

- Provide opportunities for individuals to meet their education needs and achieve personal growth, development, knowledge, and understanding;
- Prepare pre-service athletic trainers through academic and professional course work as well as related clinical experiences;
- Participate in the continuing development of practicing athletic trainers through the development and dissemination of new theories, concepts, and practices;
- Provide opportunities for original research and publication related to athletic training;
- Make available consultation services for public and private agencies;
- Provide pre-service and in-service training to clientele in the broad field of athletic training and the umbrella of sports medicine;
- Recognize and address societal and cultural demands on curriculum planning and programming;
- Make available to all students a variety of learning experiences;
- Cooperate with other individuals, both on campus and off campus, to provide enhanced educational opportunities for all students; and
- Provide educational and service resources to West Virginia, Tri-State Region, and nationally.

The 21st Century Athletic Trainer

The athletic trainer of the 21st Century is a highly trained allied health professional. The expectations of the certified athletic trainer (ATC) today are far greater in scope and in practice than ever before. The profession has changed drastically over the past two decades, and is now a field crossing multiple disciplines. The only limitations for the ATC are the limitations he/she puts on him/herself. Careers in various settings are becoming more and more prevalent, breaking down previous barriers.

The daily functions of the athletic trainer changes with the chosen setting in which they practice. Each setting offers different challenges, responsibilities, and endeavors. Some settings in which ATCs practice are high school, college, education, clinic, professional sports, Olympic sports, NASCAR, pharmaceutical representatives, sales, bracing, physician assistant, administration, and many other areas.

Professional Organization

Athletic training education programs are under the jurisdiction of The Commission on Accreditation of Athletic Training Education (CAATE). The National Athletic Trainers Association (NATA) is the professional membership organization for athletic trainers. The Board of Certification (BOC) is the agency that certifies athletic trainers. To be eligible for BOC certification, students must graduate from a CAATE accredited athletic training education program.

The following chart depicts which agency regulates different aspects of accreditation, membership, and certification.

	BOC	CAATE	NATA
Eligibility to sit for the exam	✓		
Cert exam development	✓		
Cert exam administration	✓		
Professional Practice/Discipline	✓		
Standards of Professional Practice	✓		
State Regulation	✓		✓
Accreditation site visitations		✓	
Accreditation Standards and guidelines		✓	
Forward Accreditation recommendations		✓	
Train and Evaluate		✓	
Educational Competencies			✓
Code of Ethics			✓
Membership			✓
Graduate Education		✓	

The Commission on Accreditation of Athletic Training Education

Rules governing the accreditation of all athletic training programs are overseen by CAATE (www.caate.net). CAATE is the only agency that grants accreditation to Athletic Training Programs, thus extending BOC eligibility to graduating athletic training students.

Marshall University is a fully CAATE accredited athletic training education program.

Athletic Training Standards Glossary As Defined by CAATE

Ability to Intervene The preceptor is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being "physically present."

Adequate Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.

Affiliate (Affiliated Setting) Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATP for clinical experiences.

Affiliation Agreement All sites where students are involved in patient care or observation- only experience (excluding the Program's sponsoring institution) must have an affiliation agreement or memorandum(s) of understanding that is endorsed by the appropriate administrative authority (i.e. those bearing signature authority) at both the sponsoring institution and site.

ATP Athletic Training Program.

ATP Faculty BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.

Athletic Training Facility/Clinic The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.

Athletic Training Student (ATS) A student enrolled in the athletic training major or graduate major equivalent.

Clinical Coordinator The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATEP. The clinical coordinator position is currently recommended, but not required by the Standards.

Clinical Education The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of preceptors.

Clinical Experiences Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.

Clinical Instruction Site The location in which a preceptor interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.

Clinical Instructor Educator (CIE) The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for Preceptor training. If more than

one individual is recognized as a CIE for an ATP, then at least one of those individuals must be a BOC Certified Athletic Trainer.

Clinical Plan The plan that encompasses all aspects of the clinical education and clinical experiences.

Clinical Ratio The ratio of preceptors to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed five students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.

Direct Patient Care The application of professional knowledge and skills in the provision of health care.

Direct Supervision Supervision of the athletic training student during clinical experience. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Directed Observation Athletic Training Student A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.

General Medical Experience Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.

Health Care Professional Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.

Learning Over Time (Mastery of Skills) The process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.

Medical Director The physician (MD or DO) who serves as a resource for the programs director and ATP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.

Memorandum of Understanding In the case where the administrative oversight of the preceptor differs from the affiliate site, formal agreements must be obtained from all parties.

Physically Interact See: Ability to intervene and physically present.

Physically Present See: Ability to intervene.

Clinical Preceptor An individual identified to provide supervision of athletic training students during their clinical experience.

Pre-Professional Student A student who has not yet been admitted formally into the ATP. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.

Team Physician The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.

Technical Standards The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

The National Athletic Trainers Association (NATA)

The National Athletic Trainers' Association (NATA; www.nata.org) is the professional membership association for certified athletic trainers and others who support the athletic training profession.

Founded in 1950, the NATA has grown to almost 30,000 members worldwide today. The majority of certified athletic trainers choose to be members of the NATA – to support their profession, and to receive a broad array of membership benefits.

By joining forces as a group, NATA members can accomplish more for the athletic training profession than they can individually.

The NATA national office currently has more than 40 full-time staff members who work to support NATA's mission.

Mission

The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession.

History of NATA

The National Athletic Trainers' Association (NATA) was founded in 1950 when the first meeting of the NATA took place in Kansas City. About 200 athletic trainers gathered to discuss the future of their profession.

Recognizing the need for a set of professional standards and appropriate professional recognition, the NATA has helped to unify certified athletic trainers across the country by setting a standard for professionalism, education, certification, research and practice settings. Since its inception, the NATA has been a driving force behind the recognition of the athletic training profession.

Once housed in Greenville, NC, the NATA now is headquartered in Dallas, TX. From humble beginnings, the association has expanded to encompass a global membership totaling nearly 30,000, plus a full-time executive director and staff. Members serve as leaders for the association, which has multiple committees working together to help advance the profession.

A complete history of the NATA and the development of the athletic training profession is included in the hardcover book, "Far Beyond the Shoe Box: Fifty Years of the National Athletic Trainers' Association."

NATA CODE OF ETHICS

PREAMBLE

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:

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

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:

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

- 2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
- 2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.
- 2.3 Members shall report illegal or unethical practices related to athletic training To the appropriate person or authority.
- 2.4 Members shall avoid substance abuse and, when necessary, seek Rehabilitation for chemical dependency.

PRINCIPLE 3:

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

- 3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
- 3.2 Members shall provide only those services for which they are qualified Through education or experience and which are allowed by their practice acts and other pertinent regulation.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
- 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
- 3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:

Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

- 4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3 Members shall not place financial gain above the patient's welfare and shall Not participate in any arrangement that exploits the patient.
- 4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

Board of Certification

The Board of Certification, Inc. (BOC; www.bocatc.org) sets the standards for the practice of athletic training. The BOC is the only accredited certifying body for Athletic Trainers in the US.

The BOC was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers and recertification standards for Certified Athletic Trainers. The entry-level certification program is designed to establish standards for entry in to the athletic training profession.

BOC Mission & Vision

The Board of Certification, Inc. (BOC) has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was an entity of the professional membership organization the National Athletic Trainers' Association (NATA). However, in 1989, the BOC became an independent non-profit corporation.

The Mission of the Board of Certification:

To certify Athletic Trainers and to identify, for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer and establishes requirements for maintaining status as a Certified Athletic Trainer (AT). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the US. Every five years, the BOC must undergo review and reaccreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance (NOCA).

BOC Certification

The BOC was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers. The purpose of this program is to establish standards for entry in to the profession of athletic training. Additionally, the BOC has established the continuing education requirements that a Certified Athletic Trainer must satisfy in order to maintain current status as a BOC Certified Athletic Trainer.

On a regular basis, the BOC reviews the requirements for certification eligibility and the standards for continuing education. Additionally, the Board reviews and revises the certification exam in accordance with the exam specifications of the BOC *Role*

Delineation Study that is reviewed and revised every five years. The BOC uses a criterion-referenced passing point for the anchor form of the exam. Each new exam version is equated to the anchor version to ensure that candidates are not rewarded or penalized for taking different versions of the exam.

The BOC does not discriminate against any individual on the basis of religion, gender, ethnic background or physical disability.

Athletic Training Education Program Academic Advisors

The following serve as advisors for the Undergraduate Athletic Training Education Curriculum at Marshall University.

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Advising

Although students are ultimately responsible for selecting a major and planning course schedules, advising services are available. The college office will assist students with declaring a major and a faculty advisor from their major department will be appointed. Undecided students are advised in the Advising Center located in the Academic Support Center. Students on academic probation are also required to meet with the associate dean of their college for written approval to register or change their schedule. Your faculty advisor is a very good person to get to know. He or she will help with advice and support with academic or career questions. Students usually see their advisors during registration periods, but all faculty advisors are available during weekly office hours throughout the semester. You should take the initiative and arrange an appointment with your advisor at any time during the semester when you need advice or help. All colleges require their students to consult with an academic advisor before they can register. The college office places an advising hold on the student's registration. This hold remains until the student has met with the appropriate advisor. Consult your college dean or your major department for specific advising requirements.

Recommended Plan of Study

<u>Year 1: Fall</u>			<u>Year 1: Spring</u>		
BSC227	Anatomy	4	BSC228	Physiology	4
HS220	Personal Health	3	HS222	First Aid	3
ENG101	English	3	HS215	Intro	3
MTH121	Math	3	HS200	Medical Term	3
FYS100	FYS	3	ENG201	English	3

**complete observation hours and apply to the program in the spring semester of Year 1

<u>Year 2: Fall</u>			<u>Year 2: Spring</u>		
MTH/PSY	statistics	3	HS448 **	Modalities	3
HS212**	Taping	3	HS423**	Upper	3
HS230	Applied Ortho	3	HS360**	Clinical 2	2
HS255**	Clinical 1	2	ESS365	kinesiology	3
DTS210	Nutrition	3	CMM103	core	3
PSY201	Psychology	3		Elective	3

**only students formally admitted to the program can take these courses

<u>Year 3: Fall</u>			<u>Year 3: Spring</u>		
HS424**	Lower	3	HS449**	Rehab	3
HS361**	Clinical 3	2	ESS375	Fitness Assess	3
HS440**	Health Assess	3	HS410**	Organ/Admin	3
	Fine Arts	3	HS460**	Clinical 4	2
ESS345	Ex Phys	3		Literature	3

<u>Year 4: Fall</u>			<u>Year 4: Spring</u>	
HS490	Internship**	6		Electives 14
HS479	Trends**	3		
	Humanities	3		Take the BOC exam

Core Athletic Training Undergraduate Course Descriptions

HS 200 Comprehensive Medical Terminology. 3 hrs. I, II, S

This course is designed to introduce students to basic medical terminology and basic pharmacology.

HS 212 Practical and Emergency Techniques in Athletic Training. 3 hrs. I

This course introduces students to taping, wrapping, and advanced emergency care techniques used in athletic training. (CR: Admission to the Athletic Training Program)

HS 215 Introduction to Athletic Training. 3 hrs. I, II. S

Survey and study of the basic techniques and practices of athletic training. (PR: HS 201 or BSC 227)

HS 220 Personal Health I. 3 hrs. I.

A survey course that focuses upon wellness promotion and prevention of various health problems.

HS 222 Health Provider First Aid/CPR/AED. 3 hrs. I, II, S.

First Aid, CPR, and AED skills for health care providers. Additional topics include musculoskeletal injuries, environmental conditions, and sudden illness.

HS 230 Orthopedic Skills and Procedures. 3 hrs. I

An intensive hands-on course for allied health majors that introduces the orthopedic assessment and testing skills needed to perform effective evaluations on the field and in the clinical setting. (PR: HS201 or BSC227 or equivalent)

HS 255 Athletic Training Clinical Experience: Level I. 2 hrs. I.

To begin developing athletic training evaluation and treatment skills under the direction of a BOC certified Athletic Trainer. Requires 150 clinical hours. (CR: Admission to the Athletic Training Program)

HS 360 Athletic Training Clinical Experience: Level II. 2 hrs. II.

To continue developing athletic training evaluation and treatment skills under the direction of a BOC certified Athletic Trainer. Requires 150 clinical hours. (PR: HS255)

HS 361 Athletic Training Clinical Experience: Level III. 2 hrs. I.

To continue developing athletic training evaluation and treatment skills under the direction of a BOC certified Athletic Trainer and/or other qualified allied health professionals. Requires 150 clinical hours. (PR: HS360)

HS 365 Kinesiology. 3 hrs. I, II.

Applied anatomy of the human musculature and biomechanics in relation to physical activity. (PR: BSC 227 or HS 201)

HS 410 Organization and Administration in Athletic Training. 3 hrs.

This is a course that investigates current trends in administration and organization in the field of athletic training. (PR: HS 215)

HS 423 Orthopedic Evaluation of the Upper Extremity for Athletic Trainers. 3 hrs.

Orthopedic evaluation of the neck and upper extremity for the athletic trainer. (PR: HS 215 and HS230)

HS 424 Orthopedic Evaluation of the Lower Extremity for Athletic Trainers. 3 hrs.
Orthopedic evaluation of the back and lower extremity for the athletic trainer. (PR: HS 215, HS230)

HS 440 Health Evaluation for the Athletic Trainer 3 hrs. I.
A study of common problems and illnesses of athletes and other physically active individuals and the proper methods of evaluating these complaints.
Includes a lab. (PR: HS 423)

HS 448 Therapeutic Modalities in Sports Medicine. 3 hrs. II.
Investigation and analysis of therapeutic modalities including indications, contraindications, biophysics and procedures. Includes a lab. (PR: HS 215)

HS 449 Therapeutic Exercise in Athletic Training. 4 hrs.
Orthopedic evaluation of the back and lower extremity for the athletic trainer. (PR: HS 423, HS 424)

HS 460 Athletic Training Clinical Experience: Level IV. 3 hrs. II.
To continue developing athletic training evaluation and treatment skills under the direction of a BOC certified Athletic Trainer and/or other qualified allied health professionals. Requires 150 clinical hours. (PR: HS361)

HS 479 Trends in Athletic Training. 3 hrs. II.
To provide an in-depth analysis of current trends with regard to administration, liability, sport pharmacology and insurance. Cover current standards in surgery, rehabilitation, and evaluation of sport-related injuries.

HS 490 Internship: Paraprofessional Student Experience. 1-8 hrs.
Supervised clinical experience in an approved setting. Can be repeated for a total of 8hrs. Capstone experience requires 3hrs minimum in one term. Requires 75 clinical hours per credit hour attempted. (PR: HS 460 and/or program permission).

Transfer Student Policies

The Athletic Training Curriculum welcomes transfer students. The student should declare his/her major upon transferring and immediately meet with an athletic training advisor. Transfer students can complete the Athletic Training Curriculum at Marshall University, but it should be noted that when he/she transfers it may change their graduation date to a later date due to the way course work and clinical classes are offered.

ATEP to ATEP Transfer Policy

It is realized that students will transfer from university to university from time to time. The student must complete the application and interview process that is required of all students seeking admittance into the Marshall's CAATE accredited athletic training program (ATP). Previous clinical and didactic coursework will be evaluated on a case-by-case basis. All students must complete all Marshall University courses or their equivalent at the previous institution in sequence. When students transfer from a CAATE accredited institution to Marshall's ATP the following steps are to be followed.

- The student must be accepted into Marshall University and have their transcript(s) from previous institutions audited by Marshall Admissions
- The student must meet with the ATP director to notify him/her of the transfer
- The student must have his/her complete ATP file sent to the ATP director
- The student must complete the application and interview process that is required of all students applying to the ATP.

Clinical Rotations

The student in good standing with the Athletic Training Educational Curriculum at Marshall University will have the opportunity to explore several areas of the broad profession of Athletic Training. These opportunities include clinical experiences at the collegiate level, in the clinical setting, at the high school setting, and other settings as permitted.

- The collegiate level – this offers the student direct observation at the NCAA-IA level of athletics. This observation is supervised by a BOC certified athletic trainer who is an approved clinical instructor/clinical instructor as defined by the CAATE. In this setting the student is given the opportunity to observe the daily operations of collegiate athletic training including drug testing, rehabilitation of athletes, evaluation of athletic injuries, and interaction with team physicians.
- The clinical aspect of athletic training offers the student direct observation in allied health settings (e.g. orthopedic clinic, therapy clinic, chiropractor, EMS, dentist, eye doctor, etc). This observation is supervised by licensed allied health professionals. In this setting the student is given the opportunity to observe in-patient and out-patient services offered by each allied health clinic.
- In the high school setting the student has the opportunity to observe the daily operations of a high school athletic training room. This includes the idiosyncrasies of the athlete that is a minor (under the age of 18). This observation is supervised by a BOC certified athletic trainer who is an approved clinical instructor/clinical instructor as defined by the CAATE.

Retention/Graduation Requirements

To remain in good standing in the Athletic Training Curriculum you must remain in good standing with the university and have the following:

- ◆ **2.7 cumulative GPA**
- ◆ **C or better in all ATEP required courses**
****B or higher is required in HS 490**

PROBATION OR DISMISSAL FROM CLINICAL EDUCATION

Athletic Training is a medical profession and academic performance should be the main priority of students in the Athletic Training Education Program. Athletic Training students must make a C or better in ALL required core Athletic Training Courses. If a student fails to make a C or better in the core Athletic Training courses or a B or better in HS490, the student will not be allowed to take subsequent core or clinical courses until the course has been repeated. Students must maintain a cumulative grade point average (GPA) of 2.7 or higher (on a 4.00 scale). Should the cumulative GPA fall below a 2.7, the Athletic Training student will be placed on probation status. The probationary student will be given a verbal and written warning (including cause of probation and disciplinary action if not corrected). Failure to achieve a 2.7 GPA in the subsequent semester will result in suspension from the Athletic Training Program. The probationary student should see the Athletic Training Program Director periodically throughout the semester for study hall assignments, tutoring services, and other counseling services that are available to assist the student. Mid-semester grade reports are required of all ATS and reviewed by the Athletic Training Program faculty in hopes of preventing any academic misfortunes. Students who violate the Marshall University Academic Dishonesty Policy are also subject to removal from the ATEP.

GRADUATION REQUIREMENTS

The number of hours required for graduation varies among the COHP majors. While 120 is the minimum required by the university, several COHP major require additional hours. Individual program requirements are identified with the specific programs. Students should monitor their programs of study carefully due to ongoing curricular changes in many programs.

Core Curriculum

Effective Summer 2010, the new Core Curriculum is designed to foster critical thinking skills and introduce students to the basic domains of thinking in the disciplines. The faculty's goal in creating this new core is to provide a direct linkage between the first classes a student takes and the senior capstone experience. This new general education curriculum applies to all majors. Transfer students with 26 or more college credits must complete one CT course in Core I, all of Core II and the additional university requirements. Core II may be fulfilled through a combination of transfer and Marshall credit hours.

Educational Resources

The students in the Athletic Training Curriculum have access to a large number of educational resources. The following is a listing of resources available to the student:

- Marshall University Library Texts
- Marshall University Library Journals
- Program Director's Personal Library
- Clinical Coordinator's Personal Library
- Athletic Training Curriculum Student Library
- Numerous Videos Pertaining to Athletic Training
- Computer Access With Internet Connection
- Computer Software for Athletic Trainers
- Practice Exam Software
- Rehabilitation Prescription Kit

Athletic Training Student Role

Athletic Training Student : Program Director and Other Faculty

The program director oversees the Athletic Training Curriculum. All issues regarding the program (including didactic/academic, labs, and direct observation/clinical rotations) should be discussed with the program director and/or other program faculty.

Role With Program Director and Other Faculty

- Keep current with academic standing.
- Discuss issues regarding any aspect of the curriculum.
- Be active in MUATA (Marshall University Athletic Trainers Association)
- Ask questions--seek information.
- Must receive written notice of absences prior to missing class.

Athletic Training Student : Preceptor

The preceptor is your main supervisor in the clinical setting. He/She is responsible for your actions. If you have something to discuss with him/her please set up an appointment or speak with him when he/she is not busy.

Role With Preceptor

- Carry out head athletic trainer's instructions.
- Ask questions--seek information.
- Must receive written notice one week in advance to have permission to be absent.
- Inform supervisor of all injuries as soon as possible.

Athletic Training Student : Team Physician

As an athletic training student, you have the opportunity to get to know and work with team physicians. You can learn a great deal just by watching and listening. Feel free to ask questions, but try not to get their way or take up a lot of their time. Most communication with the doctors regarding injuries will be done by your clinical supervisor.

Role with Team Physician

- Interact with team physician.
- Ask questions--seek information.
- Carry out team physician's instructions explicitly.
- It is **NOT** professionally acceptable, nor is it tolerated to criticize or second guess the medical care given to an athlete by the team physician, or outside physicians. This includes the emergency rooms at any hospital.

Athletic Training Student : Coach

This is a very important relationship and it could keep you out of trouble if you learn to get along with the coaches. The Head Coach of a sport is ATC's closest colleague during that season. Always ask the coach if there is anything special that he/she will need during the season, whether it be timeout breaks or any guidelines he/she follows during an injury. As an athletic training student, you should never discuss injuries with the coach

unless he/she asks you or your preceptor directs you to. All injury information will come from the preceptor.

Role with Coach

Establish a good working relationship with your coach in conjunction with your preceptor. Document all interaction with coach. When appropriate give a written report to coach regarding daily activity status of athletes.

Athletic Training Student : Student Athlete/Patient

Being an athletic training student will give you an extensive relationship with the student athletes. Social and romantic relationships are highly discouraged. In the event that a relationship develops, the ATS must notify the PD of the relationship as soon as possible to avoid a potential conflict of interest or distraction in the clinical environment. Students may be immediately reassigned to another clinical site if they develop a relationship with a patient / athlete at that current rotation. These relationships should not affect the way you treat him/her while on the job. You need to maintain professionalism while working. If professionalism is not maintained, athletes may come to expect special favors and selective treatment from you. This can lead to a conflict and a lack of respect for your skills and authority. We are not forbidding close relationships and friendship with athletes, but merely pointing out some problems that may arise. We want to maintain a professional atmosphere in the athletic training facility and you are expected to follow these guidelines to help us in the cause.

Role with Student Athlete

Establish and maintain professional relationship with athletes.
Gain confidence and respect.
Work in conjunction with certified trainer, physician.
Do **NOT** allow personal situations to compromise your professional standards.

Media

Be courteous and tactful. Give **NO** information about injuries.
Refer to supervisor, coach, or Sports Information Office.

Policies and Procedures

- I. Each student accepted in the athletic program is expected to attend scheduled classes regularly. Any absence from a class, due to clinical assignments, must be notified in writing one week in advance and may not exceed two (2) excused class absences. A student may not miss an exam or lab due to clinical assignments.
- II. It is expected of the student to dress appropriately, for the assigned setting, when attending clinical settings. Each student must conform to OSHA regulations and the assigned clinical site dress code(s).
- III. Language and actions should be appropriate in class and in the clinical setting to which the student is assigned.
- IV. The first four (4) clinical courses require one hundred-fifty (150) direct observation hours; the fifth (HS490) required 225 hours. These begin on the first day of class and end the last official day of classes. The hours-per-week should be kept close to 15 hours per week with one to two days off during the week. This is to allow ample time for academic studies and some personal time.
- V. At no time should a student dispense any drugs (prescription or over-the-counter) to anyone without the consent and direct approval of a certified athletic trainer or physician.
- VI. At no time should a student be working in place of or as a certified athletic trainer. If the assigned approved clinical instructor or field supervisor is not in visual and audio contact, and within two-to three minutes of intervention, the student is NOT to be with an athletic team (whether practice, competition, or traveling) or in the clinical setting.
- VII. Each clinical supervisor will evaluate the student athletic trainer at least twice each semester. The evaluations will be picked up by the student at the designated times and turned in on time.
- VIII. If a student needs time away from a clinical site, it is their responsibility to inform the clinical instructor/field supervisor, clinical coordinator, and program director. A two-week notice, in writing, is required unless uncontrollable circumstances do not allow it.

Student Supervision Policy

All athletic training students (ATS) enrolled in HS 255, HS 360, HS 361, HS 460, HS 490 internships will be provided with direct supervision by a preceptor so that they can directly observe the ATS and is able to intervene when necessary.

The following definitions as defined by CAATE must be followed to provide appropriate supervision of athletic training students.

1. **Athletic Training Student (ATS)** A student enrolled in the athletic training major or graduate major equivalent.
2. **Clinical Experiences** Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.
3. **Direct Supervision** Supervision of the athletic training student during clinical experience. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
4. **Ability to Intervene** The preceptor is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being "physically present."
5. **Physically Interact** See: Ability to intervene and physically present.
6. **Physically Present** See: Ability to intervene

Clinical Experience Observation-Hour Requirements Policy

The Marshall university ATP includes 5 clinical internships (clinical rotations). During these rotations each student is placed with an approved supervisor that meets CAATE requirements for preceptor status. Each student will meet with his/her clinical supervisor and will schedule time(s) to attend that clinical site. Each clinical experience level averages 200 hours each (meeting a minimum of 150 for 2cr classes and 225 for 3cr classes). It is prohibited for students to regularly schedule more than 20 hours per week and should average about 15 hours per week. Each student is to be scheduled for at least one day off during the week and is to be able to schedule days off for religious beliefs/obligations.

Marshall University Blood Borne Pathogens Policy

Purpose

An infection control plan must be prepared for all persons who handle, store, use, process, or dispose of infectious medical wastes. This infection control plan complies with OSHA requirement, 29 CFR 1910.1030, Blood Borne Pathogens. The plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures.

Definitions

Biological Hazard. The term biological hazard or biohazard is taken to mean any viable infectious agent that presents a risk, or a potential risk, to the well being of humans.

Medical Wastes/Infectious Wastes. All waste emanating from human or animal tissues, blood or blood products or fluids. This includes used first aid bandages, syringes, needles, sharps, material used in spill cleanup and contaminated PPE or clothing.

Universal Precautions. Refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/medical material must be handled according to Universal Precautions

Hazards

Unprotected exposure to body fluids presents the possible risk of infection from a number of bloodborne pathogens notably Hepatitis and HIV.

Hazard Control

Engineering Controls - prevention of exposure to bloodborne pathogens engineering controls include proper storage facilities and containers, syringes designed to prevent accidental needle sticks, autoclaves and disinfectant equipment.

Administrative Controls - prevention of exposure to bloodborne pathogen administrative controls include universal precautions, assignment of PPE, employee training, use of spill kits specifically designed for blood and body fluids, restricted access to waste collection points and waste disposal procedures.

Reporting and Record Keeping

Any reports will be maintained by the Safety Department. All reports (Training Certificates, Notice of HBV Vaccinations, exposure reports) will be maintained for 30 years. Occupationally contracted HBV or HIV will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses as an illness.

Training

All personnel assigned duties as EMT, Paramedics, Plumbers, First Aid Station Staff, HAZMAT responders, Custodial Employees (those that clean rest rooms, etc.) will receive initial and annual training by a qualified medical practitioner on the Bloodborne Pathogen Program. Additionally, personnel trained in First Aid shall be offered this annual training. All new and current affected Employees will be trained

initially and annually thereafter. All Employees not affected by this Program will receive an overview of the program requirements during scheduled department Safety Meetings with documentation by Safety Meeting Minutes Form.

Hepatitis-B Virus (HBV) Vaccinations

Occupational Health Professionals and those required to provide first aid or emergency response duties or medical care on a routine basis will be offered Hepatitis-B Virus (HBV) Vaccinations at Marshall University expense. Employees that transfer to a job or their job is reclassified to include exposure to blood-borne pathogens will be offered HBV Vaccinations within 10 working days of the transfer or reclassification. The choice for HBV vaccination is not mandatory. If an affected Employee chooses not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated when they are ready. The Marshall University will document the offer, acceptance or declination, and vaccination dates with the *Notice of HBV Vaccinations Form*.

Post Exposure Treatment and Notification Procedures

Should an affected Employee or an Employee acting as a "Good Samaritan" be occupationally exposed to HIV/HAV/HBV the affected Employee will report the exposure to the Marshall University Campus Police. Marshall University will provide for the Employee to be tested for HIV/HAV/HBV at Marshall University expense. Following the initial blood test at time of exposure, seronegative Employees will be retested at 6 weeks, 12 weeks and 6 months to determine if transmission has occurred. During this period, the Employee will follow the recommendations provided by the Physician or the U. S. Public Health Service. An "occupational exposure" is defined as blood or body fluid contact from an injured or ill Employee to the affected Employee or injury by a contaminated sharp object. Following the report of exposure, human resources will contact the exposure source and request that person be tested for HIV/HAV/HBV at University expense. The request is not mandatory and if refused will not effect that Employee's future employment.

The source individual's blood is tested as soon as possible and after consent is obtained to determine HBV and HIV infectivity. The exposed employee's blood shall be collected as soon as feasible and tested for HBV. (Hepatitis Bs Antibody, Hepatitis C Antibody) and HIV serological status after consent is obtained (Employee Consent for HIV Antibody Testing). During all phases of Post Exposure, the confidentiality of the affected Employee and exposure source will be maintained on a "need to know basis". The *Blood-Borne Pathogens Exposure and Treatment* form is used to document the exposure and offer of medical assistance to the affected Employee and use the *Medical Consent for Blood-Borne Pathogens Testing* form for the exposure source. The results of any HIV/HAV/HBV tests conducted will be provided to the exposed and source Employees within 5 business days of receipt.

General Procedures

The following procedures must be followed by personnel when in medical rooms or laboratories. All supervisors must ensure that their staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper cleanup and disposal techniques. Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact in groups where resuscitation is a part of their responsibilities. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for exposure to any health hazard. Food and drink must not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious material is stored or

in other areas of possible contamination. According to the level of risk, wearing laboratory or protective clothing may be required for persons entering infectious disease laboratories. Likewise, showers with a germicidal soap may be required before exit. Gowns, aprons, or lab coats must be worn whenever there is a possibility that body fluids could splash on skin or clothing. Gloves must be made of appropriate disposable material, usually intact latex or vinyl. They must be used in the following circumstances: When the employee has cuts, abraded skin, chapped hands, dermatitis, or similar conditions.

When examining abraded or non-intact skin of a patient with active bleeding. While handling blood or blood products or other body secretions during routine laboratory procedures. Employees must wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials. All personal protective equipment must be removed immediately upon leaving the work area, and if this equipment is overtly contaminated, it must be placed in an appropriate area or container for storage, washing, decontamination, or disposal. Contaminated clothing must not be worn in clean areas or outside the building. All procedures involving blood or other potentially infectious agents must be performed in a manner that will minimize splashing, spraying, and aerosolization.

Medical Wastes

Medical/infectious waste must be segregated from other waste at the point of origin. Medical/infectious waste, except for sharps (i.e., razor blades, broken glass, needles, etc.) capable of puncturing or cutting, must be contained in double disposable red bags conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD."

Used needles or other sharps (razor blades, broken glass, scalpels, etc.) must not be sheared, bent, broken, recapped, or re-sheathed. Infectious sharps must be contained for disposal in leak-proof, rigid puncture-resistant containers. Infectious waste contained as described above must be placed in reusable or disposable leak-proof bins or barrels that are conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD." These waste barrels are picked up regularly by an outside Marshall University licensed to handle infectious wastes. All infectious agents, equipment, or apparatus must be disinfected in an autoclave or otherwise disinfected before being washed or disposed of. Each individual working with infectious bio-hazardous agents is responsible for disinfection and disposal of these agents.

Biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) then disposed of in the regular trash. Reusable glassware must be decontaminated in sodium hypo chlorite (household bleach) solution (1:9) prior to rinsing and acid washing. The glassware must then be sterilized in an autoclave. To minimize the hazard to firefighters or emergency response personnel, at the close of each work day and before the building is closed, all infectious or toxic material must be placed in a refrigerator, placed in an incubator, or autoclaved or otherwise disinfected. Infectious agents must not be placed in an autoclave and left overnight in anticipation of autoclaving the next day. Floors, laboratory benches, and other surfaces in buildings where infectious agents are handled must be disinfected with a suitable germicide, such as 1:9 sodium hypo chlorite solution (household bleach) as often as necessary as determined by the supervisor. The surroundings must be disinfected after completion of operations involving planting, pipetting, centrifuging, and similar procedures with infectious agents.

Infectious agents must not be dumped into the building drainage system without prior disinfection.

Cuts If an employee has a needle stick, cut, or mucous membrane exposure to another person's body fluids he/she must report the incident immediately to an immediate supervisor.

Blood Exposure

All employees exposed to human blood and blood products must report to the Marshall University Nurse for information and possible inclusion in the Hepatitis B Immunization Program.

Infection Control Plan

The purpose of the Infection Control Plan is to protect the health and safety of the persons directly involved in handling the materials, Marshall University personnel and the general public by ensuring the safe handling, storage, use, processing, and disposal of infectious medical waste. This plan complies with OSHA requirement proposed for 29 CFR 1910.1030, Bloodborne Pathogens.

Universal precautions: Refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A).

The following universal precautions must be taken:

1. Gloves must be made of appropriate disposable material, usually intact latex or vinyl. They must be used:
 - a. When the employee has cuts, abraded skin, chapped hands, dermatitis, or the like.
 - b. When examining abraded or non-intact skin of a patient with active bleeding.
 - c. While handling blood or blood products or other body secretions during routine procedures.
2. Gowns, aprons, or lab coats must be worn when splashes of body fluid on skin or clothing are possible.
3. Mask and eye protection are required when contact of mucosal membranes (eyes, mouth or nose) with body fluids is likely to occur (e.g. splashes or aerosolization).
4. Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact.

Waste Disposal Plan

1. Medical/Infectious waste must be segregated from other waste at the point of origin.
2. Medical/Infectious waste, except for sharps (e.g. razor blades, broken glass, needles, etc.) capable of puncturing or cutting must be contained in double disposable red bags conspicuously labeled with the words, "INFECTIOUS WASTE -- BIOHAZARD."
3. Infectious sharps must be contained for disposal in leak-proof, rigid puncture resistant containers.
4. Infectious waste thus contained as described in procedures 2 and 3 above must be placed in reusable or disposable leak-proof bins or barrels which

- must be conspicuously labeled with the words, "INFECTIOUS WASTE – BIOHAZARD." These waste barrels are be picked up regularly by an outside Marshall University licensed to handle infectious wastes.
5. Marshall University licensed to handle infectious wastes.
 6. Spills/Disinfectants: a solution of sodium hypo chlorite (household bleach) diluted 1:9 with water must be used to disinfect, following initial cleanup of a spill with a chemical germicide approved as a hospital disinfectant. Spills must be cleaned up immediately.
 7. After removing gloves, and/or after contact with body fluids, hands and other skin surfaces must be washed thoroughly and immediately with soap or other disinfectant in hot water.
 8. Other biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) and then disposed of in the regular trash.
 9. Liquid biohazard waste may be disposed of in the sewage system following chemical decontamination.
 10. Reusable glassware must be decontaminated in sodium hyper chlorite (household bleach) solution (1:9) prior to rinsing and acid washing. Then the glassware must be sterilized in an autoclave.

Personal Protective Equipment for Worker Protection Against HIV and HBV Transmission

TASK	GLOVES	APRON	MASK	EYEWEAR
Control of Bleeding w/ spurting blood	X	X	X	X
Bleeding control with minimal bleeding	X			
Emergency Child Birth	X	X	X	X
Blood Drawing	X			
Handling & Cleaning Instruments	X			
Cleaning Bio Spills	X			
Taking Temperature				
Giving Injection	X			
Measuring Blood Pressure				

The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendation for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces). <http://www.marshall.edu/emergency/>

Communicable Disease Policy

It is the policy of the Marshall University Athletic Training Program (ATP) not to discriminate against any applicant, employee or student who has or is suspected of having a communicable disease. As long as an applicant, employee, or student is able to satisfactorily perform the essential functions of the ATP as an employee or student, and there is no medical evidence indicating that the employee's or student's condition is a threat to the health or safety of the individual, coworkers, students, athletes, or the public, an employee or student shall not be denied employment, continued active student status, nor shall an applicant be denied employment, nor shall a student be denied admission to the campus or classes based on whether or not he/she is suspected of having a communicable disease. The ATP will consider the educational, employment, or student status of individuals with a communicable disease or suspected of a communicable disease on an individual, case-by-case basis following procedures outlined by the University.

The Marshall University action plan is as follows and can be found at:

<http://www.marshall.edu/emergency/>

COMMUNICABLE DISEASES

Student Health Services, as an agent for Marshall University, monitors communicable disease cases that may affect the well-being of students' faculty and staff. In the event of a communicable disease event, SHS consults with and receives guidance from Cabell Huntington Health Department, Wayne County Health Department, WV Bureau for Public Health state health as well as the CDC (Center for Disease Control). The consulting agency is determined by the disease presented, the number of cases, and the guidelines and recommendations established by state and federal laws. Disease events are co-managed by the SHS and the consulting agency to ensure the safety of individual and the campus community. As an agent of Marshall University, SHS informs the university administration, faculty, staff and students, as needed to provide education to limit the impact of a communicable disease event. SHS works with the offices of public relations, the president and student affairs to create methods of communications such as the use of e-mail, faculty announcements, awareness statements for coaches and other administrative staff, articles for student newspapers and residence hall awareness campaign as recommended by Cabell Huntington Health Department, Wayne County Health Department, WV Bureau for Public Health or CDC.

Communicable diseases are defined as those diseases that can be transmitted from one person to another such as pandemic flu, tuberculosis, meningitis, chicken pox, SARS, hepatitis and others. Individuals contracting communicable disease should report the case to student health services immediately by calling 691-1176 SHS Services will work with Cabell Huntington Health Department and Wayne County Health Department to provide preventive measures to those who were exposed: such as immunization, distribution of antibiotics or antiviral medications as necessary to prevent further spread of the disease. If quarantine of exposed individuals is needed a building on campus will be dedicated for this purpose, food and other needed items will be provided by the campus food service or the Red Cross.

Communicable Disease Response – Incident Action Plan (Example – Pandemic Flu)

Pre-Level 1 Actions – This plan is intended to address a variety of communicable disease outbreaks. In the majority of situations, there will not be advance time to prepare for the first case of human to human transmission. It is therefore imperative that campus departments initiate various “pre-level 1” actions to assure that they are prepared in the event that an infectious disease is confirmed that may have the potential to spread to campus in a very short time frame. The following actions are recommended as “pre-level 1”.

1. Essential personnel – the campus should determine “who” the essential personnel are in the event of an infectious disease outbreak. This would include civil service staff to maintain or depopulate facilities staff, housing personnel, administrators, etc. The list of “non-essential” personnel should be prepared in addition to “call-off” notices that can be activated on short notice.
2. All campus units should review business continuity plans and/or review their individual unit responses to situations involving short staffing, class cancellations, 24 hour operations, event schedules and cancellation, emergency needs, etc.
3. The Campus should clearly communicate the status of essential vs. non-essential personnel.
4. Assess the quantity of N95 respirators and assure that an adequate supply is on hand.
5. Campus units with essential personnel should schedule them to receive fit test and training on respiratory protection from the Safety & Health Department.
6. The Campus Emergency Operations Committee will direct the campus response during an infectious disease outbreak. Individuals with copies of this document are encouraged to review it to assure they understand the protocols. Additional campus resources (experts in specific fields, unit resources, etc.) will work with the Emergency Management Team as part of the Incident Command System.

Non-Discriminatory Policy

Taken from Student Handbook Pg. 46

<http://www.marshall.edu/student-affairs/Student%20Handbook%202008-09.pdf>

MARSHALL UNIVERSITY AND STUDENT GROUPS RESPECT AND HONOR THE HUMAN RIGHTS AND DIGNITY OF OTHER PERSONS, GROUPS AND ORGANIZATIONS.

Violations of this standard include but are not limited to:

3.A. Harassment: Committing, conspiring to commit, or causing to be committed any act directed toward a specific person or persons with the intent and/or effect of causing physical or mental harm, injury, fear, stigma, disgrace, degradation, or embarrassment. This includes but is not limited to racial, sexual, or peer harassment. (EX)

3.A.1. Racial Harassment, as defined in the Student Handbook, includes acts exhibiting prejudice and/or racism and/or failure to follow University or MCTC Policies concerning Acts of Intolerance.

3.A.2. Sexual Harassment includes failure to follow University Policies concerning Acts of Intolerance and/or violation of University policies concerning sexual harassment as defined in Section 3 of the Marshall University Sexual Harassment Policy in the Student Handbook.

3.B. Incivility or disrespect of persons. (PS)

3.C. Lewd, indecent, or obscene conduct or expression. (SP)

3.D. Unlawful discrimination on the basis of race, sex, color, national origin, religion, Political affiliation, handicap, age, or sexual orientation. (EX)

3.E. Commitment of any violation in this code for the purposes of harassing and/or discriminating on the basis of race, sex, color, national origin, religion, political affiliation, handicap, age, or sexual orientation. (EX)

3.F. Complicity with others in violation of this standard. (EX)

Sexual Harassment Policy

All athletic training students must complete the online sexual harassment training available at no cost at:

<http://training.newmedialearning.com/psh/marshallu/choice.htm>.

Each student must score a 100% on the quiz prior to completing any clinical rotations beginning 07-01-08.

MARSHALL UNIVERSITY BOARD OF GOVERNORS Policy No. GA-1

<http://www.marshall.edu/President/Board/Policies/MUBOG%20GA-%201%20Sexual%20Harassment.pdf>

SEXUAL HARASSMENT POLICY

General:

- 1.1 Scope: This policy defines sexual harassment, provides guidelines for filing sexual harassment complaints and explains what action will be taken against those found to have engaged in sexual harassment.
- 1.2 Statutory and other References: W. Va. Code §18B-1-6. A policy statement issued by the Office for Civil Rights of the U. S. Department of Education on the interpretation of the following: Title IX of the Education Amendments of 1972 and Equal Employment Opportunity Commission (EEOC) interpretative guidelines issued in March, 1980; and subsequent federal court decisions on the subject of sexual harassment.
- 1.3 Passage Date: November 13, 2002
- 1.4 Effective Date: Upon passage
- 1.5. Background: Replaces Board of Trustees Series No. 9 which was transferred by the Higher Education Policy Commission to the institutional boards of governors. This policy was previously numbered as MUBOG Policy No. 5.

Policy:

- 2.1. It is the policy of Marshall University to maintain a work and educational environment free from all forms of sexual harassment of any employee, applicant for employment, or student. Sexual harassment in any manner or form is expressly prohibited. It is the responsibility of the University to provide educational opportunities to create this free environment and to take immediate and appropriate corrective action when sexual harassment is reported or becomes known. Supervisors at every level are of primary importance in the implementation and enforcement of this rule.

Sexual Harassment Defined

- 3.1. Sexual harassment is intended to be defined consistent with EEOC and United States Department of Education guidelines. Sexual harassment includes any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:
 - 3.1.1. Submission to such conduct is an explicit or implicit condition of employment.

- 3.1.2. Submission to or rejection of such conduct is used as the basis for Employment decisions or:
- 3.1.3. Such conduct has the purpose or effect of: Policy GA-1 Page 2 of 2
 - 3.1.3.1. Unreasonably interfering with an individual's work or educational performance, or:
 - 3.1.3.2. Creating an intimidating, hostile or offensive work or educational environment.

Filing of Complaints.

- 4.1. The University shall designate a formal grievance procedure for the handling of sexual harassment complaints and assure appropriate dissemination of information concerning it to faculty, staff, and students. Each campus shall designate a liaison person(s) who shall receive training in facilitating the informal resolution of complaints with the authority to conduct inquiries and report to the appropriate supervisory authority. In cases involving the president, the complaint shall be filed with the Chair of the Marshall University Board of Governors. .
- 4.2. Employees. -- Any employee who feels he or she is being sexually harassed Should contact his or her immediate supervisor. If this is not appropriate, Employees should report such alleged misconduct to other designated personnel within that organization. Supervisors are to make every effort to ensure that such problems are resolved promptly and effectively.
- 4.3. Students. -- Any student who feels he or she is being sexually harassed Should contact the appropriate dean or other designated person of the institution where he or she is a student.

Action to be Taken Against Perpetrators.

- 5.1. Any student, supervisor, agent or other employee who is found, after Appropriate investigation, to have engaged in the sexual harassment of another employee or a student will be subject to appropriate disciplinary action. Depending on the circumstances, sanctions may include termination or expulsion.

DRESS & CONDUCT CODE

A professional appearance contributes enormously to the success in athletic training experiences. General appearance should not be a distraction to the athletic training clinical or classroom environment. **This dress code applies to all Athletic Training classes, labs, clinical classes and clinical sites** (clinical site includes travel with teams). More rigorous standards may be imposed by your specific clinical site. Exemptions to any part of the dress code must be applied for through the clinical coordinator and/or program director. Decisions on granting exceptions will be determined by ATP faculty.

1. Clinical sites can require students to cover all tattoos or other body modifications.
2. Jewelry may not be worn in any visible piercing other than in the earlobes.
3. Rings, bracelets, watches, and other jewelry should be minimal and not interfere with OSHA procedures. (i.e. wearing properly fitted disposable gloves)
4. Skin must be covered at the midriff when working. (i.e. reaching arms overhead, backboarding, etc.)
5. No cleavage, midriff, bra (including bra strap, texture, or bra colors seen through shirt), or underwear may show.
6. No tight or excessively loose clothing.
7. Necklines and hemlines must be modest (refer to #5).
8. Meticulous personal hygiene must be maintained.
9. All clothing must be free of numbers, writing or screen printed designs. (excluding Athletic Training attire)
10. Shirts with buttons must be worn buttoned, except for top button and tucked unless they are designed to be worn un-tucked.
 - o Strapless and spaghetti strap shirts are prohibited.
 - o Shirts must cover all parts of underclothing
11. Pants and Shorts must be twill material
 - o Khaki (or other color with permission) shorts must be of modest length (e.g. should not be excessively tight – shorts should be within the length of the MU ID Card from the patella)
 - o Khaki Pants/Capris must not be excessively tight or loose to allow bending, stooping, and normal activities without showing underclothing.
 - o Warm-ups and foul weather gear are permitted outdoors.
12. No open toed shoes or flip flops are permitted to comply with OSHA standards.
13. Hats or headwear are worn for outdoor clinical settings as approved by the clinical supervisor.
14. Athletic Training Program ID's worn as appropriate.
15. No foul, demeaning, or derogatory language or gestures is to be used.
16. No tobacco (smokeless or other) is to be used or in one's possession.
17. No alcoholic beverages or illegal drugs are to be consumed (which includes on one's breath) or in one's possession.
18. Discrimination of any type will not be tolerated.

Updated 06/11/2013

Technical Standards for Admission

In accordance with section 504 of the Rehabilitative Act of 1973 (PL 93-112) and following careful review of the 1979 report by a Special Advisory panel on Technical Standards of the Association of American Medical Colleges, and incorporating the guidelines of the Americans with Disabilities Act (ADA PL 101-336) enacted by congress in 1990, the Athletic Training program of Marshall University has adopted minimal technical standards for the assessment of all applicants to the program.

Because the athletic training degree signifies that the holder is an allied health provider, it follows that graduates must have the knowledge and skills to function in a variety of clinical situations. In addition, athletic trainers are expected to render a wide range of patient care services including but not limited to on-field life threatening situations.

Candidates for this degree must have somatic sensation and the functional use of the senses of vision and hearing. Candidates' diagnostic skills will also be lessened without the functional use of the senses of equilibrium, exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, and vibratory) and sufficient motor function to permit them to carry out the activities described in the Sections that follow. They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize a variety of data.

A candidate for the athletic training degree must have the following abilities and skills: observation; communication; motor; conceptual, integrative and quantitative; and behavioral and social. Technological compensation can be made for some handicaps in certain areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary indicates that a candidate's judgment must be mediated by someone else's powers of observation and assessment.

- I. **Observation:** The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic demonstrations, and microscopic studies. A candidate must also be able to observe a patient accurately at a distance as well as close. Observation necessitates the functional use of the sense of vision.
- II. **Communication:** A candidate should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but also reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the sports health care team.
- III. **Motor:** Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers including special tests. A candidate should be able to do basic laboratory tests such as urinalysis and blood glucose. The candidate should be able to perform special tests related

to joint laxity such as the Lachman's. The candidate should be able to evaluate muscle functionality through manual muscle testing.

A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required are cardiopulmonary resuscitation, the application of pressure to stop bleeding, the opening of obstructed airways, the splinting of fractures, applying special bracing and other protective devices. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

- IV. **Intellectual-Conceptual, Integrative, and Quantitative Abilities:** These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the creative skills demanded of athletic trainers, requires all these intellectual abilities. In addition, the candidate should be able to comprehend and to understand special reports such as isokinetic testing, EKG's, and x-rays.
- V. **Behavioral and Social Attributes:** A candidate must possess the emotional health required for full utilization of her/his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the evaluation and care of patients, and the development of appropriate professional relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest in the profession, and motivation are all personal qualities that will be assessed during the admissions and education processes.

In its evaluation of applicants to the Marshall University Athletic Training program, the Committee on Admissions will approach each applicant with the following questions in mind. When an applicant does not meet a non-academic standard as defined above, and when this would in the professional judgment of the Committee not satisfy the objectives for the student regarding patient care, education, and research the candidate may not be admitted.

The questions are not designed to disqualify applicants, but rather to give the Committee on Admissions more complete information about an applicant's ability to meet the non-academic standards adopted by the athletic training program.

1. Is the candidate able to observe demonstrations and experiments in the basic sciences?

2. Is the candidate able to analyze, synthesize, solve problems, and reach diagnostic and therapeutic judgments?
3. Does the candidate have sufficient use of the senses of vision and hearing and the somatic sensation necessary to perform an evaluation of an injured or ill individual? Can the candidate perform palpation, auscultation, and percussion?
4. Can the candidate reasonably be expected to relate to a variety of patients and establish appropriate professional relationships with patients?
5. Can the candidate reasonably be expected to communicate the results of their evaluation to the patient and to the physician with accuracy and clarity?
6. Can the candidate reasonably be expected to learn and perform routine diagnostic procedures including but limited to special joint tests?
7. Can the candidate reasonably be expected to display good judgment in the assessment and treatment of patients?
8. Can the candidate reasonably be expected to perform with precise, quick, and appropriate actions in emergency situations?
9. Can the candidate reasonably be expected to accept constructive criticism and respond by appropriate modification of behavior?
10. Can the candidate reasonably be expected to possess the perseverance to complete the curriculum and enter the profession of athletic training?

Policy/Procedure Violation

The Policies and Procedures for the Athletic Training Curriculum at Marshall University are regulated by the program director. All reprimands and/or suspensions will be issued by the program director. However, a clinical supervisor can enforce the clinical policies and procedures, but has no bearing of the status of the student in the education curriculum. A clinical supervisor can suggest to the program director avenues of reprimands, but the final decision of any reprimand or suspension from the education curriculum is solely at the discretion of the program director. The clinical supervisor can only remove the student from that clinical site. Suspension from a clinical supervisor will exclude that student from observing at that clinical site, unless the program supervisor deems it necessary for further disciplinary action.

Examples of the Incident Reporting Form and Incident Report Follow-up can be found on subsequent pages.

Violation(s) of ATP and/or a clinical site policy & procedure may result in one or more of the following:

1. Suspension from a clinical site
2. Suspension from the ATP

The following will take place if policy/procedure(s) are violated by a student:

1. Verbal warning; with documentation in student's permanent record
2. Written warning; with a copy place in student's permanent record
3. Temporary suspension from ATP and/or clinical site
4. Permanent suspension from ATP and/or clinical site

Infraction numbers are not based upon type. Infractions are cumulative. The student may appeal any decision. The ATS is to follow the normal appeals process.

*** If severity of a situation warrants, temporary or permanent suspension can take place immediately.**

ACADEMIC INFORMATION

You are responsible for fulfilling all of the requirements for your degree program and for following the procedures and regulations in the catalog in effect when you enter Marshall. Your catalog is valid for ten years. If you transfer colleges or declare or change your major, the catalog of record is the one in effect at the time of the change.

Absences

Attendance of class is the basis of the University concept and imperative for understanding of the course material. All class sessions are mandatory. Students who know of a specific date (a wedding, family reunion, etc.) they are unable to attend their clinical experience, must submit an "Absence Request Form" to their supervising ACI. This form must be submitted to the student's professor one week prior to missing class. Requests will be handled on an individual basis.

Sudden Absence due to Illness or Emergency

It is inevitable that situations may arise and a student might have to miss class. It is the student's responsibility to notify the instructor prior to this absence OR as soon as possible in the event of an illness, accident, etc. It is also the student's responsibility to make up any work missed.

Tardiness

Habitual lateness will not be tolerated. Classes begin at their assigned times. Your late arrival is disruptive to the entire class.

Academic Appeals

The appeals process ensures that all parties are treated fairly and are aware of the appeals procedure. In accordance with Board of Trustees Series 60, Marshall has an appeals process for the circumstances listed below. (See separate listings under Academic Dishonesty, Academic Dismissal, Appeals Board, and Grade Appeals.)

1. Instructor imposed sanctions, including: lowering of final course grade, failure of course, or exclusion from further participation in the class.
2. Final course grades.
3. Sanctions imposed for academic dishonesty.
4. Dismissal from an academic program.
5. Dismissal from the university.
6. Such other cases as may be referred to the Appeals Board by the Budget and Academic Policy Committee.

Academic Dishonesty

Definition: Academic Dishonesty is defined as any act of a dishonorable nature which gives the student engaged in it an unfair advantage over others engaged in the same or similar course of study and which, if known to the classroom instructor in such course of study, would be prohibited. This includes, but is not limited to:

securing or giving unfair assistance during examinations or required work of any type; the improper use of books, notes, or other sources of information; submitting as one's own work or creation any oral, graphic, or written material wholly or in part created by another; securing all, or any part of assignments or examinations, in advance of their submission to the class by the instructor; altering of any grade or other academic record; conspiring with or knowingly helping or encouraging a student to engage in academic dishonesty; any other type of misconduct or activity which shows dishonesty or unfairness in academic work.

Each classroom instructor may modify the general definition of academic dishonesty to fit the immediate academic needs of a particular class, provided the instructor defines, in writing, the details of any departure from the general definition.

Sanctions: Primary responsibility for the sanctioning for academic dishonesty shall lie with the individual instructor in whose class or course the offense occurred; however, charges of academic dishonesty may be filed by any member of the university community. Sanction for academic dishonesty may range from a lower final grade in or a failure of the course or exclusion from further participation in the class to dismissal from the institution. In those cases in which a student has been found guilty of academic dishonesty he/she may be placed on academic probation for a period of time not to exceed one academic year. During this period the student is given an opportunity to prove that he/she can become a responsible and positive member of the university community. Conditions and restrictions for probation may be imposed, as deemed appropriate, including but not limited to:

Exclusion from representation of the university in any extracurricular activities such as intercollegiate athletics, debate teams, university theater, band, etc.; however, the student may participate in informal activities of a recreational nature sponsored by the university. Self-Improvement: A program of self-development will be planned in conjunction with a faculty or staff person assigned in a counseling/ guidance capacity. Surrender of Student Activity Privileges: Upon request, the Student Activity Fee Privilege is to be voided by the Vice President for Academic Affairs and all rights and privileges pertaining thereto forfeited for a specified period of time not to exceed one academic year.

Findings of Academic Dishonesty: the instructor may impose a sanction (a lower final grade in or a failure of the course or exclusion from further participation in the class including laboratories or clinical experiences), and does not refer the matter to the department chairperson for additional sanctions; the instructor may refer the matter to the department chairperson for additional sanctions if the offense is particularly flagrant or other aggravating circumstances are present, such as a repeat violation; any member of the university community may refer a case of academic dishonesty to the chairperson of the department in which the course involved is being offered.

Allegations of academic dishonesty must be referred to the department chairperson within thirty (30) days from the date of the alleged offense. This process is referred to the dean if there is no department chairperson. In those cases where the matter is referred to the department chairperson the following procedures are applicable:

1. The department chairperson shall bring together the student involved, and the faculty member, and/or other complainant within ten (10) days from the date of referral. A written admission of guilt at this level may be resolved with a maximum penalty of "F" in the course.

2. If the student denies guilt or disagrees with the sanction imposed, or if the faculty member, other complainant, or chairperson feels that the penalties are insufficient for the act complained of, the case shall be forwarded in writing by the chairperson to the student's academic dean within ten (10) days from the date of the meeting. The academic dean shall bring together the student, faculty member or other complainant, and the department chairperson to review the charges within ten (10) days from the date of referral. The academic dean may impose any sanction permitted by this policy.

Appeal Procedure:

In those cases where the instructor imposes a sanction and does not refer the matter to the department chairperson for additional sanctions, the student may appeal the sanction in accordance with the procedures for a grade appeal (see listing under "Grade Appeal").

In those cases where the matter is referred to the department chairperson for additional sanctions, should the student, faculty member, or other complainant be dissatisfied with the determination of the chair, the situation is referred to the academic dean, the case may be appealed in writing within ten (10) days of the dean's written decision to the Chairperson of the Budget and Academic Policy Committee, who shall refer the case to the University Academic Appeals Board for resolution. (See listing under "Academic Appeals Board.")

Should the student, faculty member, or other complainant be dissatisfied with the determination of the Academic Appeals Board, then he/she may file an appeal with the Vice President for Academic Affairs within thirty (30) days from the receipt of the written decision of the Board. The decision of the Vice President for Academic Affairs shall be final.

NOTE: This policy statement implementing Board of Trustees Series 60 (July 11, 1986) supersedes previous policies on grade appeals, academic dishonesty, and any other procedures relating to academic appeals.

Academic Dismissal

This is defined as termination of student status, including any right or privilege to receive some benefit, or recognition, or certification. A student may be academically dismissed from a limited enrollment program and remain eligible to enroll in courses in other programs at Marshall University; or a student may be academically dismissed from the institution and not remain eligible to enroll in other courses or programs at Marshall University. The terms of academic dismissal from a program for academic deficiency shall be determined, defined, and published by each of the constituent colleges and schools of Marshall University. Academic dismissal from a program or from the university may also be imposed for violation of the university policy on academic dishonesty.

Appeal of Academic Dismissal: In cases where a student has been or may be dismissed from an undergraduate academic program, or has been dismissed from the institution for academic deficiencies, the student may appeal by following this procedure:

- A. The student is entitled to written notice:
 - a. of the nature of the deficiency;

- b. of the methods, if any, by which the student may correct the deficiency; and
 - c. of the penalty which may be imposed as a consequence of the deficiency.
- B. The student shall be given the opportunity to meet with the person(s) who has judged his/her performance to be deficient. The student must request such meeting in writing within ten (10) days from receipt of the notice. The student shall be given the opportunity to discuss with this person(s) the information forming the basis of the judgment or opinion of his/her performance, to present information or evidence on his/her behalf, and to be accompanied at any such meeting by an advisor of his/her choice from the university (faculty, staff, or student). Such advisor may consult with but may not speak on behalf of his/her advisee, or otherwise participate directly in the proceedings, unless given specific permission to do so by the person conducting the meeting. The student is not entitled to an attorney in such meetings, and the formal rules of evidence are not applicable.
- C. If the student is dissatisfied with the outcome of the meeting outlined in (B) above, the student may file an appeal with the Chairperson of the Budget and Academic Policy Committee, who shall refer the matter to the Academic Appeals Board. In such case at least two (2) of the faculty and student members of the hearing panel must be chosen from Board members appointed from the constituent college or school involved. This appeal must be filed within ten (10) days after receipt of written notice of the decision.
- D. If the student is dissatisfied with the decision of the Academic
 - a. Appeals Board, the student may appeal the decision to the Vice
 - b. President for Academic Affairs within thirty (30) days after receipt of written notice of the decision.
- E. The decision of the Vice President for Academic Affairs is final.

Appeals Board

The Undergraduate Academic Appeals Board, created under Board of Trustees Series 60, is a permanent subcommittee of the Budget and Academic Policy Committee.

Composition:

- A. **Faculty Members:** The dean of each of the constituent colleges and schools of the university shall appoint three (3) faculty members from his/her unit to serve on the Board. Such appointments shall be made annually in the fall semester.
- B. **Student Members:** The President of Student Government shall appoint two students from each of the constituent colleges and schools of the university. All student members of the Board must be in good academic, financial, and disciplinary standing with the university and must have been enrolled for at least two (2) semesters at Marshall. If, for any reason, the President of the Student Government fails or is unable to appoint student members from any constituent college or school, then the Dean of that constituent unit may appoint such student members.

- C. Hearing Officers: The Budget and Academic Policy Committee shall appoint the Hearing Officer and two (2) alternates. The Hearing Officer and alternates must have previously served on the Board.

Selection of Members for an Individual Hearing:

An individual Hearing Panel shall be composed of two (2) faculty members, one (1) student member, and one (1) nonvoting Hearing Officer. The members of the Hearing Panel shall be chosen randomly by the Chairperson of the Budget and Academic Policy Committee or his/her designee. In appeals arising from dismissal from an academic program, at least two (2) of the faculty and student members of the panel must be chosen from Board members appointed from the constituent college or school involved.

Hearing Procedures

It is the intent of these procedures to ensure that Marshall University students receive appropriate due process in academic matters. This includes fundamental fairness, just sanctions, and the assurance that academic appeal hearings at an institution of higher education such as Marshall University should have an educational objective. Academic appeals, pursuant to these procedures, are informal and not adversarial in nature.

- A. The time and place of the hearing are determined by the Hearing Officer. The hearing should be held within sixty (60) days of receiving the written request. Upon written request, the Hearing Officer may, at his/her discretion, grant a continuance to any party for good cause.
- B. The Hearing Officer will notify the appellee, appellant, and other appropriate parties in writing at least five (5) days prior to the hearing, of the date, time, and place of the hearing. A statement of the facts and evidence to be presented in support of the student's grounds for appeal will be provided to the appellee in appropriate cases.
- C. The appellant student and the appellee each have the right to an advisor. Advisors must be members of the university community (faculty, staff, or student). Such advisors may consult with, but may not speak on behalf of their advisees or otherwise participate directly in the proceedings, unless they are given specific permission to do so by the Hearing Officer. Attorneys are not permitted to appear on behalf of any appellant or appellee.
- D. Prior to the scheduled hearing, the members of the Board may convene in closed session to examine the content of the appeal, the specific issues to be considered, and all supporting documents. The student with his/her advisor if any, will be called before the Board and the Hearing Officer will then restate the nature of the appeal and the issues to be decided.
- E. The hearing shall be closed. All persons to be called as witnesses, other than the appellant, with his/her adviser, if any, and the appellee and his/her advisor, if any, will be excluded from the hearing room. Any person who remains in the room after the hearing has begun will be prohibited from appearing as a witness at the discretion of the Hearing Officer.
- F. Anyone disrupting the hearing may be excluded from the hearing room if, after due warning, he/she engages in conduct which substantially delays or disrupts the hearing, in which case the hearing shall continue and the Board shall make a determination based on the evidence

- presented. If excluded, the person may be readmitted on the assurance of good behavior.
- G. Any person who refuses the Board's order to leave the hearing room may be subject to appropriate disciplinary action pursuant to Marshall University policy. When a student is ejected for disruptive behavior and does not have a recognized representative, the hearing officer will appoint one.
 - H. Except as provided in G and K herein, all evidence must be presented in the presence of the student.
 - I. The student or other parties involved may petition the Hearing Officer for a subpoena or a request for appropriate written information or documents.
 - J. The student will be given the opportunity to testify and present evidence and witnesses on his/her own behalf and to discuss with, and question, those persons against whom the appeal is filed.
 - K. The Board may admit as evidence any testimony, written documents, or demonstrative evidence which it believes is relevant to a fair determination of the issues. Formal rules of evidence shall not be applicable in academic appeal hearings.
 - L. If the student appellant or the appellee fails to appear at a hearing and fails to make advance explanation for such absence which is satisfactory to the Board, or if the student appellant or the appellee leaves before the conclusion of the hearing without permission of the Board, the hearing may continue and the Board may make a determination on the evidence presented at the hearing, or the Board may, at its discretion, dismiss the appeal.
 - M. Upon completion of the testimony and presentation of evidence, all persons, except Board members will be required to leave the room. The Board will then meet in closed session to review the evidence presented. The Board shall make its findings based upon a preponderance of evidence. The Board shall reach its determination by a majority vote. The results shall be recorded in writing and filed with the Chairperson of the Budget and Academic Policy Committee and the Vice President for Academic Affairs. A report of a dissenting opinion or opinions may be submitted to the Chairperson of the Budget and Academic Policy Committee and the Vice for Academic Affairs by any Hearing Officer.
 - N. The findings of the Board shall be announced at the conclusion of the hearing. The student, faculty member, and the appropriate
 - O. Academic Dean shall be notified in writing of the findings at the conclusion of the hearing. A record of the hearing shall be prepared in the form of summary minutes and relevant attachments and will be provided to the student upon request.
 - P. The student, or any other person, may not tape the proceedings.
 - Q. In an appeal related to a final grade the appeals board will complete the change of grade forms and submit that information to the Registrar, the faculty member, and the appropriate Academic Dean.
 - R. Within thirty (30) days following receipt of the Board's decision, the student may file an appeal with the Vice President for Academic Affairs who shall review the case and take such action as deemed appropriate under all the circumstances. The Board's findings may be affirmed, modified, or remanded to the original Hearing Board for further action as deemed appropriate by the Vice President for Academic Affairs. A

written brief stating grounds for the appeal should be presented by the student to the Vice President of Academic Affairs with the appeal. The scope of review shall be limited to the following:

1. Procedural errors.
 2. Evidence not available at the time of the hearing.
 3. Insufficient evidence to support the findings of the Board.
 4. Misinterpretation of University policies and regulations by the Board.
 5. A sanction disproportionate to the offense.
 6. Lack of jurisdiction.
- S. The decision of the Vice President for Academic Affairs is final. The student, the faculty member, the appropriate Academic Dean, and the Registrar shall be notified in writing of the Vice President for Academic Affairs' decision.

INCIDENT REPORT

Student: _____ Date: _____

Preceptor: _____ Phone: _____

Facility: _____ Incident Date: _____

Preceptor Account of Incident:

Student Account of Incident:

Immediate Action Taken by Preceptor:

Upon submission of this document, it is understood that the ATEP student was reprimanded for behavior or actions unbecoming a representative of the MU ATEP as detailed in the MU ATEP Handbook. The student was properly informed of the ACI's decision and immediately dismissed from clinical experience for the specified date of occurrence unless another plan of action was detailed.

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

PD Signature: _____ Date: _____

INCIDENT REPORT FOLLOW-UP

Meeting Date: _____

Infraction # _____

Meeting Notes:

Action Taken:

Student Input/Compliance:

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Aldridge Family Dentistry

Emergency Phone Numbers:

- EMS 9-1-1
- Poison Control 1-800-222-1222

Clinic Address

350 5th Avenue; Huntington, WV 25701

Clinic Location

Corner of 5th Avenue and 4th street

Clinic Phone Number

304-523-3666

Activation of EMS should occur if...

- Patient is unconscious/unresponsive un-expectantly
- Pulse is not evident
- Patient is not breathing
- Injury/condition requires immediate transport to a medical facility
- A possibility of spinal injury exists
- The responder feels the situation warrants EMS

-Be sure to specify location and a detailed description of the situation to Emergency Personnel.

-Notify Dr. Aldridge if he is not present at time of emergency as soon as situation allows

**BOYD CO. HIGH SCHOOL
EMERGENCY MEDICAL PLAN (EMP)
FOR ATHLETIC EVENTS**

IF A CERTIFIED ATHLETIC TRAINER IS PRESENT

- a. When an injury occurs, the certified athletic trainer will evaluate the injury and provide the necessary first aid.
- b. If deemed necessary, the certified athletic trainer will instruct the coach or a designated official to activate the EMP:
 1. Call 911 and give the following information: Phone in Press Box for football.
 - Name, title, and where you are calling from (Boyd CO. High School gym, football field, and etc).
 - Type of injury and severity (if know).
 - Specific location of injured athlete (Boyd Co. High School facility name, and location of facility).
 - Allow emergency medical person to hang up first.
 2. Call front office and advise them of an ambulance responding to the facility.
 3. After all calls have been placed, a coach or a designated individual will go to the entrance of the facility and guide the ambulance and/or medical crew to the injured.

IF A CERTIFIED ATHLETIC TRAINER IS NOT PRESENT:

- a. When an injury occurs, the head coach will be responsible for the disposition of the injured athlete. If present, a student athletic trainer will be available to assist the managing the injured athlete and providing the necessary first aid.
- b. If necessary, the head coach will instruct and designated an individual to activate the EMP.
3. FOLLOW ALL DIRECTIONS FROM ABOVE OF 1 THUR 3.

Boyd Co. High School Baseball Field is to the left of the main building and to the 12307 Midland Trail Road rear,

Softball Field is to the right of the main building off of Ashland, KY 41102 Copley road entrance at the yellow gate.

Football field 606 928-7100 to the rear of the main building. Soccer field is across State Route 180 from the High School Campus. No public phone at the Soccer Field.

Emergency Action Plan

Emergency Phone Numbers: Ambulance 9-911

Brooks Eye Care:

Driving Directions:

US 23 to Greenup, turn onto Ashland Road and enter Applegate Plaza shopping center, office is behind Stultz pharmacy and to the left of Food Fair.

Mailing Address : 1621 Ashland Road Ste. 3
Greenup, KY 41144

**** Activate EMS (emergency medical system) for all emergencies including:**

- **possible back or neck injury**
- **possible heat stress**
- **open fracture or displaced closed fracture**
- **patient stops breathing or has no pulse**
- **if a patient loses consciousness**

SPECIAL TIPS

- A. Have a designated person to call the ambulance and physician**
- B. Have designated person to call police dept.**
- C. Make sure there will be a phone available and necessary keys to get into an office**
- D. Have the person calling give a good description of the situation**
- E. Have the person calling to stay on the phone until EMS hangs up**
- F. Make sure to have parents home and work numbers**
- G. Have insurance information on each patient if parent is unavailable**
- H. Post instructions by the designated phone**

Emergency Action Plan
Cabell Huntington High School

Emergency Phone Numbers: Ambulance 9-911
Athletic Director (304)743-7516
Main Office (304)743-7400

Mailing Address : **2300 Rt. 60**
Ona, WV 25545

***Include gate or door to be utilized and the name of the individual that will meet the paramedics**

**** Activate EMS (emergency medical system) for all emergencies including:**

- **possible back or neck injury**
- **possible heat stress**
- **open fracture or displaced closed fracture**
- **athlete stops breathing or has no pulse**
- **if a player loses consciousness**

DIRECTIONS TO FOOTBALL FIELD/TRACK:

Driving Directions:

Take Main entrance off of U.S. Route 60, continue down and bear towards the left at the drop off circle. Continue through parking lot and enter through the gates.

DIRECTIONS TO GYM/TENNIS COURTS/SOCCER FIELD:

Driving Directions:

Take main entrance off of U.S. Route 60, continue down and bear towards the left. Take a right between the gym and tennis courts. Enter gym through the second set of doors on the right. Soccer field and tennis courts will be on the left.

DIRECTIONS TO BASEBALL/SOFTBALL/PRACTICE FIELD:

Driving Directions:

Take main entrance off of U.S. Route 60, continue down and bear towards the left. Take a right between the gym and tennis courts. Continue past the soccer field and take a left at the gate. Softball field is immediately to the right. Continue down the path the baseball field is on the left and the practice field is on the right.

SPECIAL TIPS

- I. Have a designated person to call the ambulance and physician**
- J. Make sure there will be a phone available and necessary keys to get into an office**
- K. Have the person calling give a good description of the situation**
- L. Have the person calling to stay on the phone until EMS hangs up**
- M. Make sure to have parents home and work numbers**
- N. Have insurance information on each athlete if parent is unavailable**
- O. Post instructions by the designated phone**

Chesapeake High School

Emergency Phone Numbers: Ambulance 9-911

Athletic Training Room 740-867-5958 Ext. 3116

DIRECTIONS TO GYM OR FIELD:

Driving Directions:

Gym: County Rd. 1 to Main Entrance of Chesapeake High School located on the East side of the school. Go Straight down the hallway to the gym entrance.

Football Field: Located in between Middle and High Schools.

Baseball Field: Located behind the Middle School.

Softball Field: Located behind the High School.

Mailing Address : 10183 County Road 1

Chesapeake, OH 45619

***Include gate or door to be utilized and the name of the individual that will meet the paramedics**

**** Activate EMS (emergency medical system) for all emergencies including:**

- possible back or neck injury
- possible heat stress
- open fracture or displaced closed fracture
- athlete stops breathing or has no pulse
- if a player loses consciousness

SPECIAL TIPS

- P. Have a designated person to call the ambulance**
- Q. Make sure there will be a phone available and necessary keys to get into an office**
- R. Have the person calling give a good description of the situation**
- S. Have the person calling to stay on the phone until EMS hangs up**
- T. Make sure to have parents home and work numbers**
- U. Have insurance information on each athlete if parent is unavailable**
- V. Post instructions by the designated phone**

Fairland High School

Emergency Phone Numbers:

- EMS – 911 or 8911 (School Phone System)
- Poison Control – 1 800 222 1222
- Scott Orthopedic Center – 304 525 6905

School Address

- 812 County Road 411, Proctorville, OH

Facility Locations

- The Football Stadium is located directly behind Fairland Middle School
- The Baseball and Softball fields are directly behind Fairland High School
- Gymnasium is located within the High School and is most accessible through the rear entrance

Activation of EMS should occur if...

- A possibility of spinal injury exists
- Athlete is unconscious/unresponsive
- Pulse is not evident
- Athlete is not breathing
- Injury/condition requires immediate transport to a medical facility
- The responder feels the situation warrants EMS

-Be sure to specify location and a detailed description of the situation to Emergency Personnel.

GREENUP COUNTY HIGH SCHOOL
196 Musketeer Drive
Greenup, KY 41144

GYMNASIUM ATHLETIC TRAINING ROOM

Phone: (606)831-2415 (ATC cellphone)

Directions: US 23 to Musketeer Drive, or US 52 to US 546 to Ohio River Road to Musketeer Drive (if coming from Ohio). Gymnasium is located on west side of school by main parking lot across from Greysbranch Elementary.

Emergency Personnel: 1 Certified Athletic Trainer, possibly 1 or 2 student ATs, coaches certified in First Aid/CPR/AED.

Emergency Equipment: AED (Medtronic LifePak 500) in Athletic Training room or with ATC during an event, Splint kit. Also a CR Plus AED located in the hallway next to main office of the high school.

Emergency Communication: Landline phone located in Boy's and Girl's Basketball Coaches' office. Also ATC and coaches carry cellphones.

Activate EMS for all emergencies and life threatening situations, including:

- ❖ Possible neck or back injury
- ❖ Possible heat stress
- ❖ Open or closed displaced fracture
- ❖ Athlete stops breathing, unresponsive, or has no pulse
- ❖ Use of an Epi -Pen

Roles of First Responders:

1. Immediate care of injured or ill student – athlete
2. Activate EMS – by cellphone 911 or Landline phone in Coach's office by dialing 89-911. Coach _____.
3. Retrieve emergency equipment. Coach _____.
4. Wait for EMS at gym doors and direct to scene. Coach _____ or AD/Principal during an event.
5. Scene control – removal of spectators and participants from the area. Coach _____ or AD/ Principal during an event.
6. Contact parent and retrieve physical. Coach _____.

Huntington Physical Therapy
Emergency Phone Numbers

- Emergency Services 9-1-1
- Poison Control 1-800-222-1222

Clinic Address

2240 5th Avenue Suite 202; Huntington, WV 25703

Clinic Location

Turn onto 5th Ave/ U.S. Route 60 East (one way road). Clinic will be on the left hand side of the 2200 block of 5th Ave/Route 60 East.

Clinic Phone Number

304-525-4445

Activation of EMS should occur if...

- Patient is unconscious/unresponsive
- Pulse is not evident
- Patient is not breathing
- Injury/condition requires immediate transport to a medical facility
- A possibility of spinal injury exists
- The responder feels the situation warrants EMS

-Be sure to specify location and a detailed description of the situation to Emergency Personnel.

-Notify your supervisor if he is not present at time of emergency as soon as situation allows

Kentucky Christian University

Emergency Phone Numbers: Ambulance 9-911

Team Physician Dr. Chuck Giangarra

DIRECTIONS TO GYM OR FIELD:

Driving Directions:

KCU Field House: **From I-64 take exit 172 and turn toward Grayson. Turn right at the KCU main entrance. Take a right onto Academic Parkway. Take a right onto Lansdown. Take an immediate right into the field house parking lot.**

Lusby Center: **From I-64 take exit 172 and turn toward Grayson. Turn right at the KCU main entrance. The Lusby Center is the building directly in front of you.**

Mailing Address : **100 Academic Parkway**
Grayson, KY 41143

***The assistant coach will meet the paramedics at the front entrance to either facility.**

**** Activate EMS (emergency medical system) for all emergencies including:**

- **possible back or neck injury**
- **possible heat stress**
- **open fracture or displaced closed fracture**
- **athlete stops breathing or has no pulse**
- **if a player loses consciousness**

MARSHALL UNIVERSITY ATHLETICS POLICY MANUAL

CAM HENDERSON ARENA
HENDERSON ATHLETIC TRAINING ROOM
HENDERSON STUDENT-ATHLETE WEIGHT ROOM
AUXILLARY GYM
GULLICKSON HALL GYM
LEVEL B LOCKER ROOMS (SOFTBALL, VOLLEYBALL, W. SOCCER)
LEVEL C LOCKER ROOM (VISITORS LOCKER ROOM)
POOL
SHEWEY ATHLETIC BUILDING
SHEWEY MEETING ROOMS (FIELD LEVEL)
JOHN EDWARDS STADIUM
PRUITT ATHLETIC COMPLEX
SAM HOOD SOCCER FIELD
DOT HICKS SOFTBALL FIELD
MARSHALL TENNIS COURTS
HUNTINGTON TENNIS CLUB
HUNTINGTON HIGH SCHOOL (OUTDOOR TRACK)
POWER PICKS BASEBALL FIELD
ROUTE 2 BASEBALL FIELD
GUYAN GOLF COURSE AND COUNTRY CLUB
APPENDIX A (MARSHALL UNIVERISTY ATHLETIC COMPLEX MAP)
APPENDIX B (CAM HENDERSON ARENA FIRE EMERGENCY)

INTRODUCTION:

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the student-athletes in emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately.

COMPONENTS OF THE EMERGENCY PLAN:

There are the basic components to the emergency plan:

1. Emergency personnel
2. Emergency communication
3. Emergency equipment
4. Roles of the first responder
5. Venue directions with map
6. Non-Medical Emergencies

EMERGENCY PERSONNEL:

With athletic association practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based upon such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

Emergency Team:

The development of an emergency plan cannot be complete without the formulation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, student athletic trainers, coaches, managers, and possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members on the athletic team, the athletic venue itself, or the preference of the head athletic trainer.

Roles within the Emergency Team

1. Immediate care of the injured student-athlete
2. Activation of Emergency Medical Services
3. Emergency equipment retrieval
4. Direction of the EMS to emergency scene

There are four basic roles within the emergency team. The first and most important role is the immediate care of the student-athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed as an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen to perform this duty should be someone who is calm under pressure and communicates well over the telephone. This person should also be familiar with the location and

address of the sporting event. The third role, equipment retrieval, may be completed by any member of the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, coaches, and managers are good choices for this role. The fourth role of the emergency team should be performed, that of directing EMS to the scene. One member of the emergency team should be responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on the ease of access, this person should have keys to any locked gate or doors that may slow the arrival of medical personnel. A student athletic trainer, manager, or coach may be appropriate for this role.

EMERGENCY COMMUNICATION:

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency personnel must work together to provide the best possible care to the injured student-athlete. Communication prior to the event is a good way of establishing boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

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

Activating the EMS System

- Making the Call:
 - Dial 911 for EMS.
 - Notify campus Police 696-4357
 - Telephone numbers for local police, fire department, and ambulance service
- Providing Information:
 - Name, address, telephone number of caller
 - Nature of emergency, medical or non-medical
 - Number of student-athletes involved
 - Condition of student-athlete(s)
 - First aid treatment initiated by first responder
 - Specific directions as needed to locate the emergency scene (“come to the east entrance of the stadium”)
 - Any other information as requested by the dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even in the absence of certain members.

EMERGENCY EQUIPMENT

All necessary emergency equipment should be at the athletic site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel should be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and its use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

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

Transportation

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The athletic association coordinates on site ambulances for competitions in football, men's and women's basketball. Ambulances may be coordinated on-site for other special events/sports, such as major tournaments or C-USA/NCAA regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the student-athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver the appropriate care. Emergency care providers should refrain from transporting unstable student-athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the student-athlete.

NON-MEDICAL EMERGENCIES

For the following non-medical emergencies: fire bomb threats, violent or criminal behavior, call 911 or campus police 696-4357 immediately. They will call the appropriate emergency personnel for the indicated emergency. Marshall University Health and Safety Department director is Brian Carrico (304)696-3432.

CONCLUSION:

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. A student-athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sports coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, the athletic association helps ensure that the student-athlete will have the best care provided when an emergency situation does arise.

CAM HENDERSON ARENA



Location: 1801 3rd Ave.

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for practice and competition; additional athletic training staff and physician (limited basis) on site in the Henderson Center athletic training facility located on Level A

Emergency Communication: Fixed telephone lines in athletic training facility located on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) [AED, trauma kit, vacuum splint kit, spine board, IV fluids]. AED, biohazard kit, and splint bag are available on the court during competitions.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access: If the injured student-athlete is on the court, EMS access is the service ramp adjacent to the tarmac. The ramp enters the court from the corner.

CAM HENDERSON CENTER ATHLETIC TRAINING ROOM

Location: The Athletic Training Room is located on Level A on the [redacted] side of the Cam Henderson Arena.

Emergency Personnel: Certified athletic trainer(s) is available during the regular hours of operation at all times. Additional athletic training staff and physician are available on a limited basis.

Emergency Communication: Fixed telephone lines in athletic training facility located on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

HENDERSON CENTER STUDENT-ATHLETE WEIGHT ROOM



Location: The Henderson Center Student-Athlete Weight Room is located on Level A rooms 1003 & 1004. The weight room is adjacent to the athletic training room.

Emergency Personnel: Emergency Personnel: Certified athletic trainer(s), student athletic trainer(s) and physician (limited basis) on site in the Henderson Center athletic training facility located on Level A. Athletic training staff is available during workouts. **Strength and Conditioning staff is First Aid/CPR/AED**

Emergency Communication: Fixed telephone lines in weight room (John Hark – 696-2488) and in the athletic training facility on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

AUXILLARY GYM
(HENDERSON CENTER)



Location: The auxiliary gym is located on Level A in the Henderson Center adjacent to the Student-Athlete Weight Room.

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for practice and competition; additional athletic training staff and physician (limited basis) on site in the Henderson Center athletic training facility located on Level A

Emergency Communication: Fixed telephone lines in athletic training facility located on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

GULLICKSON HALL GYM



Location: 1801 3rd Ave. Gullickson Hall Gym is located on Level D in Gullickson Hall.

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for practice and competition; additional athletic training staff and physician (limited basis) on site in the Henderson Center athletic training facility located on Level A

Emergency Communication: Fixed telephone lines in athletic training facility located on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

LOCKER ROOMS LEVEL B IN GULLICKSON
(SOFTBALL, VOLLEYBALL, WOMEN'S SOCCER, TENNIS)

Location: 1801 3rd Ave. Gullickson Hall. The softball, volleyball, women's soccer, tennis locker rooms are located on Level B in Gullickson Hall.

Emergency Personnel: Certified athletic trainer(s), student athletic trainer(s), and physician (limited basis) on site in the Henderson Center athletic training facility located on Level A in Henderson.

Emergency Communication: Fixed telephone lines in athletic training facility located on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

LOCKER ROOM LEVEL C HENDERSON
(VISITORS LOCKER ROOM)

Location: 1801 3rd Ave. Henderson Arena. The visitors' locker room is on Level C in Henderson.

Emergency Personnel: Certified athletic trainer(s), student athletic trainer(s), and physician (limited basis) on site in the Henderson Center athletic training facility located on Level A in Henderson.

Emergency Communication: Fixed telephone lines in athletic training facility located on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

FREDERICK A. FITCH NATATORIUM



Location: 1803 3rd Ave

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for practice and competition; additional athletic training staff and physician (limited basis) on site in the Henderson Center athletic training facility located on Level A

Emergency Communication: Fixed telephone line in pool area (696-2573; also in athletic training facility located on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

JOHN SHEWEY ATHLETIC BUILDING



Location: 2001 3rd Ave

Emergency Personnel: Certified athletic trainer(s), student athletic trainer(s), and physician (limited basis) on site in athletic training facility (room 104), located on field level.

Emergency Communication: Fixed telephone lines in athletic training facility (room 104) located on field level (Josh Signs – 696-2414; Dan Ricci – 696-4305; Dr. Office – 696-6461)

Emergency Equipment: Emergency equipment is located in the athletic training facility (room 104) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

5. Immediate care of the injured or ill student-athletes
6. Emergency equipment retrieval.
7. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
8. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access: If the injured student-athlete is on the field level (locker room, turf room, equipment room, etc.), EMS access is the service ramp on the North side. If the injured student-athlete is on the main floor (coaches offices, class rooms, etc.) EMS access is through the main front doors facing 3rd Ave.

SHEWEY ATHLETIC BUILDING MEETING ROOMS (105):

Location: 2001 3rd Ave. The meeting rooms are located on the field level (room 105) in the Shewey building adjacent to the athletic training room

Emergency Personnel: Certified athletic trainer(s), student athletic trainer(s), and physician (limited basis) on site in athletic training facility (room 104), located on field level.

Emergency Communication: Fixed telephone lines in athletic training facility (room 104) located on field level (Josh Signs – 696-2414; Dan Ricci – 696-4305; Dr. Office – 696-6461)

Emergency Equipment: Emergency equipment is located in the athletic training facility (room 104) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access: If the injured student-athlete is on the field level (locker room, turf room, equipment room, etc.), EMS access is the service ramp on the north side. If the injured student-athlete is on the main floor (coaches offices, class rooms, etc.) EMS access is through the main front doors facing 3rd Ave.

JOHN EDWARDS STADIUM



Location: 2001 3rd Ave

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for practice and competition; additional athletic training staff and physician (limited basis) on site in athletic training facility (room 104), located on field level.

Emergency Communication: Fixed telephone lines in athletic training facility (room 104) on field level. (Josh Signs – 696-2414; Dan Ricci – 696-4305; Dr. Office – 696-6461)

Emergency Equipment: Emergency equipment is located in the athletic training facility (room 104) – AED, trauma kit, vacuum splint kit, spine board, IV fluids. For competitions the emergency equipment is located on the field.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform University Police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access: Access to EMS is the service ramp on north corner of the field. The ambulance cannot go onto the turf. The injured student-athlete needs to be transported to the ambulance by either a stretcher or the motorized cart.

ROBERT "BOBBY" PRUITT ATHLETIC COMPLEX

Location:

Emergency Personnel: Certified athletic trainer(s), student athletic trainer(s), and physician (limited basis) on site in athletic training facility (room 104), located on field level. Strength and Conditioning Staff are First Aid/CPR/AED trained.

Emergency Communication: Fixed telephone lines in athletic training facility (room 104) on field level. (Josh Signs – 696-2414; Dan Ricci – 696-4305; Dr. Office – 696-6461)

Emergency Equipment: Emergency equipment is located in Pruitt Athletic Complex is [redacted]. Additional emergency equipment is located in the athletic training facility (room 104) in the Shewey Building – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform University Police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

SAM HOOD SOCCER FIELD



Location: 2001 4th Ave.

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for practice and competition; additional athletic training staff and physician (limited basis) on site in the Shewey athletic training facility (room 104), located on field level.

Emergency Communication: Fixed telephone lines in athletic training facility (room 104) located on field level in the Shewey Athletic Building (Josh Signs – 696-2414; Dan Ricci – 696-4305; Dr. Office – 696-6461)

Emergency Equipment: Emergency equipment is located in the athletic training facility (room 104) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

DOT HICKS SOFTBALL FIELD

Location:

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for practice and competition; additional athletic training staff and physician (limited basis) on site in athletic training facility (room 104), located on field level.

Emergency Communication: Fixed telephone lines in athletic training facility (room 104) on field level. (Josh Signs – 696-2414; Dan Ricci – 696-4305; Dr. Office – 696-6461)

Emergency Equipment: Emergency equipment is located in the athletic training facility (room 104) – AED, trauma kit, vacuum splint kit, spine board, IV fluids. For competitions the emergency equipment is located on the field.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform University Police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

MARSHALL UNIVERSITY TENNIS COURTS



Location: 1801 3rd Ave

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for practice and competition; additional athletic training staff and physician (limited basis) on site in the Henderson Center athletic training facility located on Level A

Emergency Communication: Fixed telephone lines in athletic training facility located on Level A (Tom Belmaggio – 696-2411; Tara Conway – 696-2415; Athletic Training Room – 696-2329)

Emergency Equipment: Emergency equipment is located in the athletic training facility (Level A) – AED, trauma kit, vacuum splint kit, spine board, IV fluids.

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform university police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

HUNTINGTON TENNIS CLUB

Location: 50 Mall Rd. Barboursville, WV

Emergency Personnel: Certified athletic trainer(s) and student athletic trainer(s) on site for competition.

Emergency Communication:

Emergency Equipment:

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform University Police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

HUNTINGTON HIGH SCHOOL
(OUTDOOR TRACK)

Location:

Emergency Personnel:

Emergency Communication:

Emergency Equipment:

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform University Police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

BASEBALL FIELDS ROUTE 2

Location:

Emergency Personnel:

Emergency Communication:

Emergency Equipment:

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform University Police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

GUYAN GOLF COURSE and COUNTRY CLUB



Location: 5450 U.S. Rt. 60 East, Huntington, WV 25705 Phone: 304-736-5233

Emergency Personnel:

Emergency Communication:

Emergency Equipment:

Roles of First Responders:

1. Immediate care of the injured or ill student-athletes
2. Emergency equipment retrieval.
3. Activation of Emergency Medical Service (EMS).
 - a. 911 Call: include name, address, telephone number, number of student-athletes injured, condition of injured student-athlete(s), first aid treatment and care being given, specific directions, other necessary information.
 - b. Inform University Police (696-4357) / Huntington Police (696-4470)
 - c. If calling from a campus phone line you MUST CALL 696-4357, if calling from a non-campus line call 911.
4. Direction of EMS to emergency scene:
 - a. Open appropriate gates
 - b. Designate individual(s) to 'flag down' EMS and direct to scene
 - c. Scene control – move bystanders away from scene

Venue Access:

Nichols Chiropractic

Emergency Phone Numbers: 9-1-1

Driving Directions:

From 13th Street (U.S. Route 60) turn onto Morning Side Drive. Turn right into parking spaces immediately after turning onto Morning Side Drive.

Mailing Address : 2000 13th Street
Suite 3
Ashland, KY 41101

Office Phone number: (606) 325-8855

**** Activate EMS (emergency medical system) for all emergencies including:**

- **possible back or neck injury with loss of function/feeling**
- **possible heat stress**
- **open fracture or displaced closed fracture**
- **patient stops breathing or has no pulse**
- **if a patient loses consciousness**

SPECIAL TIPS

- W. Have a designated person to call the ambulance**
- X. Have designated person to call police dept.**
- Y. Have the person calling give a good description of the situation**
- Z. Have the person calling to stay on the phone until EMS hangs up**
- AA. Make sure to have patient emergency contact information**
- BB. Post instructions by the designated phone**
- CC. Notify Dr. Nichols, owner, as soon as situation allows if he is not present**

Profitt Chiropractic PLLC
PRO-Fitt Performance & Wellness Cnt.
Emergency Action Plan

Emergency Phone Numbers: Ambulance 911
Ambulance 325-9702
Fire 327-2088

Police 327-2020

Staff: Brad Profitt, DC, CSCS, Crystal Stephen, AT, Veronica Holt, LMT, Carolyn Belcher.

Mailing Address : 4360 13th St.

Ashland, Ky. 41102

**** Activate EMS (emergency medical system) for all emergencies including:**

- **Back or neck injury (fracture/stroke)**
- **Heart attack**
- **Vasovagal response**

SPECIAL TIPS

DD. Have a designated person to call the ambulance

EE. Make sure there will be a phone available

FF. Have the person calling give a good description of the situation

GG. Have the person calling to stay on the phone until EMS hangs up

HH. Post instructions by the designated phone