

UNIVERSITY OF CENTRAL MISSOURI
ATHLETIC TRAINING PROGRAM



ATHLETIC TRAINING STUDENT HANDBOOK
2022-2023

University of Central Missouri's Athletic Training Program is seeking CAATE accreditation. Any new or revised guidelines, procedures and/or policies will supersede the existing standards and ALL Athletic Training Students will be subject to comply with these updated guidelines and policies.

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Section I

Introduction to Athletic training

The Strategic Alliance:

National Athletic Trainers' Association

Mission Statement:

The mission of the National Athletic Trainers' Association is to represent, engage and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers. (<https://www.nata.org/about>)

Code of Ethics:

<https://www.nata.org/membership/about-membership/member-resources/code-of-ethics>

Research and Education Foundation

Mission Statement:

The NATA Research and Education Foundation is the philanthropic arm of the National Athletic Trainers' Association (NATA). The Foundation champions research, supports education, and enhances knowledge to optimize the clinical experience and outcomes within the diverse patient populations served by the athletic training profession. <https://www.natafoundation.org/>

Board of Certification

Mission Statement: To provide exceptional credentialing programs for healthcare professionals to assure protection of the public (<https://www.bocatac.org/about-us/what-is-the-boc>)

Commission on Accreditation of Athletic Training Education

Mission Statement:

Defining, assessing, and continually improving AT Education. (<https://caate.net/about/>)

Section II

UCM and ATP: program academic policies and information

Mission Statements

University of Central Missouri

Mission Statement:

The University of Central Missouri (UCM) disseminates knowledge that transforms students into leaders who possess the aptitudes, skills, and confidence to succeed.

<https://www.ucmo.edu/offices/general-counsel/university-policy-library/policies/university-mission-statement/>

College/Department Structure

College of Health Science and Technology

Mission Statement:

Our mission is to provide a distinctive and relevant education in an environment of scientific, technological, and professional knowledge creation and innovation to equip our graduates for a successful career in their chosen field.

<https://www.ucmo.edu/college-of-health-science-and-technology/>

School of Health, Nutrition, and Kinesiology

Mission statement:

In accordance with the mission of the University and College of Health, Science and Technology, the School of Nutrition, Kinesiology & Psychological Science educates and prepares students using a science-based approach to promote health and well-being for individuals and communities, *and to* develop leaders through a variety of learning environments.

<https://www.ucmo.edu/college-of-health-science-and-technology/school-of-nutrition-kinesiology-psychological-sciences/>

Athletic Training Program

Mission statement:

The mission of the athletic training program at the University of Central Missouri is to produce life-long learners, critical thinkers, and engaged leaders who are ready to take their place in the dynamic world of professional healthcare. The program prepares future athletic trainers to succeed in an integrated healthcare community through the use of evidence-based practice to improve patient outcomes. With a variety of innovative and dynamic learning opportunities, the athletic training program provides the tools necessary to become professionally prepared and to ultimately foster the confidence to allow the student to succeed in the ever-changing world of healthcare.

<https://www.ucmo.edu/academics/programs/masters-degrees/athletic-training-ms-53-643/>

Vision Statement:

Building upon the University's historical charter, the University of Central Missouri Athletic Training Program strives to be regionally recognized as a leader in athletic training education. The program seeks to develop engaged practitioners in an integrated and collaborative medical model emphasizing evidence-based clinical application and professional development in a continually evolving healthcare environment.

<https://www.ucmo.edu/academics/programs/masters-degrees/athletic-training-ms-53-643/>

Organizational Charts

University Level

UCM President: Dr. Roger Best

UCM Provost: Dr. Phil Bridgmon
College Dean: Dr. Jeff Robertson
Department of Nutrition, Kinesiology, and Health: Chair: Dr. Matthew Garver

Program Level

Athletic Training Medical Director: Dr. Drew Glover (WMMC Central Family Medicine)
Athletic Training Program Chair: Dr. Brian Hughes
Athletic Training Program Clinical Education Coordinator: Dr. Molly Cuffe
Athletic Training Program Faculty: Dr. Greg Willams
Kinesiology Professor: Dr. Derek Crawford

University Policies

Academic calendar

The university's calendar can be found: <https://www.ucmo.edu/calendar/>

*Note: The Athletic Training Program may have requirements outside of these dates. Any events which fall outside of the university calendar will be communicated ahead of time with students.

Student withdrawal and refund of tuition and fees

<https://www.ucmo.edu/current-students/office-of-the-registrar-and-student-records/dates-and-deadlines/refund-deadlines/>

Sexual Misconduct and Nondiscrimination Policy

University Policy

The university's policy prohibiting sexual misconduct, sexual harassment and sexual discrimination can be found below. The policy also prohibits discrimination of any protected class. Steps to take if you or someone you know may be a victim or accused of an act are included in the policy. Information for UCM's Title IX Office can also be found below:

<https://www.ucmo.edu/offices/general-counsel/university-policy-library/policies/policy-prohibiting-sexual-misconduct-harassment-and-discrimination/>

Title IX Office:

<https://www.ucmo.edu/consumer-information/title-ix-sex-discrimination-and-sexual-assault/#>

UCM ATP non-prejudicial or nondiscrimination policy for educational opportunities and placements

The program uses university policy and adheres to the UCM sexual misconduct and nondiscrimination policy (see links above and below)

<https://www.ucmo.edu/consumer-information/nondiscrimination-and-equal-opportunity-statement/>

Academic dishonesty policy

The university's academic dishonesty policy can be found below

<https://www.ucmo.edu/offices/general-counsel/university-policy-library/academic-policies/academic-honesty-policy/>

Grievance policy

The university's academic grievance policy can be found below

<https://www.ucmo.edu/offices/general-counsel/university-policy-library/academic-policies/student-academic-appeal-procedures/>

<https://issuu.com/ucentralmo/docs/ucmguidetogooddecisionmaking?e=9595811/51394453> (pg 23)

Athletic Training Program Specific Policies

Program Goals and Outcomes

<u>Goals</u>		
Goal 1: Students will demonstrate the necessary core knowledge, and clinical reasoning to become a certified athletic trainer.	Goal 2: Students will participate in professional development, leadership development, and professional collaboration.	Goal 3: Students will learn to appreciate and assess diversity in culture and community to improve patient outcomes.
<u>Outcomes</u>		

Goals		
Goal 1: Students will demonstrate the necessary core knowledge, and clinical reasoning to become a certified athletic trainer.	Goal 2: Students will participate in professional development, leadership development, and professional collaboration.	Goal 3: Students will learn to appreciate and assess diversity in culture and community to improve patient outcomes.
Goal 1 Outcomes <ul style="list-style-type: none"> ● Students will be prepared to pass the BOC Exam. ● Students will have the knowledge and skills to graduate from MSAT ● Students will have the skills necessary to be employable as an athletic trainer. ● Students will demonstrate the ability to analyze information and draw conclusions based upon critical evaluation, the professional code of ethics, and all applicable laws and regulations. 	Goal 2 Outcomes <ul style="list-style-type: none"> ● Students will have the skills to professionally socialize and become lifelong learners. ● Students will identify continuing education opportunities post certification ● Students will identify and analyze their own personal leadership style ● Students will have the knowledge and skills to successfully practice interprofessional collaboration in the workforce. 	Goal 3 Outcomes <ul style="list-style-type: none"> ● Students will be able to continually self reflect on their personal views of diversity. ● Students will use appropriate nomenclature and recognize health disparities in a diverse patient population. ● Students will demonstrate the ability to work with a diverse patient population.

Academic Information

Application Process- Catalog

University of Central Missouri catalogs will contain *admissions criteria, transfer of credits, and special considerations used in the process*. Catalog information can be found using the links below. The year you start the program is the catalog with information specific to you. If you would like to change to a more recent catalog please contact the program director for more information.

<https://www.ucmo.edu/current-students/office-of-the-registrar-and-student-records/catalogs/>
<https://catalog.ucmo.edu/content.php?catoid=16&navoid=613#general-policies-applying-to-a-master-s-degree>

Prerequisite Policy

For internal students having completed their prerequisites from the University of Central Missouri, courses meeting the needs of the program were intentionally built into the Pre-AT major plan of study. For students taking courses with a similar designation either at UCM or at another institution, articulation of courses is determined via course description and submitted transcript. Interpretation of these documents is made by the ATP Admissions Committee. Transcripts are used to determine successful prerequisite completion.

https://catalog.ucmo.edu/preview_program.php?catoid=16&poid=4602&hl=msat&returnto=search

Additional application information can be found on the MSAT website:

<https://www.ucmo.edu/academics/programs/masters-degrees/athletic-training-ms-53-643/>

Technical Standards and Essential Functions

<https://www.ucmo.edu/academics/programs/masters-degrees/athletic-training-ms-53-643/technical-standards-form.pdf>

See [Appendix 1](#) for Technical Standards Form

Course Curriculum and sequencing

For the MSAT plan of study, please refer to

<https://www.ucmo.edu/academics/programs/masters-degrees/athletic-training-ms-53-643/>

Matriculation Requirements

The athletic training program will follow the graduate school for university matriculation requirements:

<https://catalog.ucmo.edu/content.php?catoid=16&navoid=633#minimum-grades-and-grade-point-averages>

Degree Requirements

The athletic training program will follow the graduate school for university degree requirements:

<https://catalog.ucmo.edu/content.php?catoid=16&navoid=627#time-limitation>

Grade Policies

The athletic training program will follow university set guidelines for grade policies.

<https://catalog.ucmo.edu/content.php?catoid=16&navoid=633#minimum-grades-and-grade-point-averages>

Graduate Appeals and Reinstatement Process

The athletic training program will follow university set guidelines for graduate appeals and reinstatement.

<https://www.ucmo.edu/offices/graduate-education-and-research/graduate-education-appeals/>

<https://catalog.ucmo.edu/content.php?catoid=16&navoid=632&hl=military+leave&returnto=search>

Program Costs

For tuition and cost calculators please refer to

<https://www.ucmo.edu/future-students/tuition-and-costs/>

Course lab fees associated with AT course:

- AT 5610 - Clinical Athletic Training Methods - \$145(Clothing and apparel)
- AT 5620 - Responding to Emergencies - \$55
- AT 5630 - Principles of Athletic Training - \$160
- AT 5660 - Therapeutic Modalities - \$35
- AT 6620 - Clinical Athletic Training Practicum III- \$65(Clothing and apparel)

STEM Fees

As an education program, the Athletic Training Program is earmarked by the UCM Board of Governors as a STEM program. STEM designation charges each student \$25/credit hour to support the equipment intensive nature of a program like ours. (UCM Board of Governors Policy - March 2018)

<https://www.ucmo.edu/future-students/tuition-and-costs/course-program-fee-report-summer.pdf>

Refunds

<https://www.ucmo.edu/current-students/office-of-the-registrar-and-student-records/dates-and-deadlines/refund-deadlines/>

Travel costs

An integral component of the program is its clinical experiences. Clinical experiences occur off campus. Students are responsible for travel to and from clinical experiences. In addition, the student is responsible for all costs associated with travel including gas and personal vehicle maintenance. As opportunities present themselves, students can carpool. This is done at the students' own judgment and risk.

Resignation

At any time a student decides that athletic training is not the profession for them, they are encouraged to discuss the decision with a faculty member. If the final decision is to resign from the program, the athletic training student needs to inform the Program Director and submit a letter stating their resignation to the Program Director. All clothing and supplies distributed to the student by the program must be returned. If the clothing and supplies are not returned the student will be charged accordingly. In addition, the student handbook must be returned to the Program Director.

If a student seeks to withdraw from the university or change degree programs, please consult the university policy in the graduate course catalog.

<https://catalog.ucmo.edu/content.php?catoid=16&navoid=633#minimum-grades-and-grade-point-averages>

<https://www.ucmo.edu/future-students/financing-your-education/applying-for-financial-aid/withdawal/>

Section III UCM AT Clinical Education

CAATE Requirements

Students will obtain primary clinical education experiences during Fall 1, Spring 1, Summer 2 and Fall 2. Supplemental clinical experiences may occur during Summer 2 and Fall 2. The immersion will take place during Spring 2.

Immersion Settings will include Missouri Valley College, Athletico Physical Therapy, Blue Springs South High School, and others to be decided. If a student would like to set up their own immersion, program administrators need to be contacted by the student at a minimum of one year prior to the start of the internship.

Clinical Experience

All students will gain experiences with UCM Intercollegiate Athletics, an area high school, outpatient physical therapy clinic, orthopedic physician and primary care physician.

In accordance with CAATE Standard 17, students are expected to have clinical practice opportunities with various populations including:

- throughout the lifespan (for example, pediatric, adult, elderly)
- of different sexes
- with different socioeconomic statuses
- of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities)
- who participate in non sport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts)

Clinical Site Orientation

All students must complete an on site orientation for any clinical experience as indicated by Standard 29. Topics of your orientation should include:

- Critical incident response procedures (for example, emergency action plans)
- Blood-borne pathogen exposure plan
- Communicable and infectious disease policies
- Documentation policies and procedures
- Patient privacy and confidentiality protections
- Plan for clients/patients to be able to differentiate practitioners from students
- The orientation for other clinical education opportunities that involve client/patients may vary based on the nature of the experience

The orientation checklist can be found on ATrack and must be completed with your preceptor no later than your first assigned day.

If your clinical experience requires additional training expectations, you will be notified ahead of time of these requirements. These additional expectations are often built into affiliation agreement expectations of you, the program, and the university. You can otherwise expect to be oriented to your clinical experience during your orientation meeting with your clinical site preceptor.

Supplemental Clinical Assignments

Supplemental clinical assignments are experiences used to enhance student learning. These experiences do not count towards patient encounters or determining proficiency of skill. Supplemental experiences when used will follow the same policies as primary clinical experiences.

Supervision/Attendance policy

You are expected to attend all clinical field experiences and be **directly supervised** while at your clinical experience. If you are asked to provide services without a supervising preceptor, please let your preceptor know you may not complete the request and notify the CEC for follow up. If placed in a situation where you are not supervised, locate your preceptor and notify the CEC; do not perform any clinical skills while unsupervised. If unable to attend your clinical experience, please notify your preceptor and CEC. If a student is experiencing signs or symptoms of a communicable illness (or noncommunicable illness), they should stay home. This student should contact the CEC, preceptor, and instructors of record to indicate their absence. Please see the [Health section](#) for more information on communicable disease, injury, and illness policies.

Employment and clinical rotation

Please See [Section IV](#) for more information on employment. As a general rule in the case of a conflict with an employer, your clinical experience comes first.

Hours

Primary and Secondary: Minimum of 90 hours and a maximum of 225 hours

Immersion: Minimum 300 hours and maximum of 350 hours

Dress Code

Shirts

Clinical rotations are formal education time. Students are expected to wear apparel purchased through the following courses

- AT 5610: 2 polos, 4 t shirts 1 pull over and one sling pack
- AT 6620: 2 polos, 2 t-shirts

“Social” UCM AT apparel should not be worn at clinical rotations (eg. AT slogan shirts, ATSA shirts).

Pants

In addition to the university provided top, customary attire is properly fitting and maintained beige/khaki, black or grey pants or shorts, and closed toed tennis shoes. Sweatpants, yoga pants, leggings, jeggings, joggers, distressed pants, skinny pants, low riding pants, or tight fitting apparel should be avoided.

Headgear

UCM or site specific hats and headgear are permitted when allowed by your preceptor when worn appropriately

Competitions, Special Event Attire

On days of events, ATS are expected to wear either khaki pants or shorts unless your preceptor specifies differently. In some circumstances, your supervising athletic trainer may indicate that professional dress is more appropriate in accordance with OSHA guidelines.

Cold weather

For cold indoor and outdoor conditions please follow these guidelines:

- When layering under polos please wear a red, white, black, or grey short or long-sleeve undershirt.
- Full windshirts, 1/2" – 3/4" or full zippered jackets, or V-Necks must have a university approved logo.
- No garment with a hood is ever to be worn. Exceptions are ATP rain gear or heavy winter coats.

Jewelry

Earrings including studs, circular loops of less than 1/4", in a single hole may be worn. Other exceptions and limitations are left to the judgment of the CEC/preceptor

A wrist watch is recommended at all clinical rotations due to necessity to keep time and for documenting timelines during emergency situations. Mobile devices are **not** to be used as timing devices.

Hair

Hair must be of reasonable length, be neatly groomed, and tied-back as to appear professional, and not interfere with any athletic training duties. It is recommended that any hair color choices are kept within a natural color spectrum. Students that choose to make changes to their appearance in this manner may be asked to change by faculty/staff/preceptor.

- Facial hair must be neatly trimmed and groomed
- Any athletic training student presenting with an appearance that is a distraction will be asked to make an adjustment

Name Badges

Prior to clinical experiences students will be provided with a name badge that indicates he/she/they are athletic training students. Some clinical sites may also require additional tags indicating students status. Students are required to wear a student identification tag at all times when at clinical rotation.

Rain Gear

Rain gear is available through Dr. Greg Williams. Checking-out rain gear is done on a first come, first serve basis through the sign up on AT Commons. To avoid monopolization of gear, students waiting to check-out items take priority over students who have items already checked-out and would like to check it out again. Rain gear must be returned by **12 pm** the day immediately following check-out. Students checking-out rain gear on a **Friday**, for a weekend event, must first receive approval from Dr. Williams, and, if approved, are required to return the gear by **12 pm** the following **Monday**. All rain gear is to be returned cleaned. Privilege to check-out gear will be forfeited for the remainder of the semester for any item turned in late. **Every attempt must be made to return items to Dr. Williams IN PERSON.** If rain gear is returned dirty or damaged, students will be subject to [disciplinary action](#).

Electronic Devices

Devices can include but is not limited to phones, watches, tablets, pads, readers, hands-free devices, laptops, etc

It is important to differentiate personal use from professional/educational use in both the classroom and clinical environment. Certainly there is a place for these devices for the purpose of learning and this is encouraged. Do not take advantage of such access.

While interpretation of this policy will vary widely, know that ATS are expected to consciously change their mobile device habits during clinical education time.

- Focus is to remain on patients and learning
- No device may be used in a manner that may be interpreted as a distraction or competing for didactic or clinical education time
- Use must relate to necessary communication, e.g. clinical supervisor, other ATS.
- Viewing personal information such as social forums, music, games, photos or other entertainment during clinical education time or class will not be tolerated
- Stow devices during office-based learning, doctors rotation

Dress at Professional Conferences

When attending a professional conference, business casual attire should be worn.

*see NATA website or conference details for specific business casual

Holidays and inclement weather

University Observed Holidays, e.g. Labor Day, Martin Luther King Jr. Day

ATS are encouraged to engage in their clinical education assignments on these days, but are not required. Students must discuss this with their clinical preceptor weeks in advance and reach a mutual agreement.

Inclement Weather

When classes are canceled due to weather it is of utmost importance that decisions surrounding ATSs attending their clinical assignment are made with safety as the determining factor. In all cases, contact with the preceptor should be made as soon as any announcements are made. Because distances vary between the university, distant clinical sites, and students' residence, there is no blanket policy for everyone to follow. If ATS live within walking distance to their clinical assignment, and it is reasonable for you to travel on foot, attendance on those days is expected. If weather conditions worsen while at your clinical assignment, regardless of proximity to home, please discuss remaining at your clinical assignment with your preceptor. Bear in mind that whether it be in a hospital, clinic, or college setting, athletic trainers are typically required to report to work on such days. It is considered part of the profession.

University Inclement Weather Policy:

<https://www.ucmo.edu/offices/general-counsel/university-policy-library/procedures/inclement-weather-conditions/>

Section IV Professional Expectations

Misconduct

Misconduct which violates any law or statute at the federal, state or local level can result in disciplinary action including but not limited to removal from the university and or program.

Misconduct which violates university or programmatic policy can result in disciplinary action including but not limited to removal from the program and or institution.

Relationships

Athletes/Patients

Clearly defined boundaries between patients (includes student-athletes) and ATS must be established and maintained at all times.

Maintaining professional working relationships at all times with athletes/patients is expected by all athletic training students. Disciplinary action is warranted for those in violation.

Interactions with minors

Athletic Trainers as affiliated with school districts must follow district wide teacher-minor and or employee-minor communications policies. The policies include oral communication and

nonverbal personal communications in accordance with Section 162.069 of Missouri's Amy Hestir Student Protection Act (see below). In specific regard to electronic communications, the law states: "Teachers cannot have a nonwork-related website that allows exclusive access with a current or former student. Former student is defined as any person who was at one time a student at the school at which the teacher is employed and who is eighteen years of age or less and who has not graduated." As an Athletic Training Student there will be several instances, in which you will work with minors throughout your duration in the program (e.g. Rehabilitation facilities, high schools, physician offices, etc.). Due to the sensitive nature of adult-minor relationships, it is imperative to have a unified front on adult-minor communications and relations. Therefore, athletic training students are to have no contact with minors affiliated with any University of Central Missouri Athletic Training clinical sites outside of their directly supervised clinical field experience. Contacts can include face to face, verbal, written, and/or electronic communications. The policy also applies to all forms of social media including but not limited to blogs, Facebook, Twitter, SnapChat, Tumblr, and Instagram. Failure to abide by the policy will not be tolerated and the ATS will be subject to permanent dismissal. Any misconduct that breaches University, local, state, or federal laws will be turned over to the appropriate authorities.

http://www.senate.mo.gov/11info/BTS_Web/Bill.aspx?BillID=4066479&SessionType=R).

Interactions with other healthcare members:

Respect each other's roles and responsibilities as members of the healthcare team. Please also bear in mind that there may be discussion of sensitive information that is subject to HIPAA and FERPA laws.

Employment

Athletic training students may choose to work on and off campus for various reasons. The rule is: program requirements (classes, meetings, clinical rotations, etc.) have priority. ATSs are reminded that clinical rotation schedules can change suddenly and be unpredictable creating conflict with your employer. The terms of your employment must include an agreement that your employer understands your hierarchy of duties as an ATS.

Section V Disciplinary Actions

When university or program policy has been violated, the student will meet with program faculty to discuss the situation and create a remediation plan. The student will be given a timeline to complete the remediation. Failure to effectively remediate and/or continual violation of university or programmatic policy will be grounds for removal from the program.

Appeals process: Appeals for disciplinary grievances will follow university policy:

Section VI
Health and Safety
Health

Health/Medical Insurance

All Athletic Training Students must maintain and verify personal health insurance annually to program administrators. Health Insurance information will be collected annually prior to the start of an academic year. If you are not currently covered by your parent's/guardian's medical insurance policy then please contact the UCM Student Health Center for information about their insurance plan. If a student fails to maintain a current policy then they will be removed from all clinical rotations until proof of medical insurance is provided. Students are expected to report any changes in their health insurance immediately.

Communicable and Infectious Disease policy

The purpose of the University of Central Missouri's Athletic Training Program's Communicable Disease Policy is to protect the health and safety of all the students enrolled, the faculty and staff, as well as those athletes/patients you may come in contact with during your clinical experiences. It is designed to provide Athletic Training Students, Preceptor, and athletic training faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers (www.cdc.gov).

What are Communicable Diseases?

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects).

Guidelines for Identifying Exposure and Infection

It is not possible to prevent exposure from all communicable diseases. In the setting of the athletic training room and various other facilities, an athletic training student will be exposed to a variety of different microorganisms that are capable of passing from one individual to another. However, with the proper precautions, the spread of communicable disease in the athletic training setting may be controlled.

1. At any time a student is feeling unwell or showing signs of illnesses, you are asked to stay home and seek additional medical guidance as needed.
2. All athletic training students will be required to complete blood borne pathogen training to begin clinical rotation. Students will receive bloodborne pathogen training in AT 5620 during the first year, and virtually as part of program orientation with subsequent. All clinical sites will provide site specific training and also provide students with personal

protective equipment. Failure to complete training will result in the student being unable to begin clinical rotations.

3. Students are required to use proper hand washing techniques and practice good hygiene at all times.
4. Students should wash their hands before and after each patient contact.
5. Students are required to use [Universal Precautions at all times](#). This applies to all clinical sites.
6. Patient care should not be performed when the athletic training student has active signs or symptoms of a communicable disease.
7. Bandages, towels, syringes, or other materials that come into contact with bodily fluids should be properly disposed of in the appropriate biohazard or sharps container.
8. Athletic training students should make a sincere effort to keep the athletic training room as clean as possible. Appropriate cleaning supplies should be used to disinfect all counters, tables, chairs, desks, whirlpools, floors, and any other surface in the athletic training room that may harbor microorganisms.

Universal Precautions

Gloves will be worn for touching blood, body fluids, mucus membranes, or non-intact skin of all patients, and for handling items or surfaces soiled with blood or body fluids.

Gloves will be changed after contact with each patient.

Masks or face shields will be worn as mandated per University policy and clinical site policy.

Masks and goggles or face shields will be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucus membranes of the mouth, nose and eyes.

Gowns or protective aprons will be worn during procedures that are likely to generate splashes of blood or other body fluids.

Hands and other skin surfaces will be washed immediately and thoroughly with an antimicrobial soap, before and after each patient contact and frequently throughout clinical rotations as well as if contaminated with blood or other body fluids.

Hands will be washed immediately after gloves are removed.

All students will take precautions to prevent injuries caused by hypodermic needles, scalpels and other sharp instruments or devices during procedures.

When cleaning work areas the following guidelines must be strictly followed:

- To prevent needle-stick injuries, needles will not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
- Used disposable syringes and needles, scalpel blades and sharp items will be placed in puncture resistant containers which should be located as close to the patient care area as possible.

Disposable mouthpieces, resuscitation bags and other ventilation devices are to be used if resuscitation is necessary.

Students who have exudative and/or lesions or weeping dermatitis are to report to the ATP program director and may be required to refrain from all direct patient care until the condition resolves.

All patients' blood or bodily fluids, or tissue specimen spills will be cleaned up promptly with a bleach solution diluted 1:10.

Any needle stick, blood/body fluid exposure to a student will be reported promptly to the site supervisor. In event an investigation is required, follow-up care may be instituted.

If an exposure is suspected, the athletic training program will follow the University Health Center policy ([Appendix B](#)- Policy Draft).

These practices, if followed by athletic training students, should decrease the spread of communicable disease in the athletic training setting. There are times when an athletic training student may be at an increased risk for contracting or spreading a communicable disease while at clinical rotations. During these times, the athletic training student should speak with his or her clinical instructor to determine the best course of action.

Keep in mind that the action taken should be in the best interest of all parties involved (the athletic training student, the clinical instructor, other members of the sports medicine staff, student athletes, coaches, and all support personnel) and not just the athletic training student. At times when the incident rates rise to illnesses like the flu, all AT personnel will contribute to a ceiling to floor cleaning to assure our facilities are not the source of disease transmission.

Guidelines for Managing Potential Infection

The following situations and/or conditions may place an athletic training student at an increased risk for contracting or spreading communicable disease:

- Any skin lesions may provide an entry point for a microorganism to enter the body. Skin lesions may also be able to pass microorganisms to another individual by direct or

indirect contact. In the athletic training setting, all skin lesions should be properly covered to avoid contact with other individuals.

- If an athletic training student is suffering from an illness, he or she will be considered contagious, and be able to pass microorganisms to others. It may be assumed that an athletic training student is suffering from some form of illness if he or she has a fever, is vomiting, or has diarrhea.
- A diagnosis of any highly contagious disease, e.g. flu, strep throat, mononucleosis, conjunctivitis, COVID-19 would put an athletic training student at risk for spreading or contracting microorganisms.
- If an athletic training student has been diagnosed with a chronic blood borne pathogen e.g. HIV, HBV, he or she may participate in the athletic training setting. However, the student must practice universal precautions at all times.
- Any other chronic medical condition that may result in an athletic training student contracting or spreading a microorganism should be evaluated by a physician. The physician should determine the athletic training student's ability to return to the clinical setting.

Injury/Illness

If a student has sustained an injury/illness which may impact their ability to class or clinical rotation, the student should contact [Student Engagement and Experience](#) as well as Program Director and or Clinical Education Coordinator. [Technical standards](#) will be reviewed with the student to determine their capabilities within the classroom and at their clinical experience.

If there is a reportable incident which occurs at clinical rotation, immediately notify your preceptor and, when able to contact the Clinical Education Coordinator. The preceptor will document the incident and report through their appropriate channels. In addition, the documentation will be made available to the Clinical Education Coordinator and Program Director and be reported to appropriate university personnel.

Immunization Requirements

Please refer to UCM's MSAT webpage for more information regarding the immunization requirements for program admittance (Additional Application Materials):

<https://www.ucmo.edu/academics/programs/masters-degrees/athletic-training-ms-53-643/>

Additional Immunizations

Tuberculosis

Prior to attending your first Fall semester clinical rotations, you must submit a current, negative TB test through ATrack online. You must re-submit a second TB test prior to the expiration of the initial test to ATrack Online. ***THIS MUST BE DONE ANNUALLY (as per CAATE Accreditation standards).***

Influenza

You will need to submit verification of an annual flu shot through ATrack by October 15, in order to continue attending clinical experience.

COVID

Several clinical sites are requiring proof of COVID vaccination series and exemption from the series. You will likely be required to submit proof of immunizations. As such you will be requested to upload COVID vaccinations on ATrack.

Note relative to clinicals

Clinical sites may require you to submit proof of immunizations, antibody testing or exemption from immunizations outside what is programmatically required or expected. The CEC will work with you when these situations arise to ensure you can meet the requirements on the clinical site.

University's Immunization Policy

Please see the University's immunization policy (pg 47):

<https://issuu.com/ucentralmo/docs/ucmguidetogooddecisionmaking?e=9595811/51394453>

Mental Health and wellbeing

If any student believes that they need to talk to a professional counselor then they are encouraged to seek help in the UCM Psychological Services offices located in Humphreys 131, 660-543-4060. ATP faculty are available to facilitate securing such resources.

<https://www.ucmo.edu/current-students/student-services/counseling-center/services/>

Safety

Liability Insurance

All Athletic Training Students who are enrolled in the program are covered by a blanket liability policy provided by UCM. This policy only covers program specific formal educational experiences tied to university academic course credit.

HIPAA/FERPA

The Health Insurance Portability and Accountability Act of 1996 and the Family Education Rights and Privacy Act of 1974 are federal laws in place to protect the rights and health related records of patients and students. As such, it is important you understand the laws as they pertain to you and the legal ramifications associated with breaches of these laws. Students will receive annual HIPAA/FERPA training through the athletic training program. Please be aware that some clinical sites may require additional site specific training. Below are links to the university statements relative to FERPA:

<https://www.ucmo.edu/current-students/office-of-the-registrar-and-student-records/student-privacy/>

<https://issuu.com/ucentralmo/docs/ucmguidetogooddecisionmaking?e=9595811/51394453>

Never discuss a patient's personal and/or medical information with anyone (including media) other than the patient and the medical staff as permitted by HIPAA. If an ATS is approached by a patient with a medical records need, he/she is to contact the preceptor. **Whatever is seen or heard in any athletic training facility/health care facility stays in the athletic training facility/health care facility.** ATS are expected to immediately report any known or suspected violations as withholding such information is considered an equal violation. Violations can result in [disciplinary actions](#) as well as legal actions.

Calibrations

The UCM Athletic Training Program calibrates the all necessary lab equipment annually with a regional medical company that is certified to perform such calibrations. The program director maintains the calibration documentation.

Clinical sites are responsible for performing calibrations annually. Calibration documentation should be submitted to the CEC annually. The CEC will work with clinical sites when lapses in calibration occur including developing a corrective action plan. However, failure to maintain calibrations could jeopardize a clinical site's ability to host a student.

Radiation Exposure

According to the Environmental Health and Safety Manager, the university only has low source radiation found in specific academic areas (WC Morris Science Building). The university does not have x-ray units on campus; therefore, there is no radiation exposure plan pertaining to the athletic training students for on campus clinical rotations and classes. There is minimal to no risk of exposure to radiation. If radiation emitting devices are located at off campus clinical sites, students will follow the exposure plan for the particular site.

Drugs and Alcohol Policy

Living a healthy lifestyle is encouraged, which includes making smart choices about what legal substances one ingests or inhales. Alcohol use should **not** interfere with or hinder academic or clinical performance. In addition, tobacco use is not permitted on campus and should **not** interfere or hinder academic or clinical performance. Students are expected to adhere to the University of Central Missouri drug and alcohol policy (p 45):

<https://issuu.com/ucentralmo/docs/ucmguidetogooddecisionmaking?e=9595811/51394453>

ATS with concern or suspicion about a fellow ATS are expected to report to the program director who will investigate. ATSs who identify themselves as having a problem or potential violation of this policy are expected to disclose such information to the program director where available resources will be utilized and an action plan developed. Violations to policy are subject ATP review and [disciplinary actions](#). Additionally, legal infractions or repeated offenses will be subject to ATP review, [disciplinary action](#), and may prevent the ability to obtain state licensure.

Drug Screenings and Criminal Background Checks

Drug screenings and criminal background checks are required for admittance into the athletic training program. For more information:

<https://www.ucmo.edu/academics/programs/masters-degrees/athletic-training-ms-53-643/>

Additionally, some clinical sites may require further drug screens and/or criminal background checks beyond those required for application to the program. Costs associated with these additional drug screening or criminal background checks are the responsibility of the student.

Emergency Cardiac Care Requirements

Having emergency cardiac care certification is required prior to beginning any clinical education experience or supplemental clinical education experience (CAATE Standard 26). The athletic training program has embedded certification into the program. Emergency Cardiac Care, specifically through the American Heart Association will be completed during summer session one as a part of AT 5620 Responding to Medical Emergencies. Students will receive AHA BLS and Red Cross First Aid certifications which will last 2 years each.

Bloodborne Pathogens Requirements

All athletic training students will be required to complete blood borne pathogen training to begin clinical rotation. Students will receive bloodborne pathogen training in AT 5620 during summer 1, and as part of program orientation during summer 2. Failure to complete training will result in the student being unable to begin clinical rotations. Clinical sites will provide site specific training as well as personal protective equipment. For the university explore plan, see [Appendix B](#)

Section VII Resources for students

Scholarships

University Scholarships

<https://www.ucmo.edu/future-students/financing-your-education/scholarships/>

<https://www.ucmo.edu/academics/programs/masters-degrees/athletic-training-ms-53-643/#scholarships>

Organizational Scholarships

There are numerous opportunities for Athletic Training Students to obtain scholarships and other funds to assist with the cost of education. Scholarships are offered through the NATA, NATA Foundation, MAATA, MoATA, and other athletic training organizations.

Financial Aid

For more information on financial aid and the University of Central Missouri, please visit

<https://www.ucmo.edu/future-students/financing-your-education/>

Academic Assistance

Athletic Training Students who need assistance with their coursework are highly encouraged to talk to the Clinical Education Coordinator or Program Director to discuss their academic progress and to help arrange tutorial assistance through learning commons at the JCKL library on the UCM campus in Warrensburg.

Counseling Services

If any student believes that they need to talk to a professional counselor then they are encouraged to seek help in the UCM Psychological Services offices located in Humphreys 131, 660-543-4060. ATP faculty are available to facilitate securing such resources.

Student Experience and Engagement

Should a student experience an event that will impact their academic career, the student can contact The Office of Student Experience and Engagement to arrange for an appropriate plan of action. The Office of Student Experience and Engagement can be reached at 660-543-4114 or Administration Building Room 214.

<https://www.ucmo.edu/offices/student-experience-and-engagement/>

Accessibility Services

Students requiring accommodations to participate in class activities and/or meet course requirements should contact the Office of Accessibility Services, Union 222, (V) (TTY) (660) 543-4421.

<https://www.ucmo.edu/consumer-information/accessibility-notice/>

Section VIII Emergency Action Plans

See ATrack for site specific emergency action plans.

Section IX
Attestation

Please sign the following attestation statement and upload to your ATrack student portal.

ATTESTATION

I, _____, have carefully and completely read, understand, and provided my signature on the individual policies to this UCM ATP Handbook, and have had all my questions satisfactorily answered. I understand that by my signature, I agree to abide by all terms, policies, and procedures contained therein. I accept any consequences that result from not abiding by these policies.

Student Signature: _____

Date _____

Program Director Signature: _____

Date _____

Appendix Appendix A

Technical Standards for University of Central Missouri Athletic Training Program

The Athletic Training Program at University of Central Missouri is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the University of Central Missouri Athletic Training Program establish the essential qualities considered necessary for students admitted to and matriculated through this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). In the event a student is unable to fulfill these technical standards, with or without reasonable accommodations, the student will not be admitted into or may be dismissed from the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam. Candidates for selection as well as students progressing through the University of Central Missouri Athletic Training Program must demonstrate:

- 1) The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve formulate assessment and therapeutic judgments and to be able to distinguish deviation from the norm;
- 2) Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
- 3) The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate via the English language at a level consistent with competent professional practice;
- 4) The ability to record the physical examination results and a treatment plan clearly and accurately;
- 5) The capacity to maintain composure and continue to function well during periods of high stress;
- 6) The perseverance, diligence and commitment to complete the Athletic Training Program as outlined and sequenced;
- 7) Flexibility and the ability to adjust to changing situation and uncertainty in clinical situation;
- 8) Affective skill and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection as well as students progressing through the University of Central Missouri Athletic Training Education Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodation, they can meet the standards.

The American Disabilities Act (ADA) compliance office will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student state she/she can meet the technical standards with accommodation, the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards of selection listed above. I understand that if I am unable to meet these standards, it is my responsibility to contact the ADA office to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted or allowed to continue in the program.

Signature of Student:

_____ Date: _____

Signature of Program Director:

_____ Date: _____

Appendix B

UHC Needlestick/Bloodborne Pathogen Protocol

1. Decide if exposure is a bloodborne pathogen risk:
 1. Blood, semen, vaginal fluid, amniotic fluid, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, and synovial fluid can transmit HIV, HBV, HCV.
 2. Vomitous, urine, feces, sweat, tears, respiratory secretions do not transmit HIV unless bloody. Risk of HBV and HCV is considered negligible unless bloody.
 3. Infectious body fluid must have entered through a break to skin (like a needlestick) or via a mucus membrane (like eyes/mouth).
2. Clean site of exposure immediately:
 1. Wash needlesticks and cuts with soap and water.
 2. Flush splashes to the nose, mouth and skin with water.
 3. Irrigate eyes with clean water, saline or sterile irrigates.
3. If there has been a possible blood borne pathogen exposure and the source patient is known, obtain history from the source patient to identify source patients risk factors for HIV and hepatitis.
 1. History of multiple sex partners.
 2. History of IV drug use/sharing IV needles
 3. History of HIV or hepatitis
 4. History of chronic illness
 5. History of blood transfusion
 6. Recent illness to include fever, fatigue, body aches
 7. Hepatitis B vaccination history
4. If there has been a possible blood borne pathogen exposure and the source patient is known obtain following labs on source patient:
 1. Rapid HIV test if available
 2. HIV, 4th generation combination antibody-antigen test (order for quickest possible result turn around if no rapid test is available)
 3. Hepatitis B core antibody
 4. Hepatitis B surface antigen
 5. Hepatitis C antibody
 6. AST
 7. ALT
 8. Alkaline phosphatase
5. The patient who has had a potential exposure will have the following labs ordered to establish their baseline:
 1. HIV, 4th generation combination antibody-antigen test
 1. Will also check lab at 6 weeks, 3 months and 6 months

2. Hepatitis B core antibody
3. Hepatitis B surface antigen
4. Hepatitis C antibody
 1. Will also check lab at 2 weeks, 4 weeks and 8 weeks
6. Potentially exposed patients may choose to take HIV prophylaxis medications (PEP) based on the following:
 1. Status of source patient's rapid HIV test (negative rapid HIV test would not require HIV prophylaxis)
 2. Source patient risk factors (PEP is generally not warranted in cases of unknown status. However, consider PEP for exposures from a source with HIV risk factors.) PEP is not justified for exposures that pose a negligible risk for transmission.
 3. Risks and side effects of taking medication.
 4. Exposed patient pregnancy, nursing and allergy status
 1. Starting PEP in pregnant exposed persons should be based on considerations similar to those of non-pregnant exposed persons.
 2. When deciding to start PEP, a pregnant exposed person should discuss with the treating clinician the potential risks of exposing her fetus to antiretroviral (ARV) medications.
 3. The pregnant exposed person *and* her fetus are at risk for HIV acquisition.
 4. Based on limited data, use of ARVs in pregnancy, including in the first trimester, does not appear to increase the risk of birth defects compared to the general population.
 5. Breastfeeding is not a contraindication for PEP.
 6. Acute HIV in a breastfeeding mother greatly increases the risk of HIV transmission to her infant.
 5. Exposed patient chronic illness/immune status
 6. Risk of HIV transmission

Route of exposure

Risk of exposure when source person is HIV positive

Factors increasing risk

Percutaneous	~ 1/435 episodes (0.23%)	hollow bore needle, visibly bloody device, deep injury, and device used in an artery/vein
Mucous membrane	~ 1/1000 episodes (0.09%)	large volume
Cutaneous	< 1/1000 episodes (0.09%)	must involve non-intact skin

Note: These estimates are from exposures to blood from HIV-positive source persons; risk for transmission from infectious fluids other than blood is probably considerably lower than for blood exposures.

CDC website has a PEP consultation line available 7 days a week from 11A to 8P ET, call 888-448-4911.

7. If HIV prophylaxis medication is desired the following additional baseline labs will be ordered on the exposed patient:
 1. CBC
 2. CMP
 3. HCG (females)
8. A three-day supply of the following three drug HIV prophylactic regimen will be ordered to be started as soon as possible
 1. Tenofovir 300mg once a day
 2. Emtricitabine 200mg once a day
 3. Dolutegravir 50 mg once a day or Raltegravir 400 mg bid
 1. Dolutegravir is the most effective
 2. Dolutegravir should not be given to women in their first trimester of pregnancy.
 4. Starting a dose in the first 2 hours after injury provides the best outcome.

5. Medications can be started any time before 72 hours post exposure.
6. Medications are not easily obtainable, the closest pharmacies in the area who carry these expensive medicines are in Kansas City.
7. PEP meds are taken for 28 days if the source patient is unknown or if the source patient is HIV positive.
8. KC Care Clinics in Kansas City 816-753-5144 offer PEP medications and counseling.
9. Medications can be stopped once a negative HIV status is known on the source patient.
10. HIV PEP Medications will be continued if the source patient is unknown or they are HIV positive.
11. Patients on HIV PEP will have periodic repeat testing for medication tolerance (CBC/CMP).
12. Refer to CDC guidelines for managing continuation of HIV PEP medications.
13. Repeat HIV testing will be done on exposed patients **only** if HIV test on source patient was positive or unknown. Testing will be repeated at 6 weeks, 3 months and 6 months.
14. If the exposed patient contracted HCV from a source patient with dual HIV/HCV, then an additional HIV test at 12 months post exposure will be done.
15. Exposed patient will be instructed to use protection or avoid sexual intercourse and breast feeding until:
 1. Source patient testing confirmed negative
 2. In the case of an unknown source, a 3-month HIV test done on an exposed patient.
16. Exposed patient will be instructed to watch for and make an appointment for evaluation if develops any signs of illness:
 1. fever and fatigue over the next 6 weeks.
 2. if develops any signs of infection at exposed site (redness, swelling, heat, drainage).
17. Hepatitis B management:
 1. If the source person is known to be hepatitis B uninfected, no hepatitis B testing or post-exposure treatment of the exposed person is needed.
 2. Source persons not known to be uninfected should be tested for hepatitis B surface antigen.
 3. If the exposed person is known to be immune (e.g. they were told they had a positive response to a complete HBV vaccine series, indicated by post-vaccination HBsAb titer ≥ 10 mIU/mL), they are considered to have lifelong immunity and need no additional hepatitis B testing or post-exposure treatment.
 4. If the source person is known to have hepatitis B or the source person's Hepatitis B status is unknown, manage exposures or potential exposures as follows:

Recommendations for Post-Exposure Prophylaxis After HBV Exposure

EXPOSED PERSON VACCINATION STATUS	TEST RECOMMENDED FOR EXPOSED PERSON	TREATMENT
Previously Vaccinated		
Responder after complete series ¹ (HBsAb ≥ 10 mIU/mL)	None	No action needed
Response unknown after complete series ¹	HBsAb	<p>If HBsAB ≥ 10 mIU/mL: No action needed</p> <p>If HBsAB < 10 mIU, mL, check HBcAb (total) and administer HBIG x 1** and revaccinate (3 doses)</p>
Non-responder after complete series ¹ (HBsAb < 10 mIU/mL) ³	HBcAb (total)	HBIG ² x 1 and revaccinate

Non-responder (HBsAb < 10 mIU/mL after two series of 3 doses)	HBcAb (total)	HBIG ² x 2 (one month apart)
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Unvaccinated or Incompletely Vaccinated

Unvaccinated or incompletely vaccinated ³	HBcAb (total)	HBIG ² x 1 and vaccinate/revaccinate
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¹ The complete HBV vaccine series is usually given at baseline, 1 month, and 6 months. Alternatively, a complete series with Heplisav B recombinant vaccine is given as two injections at least 4 weeks apart. Follow-up testing confirms immunity if HBsAb ≥ 10 mIU/mL. For persons previously immunized with a complete series but have a negative (<10 mIU/mL) HBsAb titer when tested at the time of exposure and source patient is negative for HBsAg, an additional dose (booster) can be administered to protect the EP for future exposures. This booster should be followed with HBsAb testing in 4–6 weeks, and if positive (≥ 10 mIU/mL) the person is considered immune.

² HBIG: 0.06mL/kg IM ASAP (max dose: 5mL). Give as soon as possible. HBIG is considered effective up to a week after occupational exposures.

³ Healthcare personnel (HCP) with HBsAb < 10 mIU/mL after complete vaccination series or who are unvaccinated/incompletely vaccinated who sustain an exposure to a source person who is HBsAg-positive or has unknown HBsAg status should undergo baseline HBV testing with a HBcAb (total) as soon as possible after exposure, and

follow-up testing approximately 6 months later with HBsAg and HBcAb (total) to determine whether HBV transmission occurred.

Note: Testing the exposed HCP for prior HBV infection is not required before vaccinating unless the exposed is at independent risk of HBV infection (e.g., from an HBV endemic area). *Adapted from: CDC guidance for evaluating health-care personnel for hepatitis B virus protection and for administering postexposure management. MMWR: December 20, 2013*

e. In general, if hepatitis B vaccine and/or HBIG are required, the sooner they are administered the better. The effectiveness of HBIG when given after 7 days for occupational exposures is unknown.

18. HCV management:

1. If the source patient is HCV negative, no follow-up testing is clinically indicated for the EP.
2. Treatment:

Recommendations		Baseline testing	Initial follow-up	Final follow-up
PEPline 2017	HCV+ SP or SP has potential HCV risk factors ¹	HCV Ab ²	6 weeks ³ HCV RNA (HCV viral load)	≥6 months ^{4, 5} HCV Ab ²

	SP HCV status unknown ¹ or SP is known and has no known HCV risk factors ¹		Optional: 6 week HCV RNA
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Note regarding exposed persons with symptoms: Symptoms of a viral illness compatible with acute HCV at any point up to 6 months post-exposure should prompt immediate evaluation for HCV (HCV antibody, viral load and LFTs).

Note regarding hepatic enzyme testing: The PEpline does not recommend routine liver enzyme testing for follow-up because of the possibility of abnormal results from causes other than HCV.

19. Report incident

1. If an individual is involved in an accident or sustains an injury on UCM property, immediately call Public Safety at 660-543-4123 or dial 911.
2. Employees: contact HR @660-543-4255

Sources:

Up to Date 11/2021

CDC website 1/9/2020

PEP Quick guide for Occupational Exposures 11/2021

