



BOARD OF CERTIFICATION  
FOR THE ATHLETIC TRAINER

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## Acknowledgements

Thank you to the following members of the Facility Standards Work Group, who have generously volunteered their time and expertise to research and share best practices for keeping athletic healthcare facilities safe.

### Committee Chair

#### **Jerry Diehl**

Mr. Diehl has served as an assistant director for the National Federation of State High School Associations (NFHS). In this role, he was responsible for sports medicine and rules for four sports, and he was a member of the NCAA's sports medicine committee. Prior to his position at NFHS, Jerry worked in high school coaching and administration for 20 years and with the Missouri State High School Activities Association. He is a past member of the BOC Board of Directors.

### BOC Staff Researcher

#### **Chad Kinart, MS, ATC**

##### *BOC Exam Development Manager*

Chad Kinart is the Exam Development Manager for the Board of Certification, Inc. (BOC) in Omaha, Nebraska. He coordinates the development and maintenance of national certification exams for Athletic Trainers. Previously, Chad was the Assistant Athletic Trainer at University of Nebraska-Omaha from 2000-2006, and has been a member of and Chairperson for the Nebraska Board of Athletic Training since 2005. Chad holds a Master of Science in Exercise Science from the University of Nebraska at Omaha and a Bachelor of Science (Health and Human Performance – emphasis in Athletic Training) from Iowa State University. He is currently working on his MBA at the University of Nebraska at Omaha.

### Committee Members

#### **Randy Cohen, ATC, DPT**

##### *NATA CUATC*

Mr. Cohen is the Associate Athletics Director for Medical Services at the University of Arizona. Prior to coming to Arizona, he was an assistant Athletic Trainer at Purdue University for 8 years, where he was involved with a CAAHEP approved athletic training curriculum, athletic training team coverage and served as the Assistant Director of the Student Health Center Physical Therapy Department. He currently serves on the NATA College and University Committee.

#### **David Edell, MEd, ATC, LAT, CSCS**

##### *NATA SSATC*

Mr. Edell has more than 20 years of experience in the field of athletic training. As an Athletic Trainer, he has worked for the Stafford (Texas) Spartans since 1993. He teaches 3 sports medicine classes. Mr. Edell has also served in the clinical setting for a local physician and as the Director of Athletic Services for West Houston Medical Center. In the latter position, he was in charge of an outreach program that offers athletic training services to schools that do not directly employ an Athletic Trainer.

## **Doug Killgore, CMAA**

### **NIAAA**

Mr. Killgore, a national board Certified Master Athletic Administrator (CMAA), is in his 12th year as athletic director for Central Arkansas Christian Schools in North Little Rock, Arkansas. Mr. Killgore is secretary-elect of the National Interscholastic Athletic Administrators Association (NIAAA); president of the Arkansas Athletic Directors Association; and course chair and national instructor for the Administration of Sports Medicine Programs course for the NIAAA's Leadership Training Institute.

## **David Klossner, PhD, ATC**

### **NCAA**

Dr. Klossner is Associate Athletics Director/Sports Performance at the University of Maryland. Prior to this position, he spent the past 10 years with the NCAA as Director of the NCAA Sport Science Institute. Klossner serves as a National Office liaison to the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, the Association-wide committee charged with providing leadership on health and safety issues for the organization's members, and represents the NCAA to a number of committees.

## **Brian Michelotti**

### **NFHS**

Mr. Michelotti is an Assistant Director for the Montana High School Association. Having served in this position for 7 years, he is responsible for the sports of football, golf, tennis and wrestling; the Montana student leadership workshops; the MHSA website; and the Montana High School Association Sports Medicine Advisory Committee. He is a current member of the NFHS Football Rules Committee, the NFHS Football Editorial Committee and the NFHS Sports Medicine Advisory Committee.

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## Introduction

The operation of an athletics program is very complicated. As part of your program you are responsible for the administration of an athletic training facility. Some administrators (e.g., athletic directors, principals, superintendents) are unaware of the many federal, state and local regulations and standards that govern athletic healthcare services. A review of possible regulations on the national level indicates that no fewer than eight federal agencies have regulations that can impact athletic healthcare services. In addition to the federal regulations, local, state and national non-governmental bodies have issued rules, regulations and position statements that must be considered when reviewing and establishing policies for athletic training facilities.

Athletic healthcare services are not commonly delivered in a traditional healthcare facility. Most commonly, an athletic training facility serves as this point for healthcare. Local, state and federal entities issue regulations and standards – which often overlap – to ensure the quality of facilities where healthcare services are delivered. Failure to observe safety policies not only increases risk, but also increases exposure to liability suits alleging negligence. You may not be aware of all regulations and best practices that need to be followed.

A variety of individuals from your organization who have specialized knowledge should review these guidelines to ensure a complete assessment. Examples include but are not limited to:

- Athletic Trainers
- Physician(s)
- Legal department/lawyers
- Risk managers
- Building supervisors
- Human relations department personnel
- Environmental services managers
- Custodial/sanitation supervisors
- Athletic directors
- Principals/superintendents

This document will provide the means for secondary and post-secondary educational institutions and organizations to self-assess their policies, procedures and facilities to ensure the safe, effective and legal provision of athletic healthcare services.

The following topics focus on the operation of athletic training facilities to be in compliance with the regulations and guidelines of appropriate state, federal and oversight agencies.

## Preliminary Questions



High schools, colleges, universities, community colleges and the like are often exempt from some state and/or federal rules and regulations. Before beginning the assessment it is important to establish the context for answering the questions in the document with your internal group of experts.

Requirement	Yes	No	Comments, necessary action items and questions
Is your program EXEMPT from state or federal OSHA regulations?			
Is your program EXEMPT from compliance with Title IX?			
Is your athletic training facility EXEMPT from federal ADA requirements?			
Do you have any other licensed healthcare practitioners besides the Athletic Trainer working in your organization?			
Do you have someone who is responsible for risk management for your organization?			
Are student athlete/patient health records managed in paper or electronic format?			

## Accessibility



The Americans with Disability Act (ADA) of 1990 required that buildings and rooms be accessible for those with disabilities. This can include injured patients, staff or visitors. Most buildings constructed in the past 20 years are ADA compliant or have been modified to become compliant. However, in areas where otherwise able-bodied persons work and play, this may not always be the case. As has been stated previously, some organizations are exempt from federal regulations such as the ADA.

### Why is this important for athletic training facilities?

You may have athletes, staff or students who may need wider doorways, ramps, door assists or other accommodations because they are on crutches or using wheelchairs. Additionally, EMT or fire department personnel may need access to these areas, including elevators, to safely access and transport someone who is ill or injured.

Requirement	Yes	No	Comments, necessary action items and questions
Athletic training facility is accessible according to ADA regulations <ul style="list-style-type: none"> <li>▪ Doorways are adequately wide (32 inches for single doors and 48 inches for double doors)</li> <li>▪ Ramps and handrails are installed</li> <li>▪ Door assists are available</li> </ul>			

## Privacy and Confidentiality



Rules and regulations govern the handling of sensitive information. This includes the documentation, storage and dissemination of health records, as well as the use of electronic health records (EHRs). Examples of sensitive information include the following: pre-participation exams, athletic training health records, physician visits/follow-ups, diagnostic reports, phone calls and text messages.

### Why is this important for athletic training facilities?

Not only must you document patient care, you must make sure that the information is properly stored and secured (including EHRs). Having confidential information that is not properly secured puts the facility at risk of potential lawsuits in the event data is stolen.

Requirement	Yes	No	Comments, necessary action items and questions
Employee education about storage and handling of confidential patient information is available (i.e., FERPA and HIPAA)			
Communication to employees about storage and handling of confidential patient records occurs			
Evidence of the above communication is documented			
All interactions between patients/athletes and Athletic Trainers or other healthcare providers are documented in the health records of each patient/athlete and securely maintained			
The facility has a locked file cabinet for all patient health files			
Electronic and paper copies of health information are protected and accessible/transferred only to authorized individuals. (i.e., FERPA, HIPAA and HITECH)			
There is a place to have private conversations with athletes and/or their parents			
There is a private place to conduct evaluation or treatments when necessary			
Communication occurs with employees about their responsibility for ensuring the confidentiality of healthcare information			
Evidence of the above communication is documented			

## Employee Safety



Safety is all-encompassing. This includes examining the policies and procedures of the program for the safety of patients and employees, as well as the safe operation of the athletic training facility.

### Why is this important for athletic training facilities?

Employee education on the many safety and health hazards while on the job protects the employee and patients. It is important to identify the set(s) of regulations with which your athletic healthcare program is required to be in compliance, such as OSHA or the local health department. Human relations staff members may be the best source to help answer these questions. Insurance, legal and risk management professionals can assist in identifying the regulations that apply to your program.



### Bloodborne Pathogens

Employers are required to educate employees regarding safety and protection against accidental transmission of bloodborne pathogens. This education extends to those responsible for the daily maintenance and upkeep of the facility, such as housekeeping or custodial staff.

Requirement	Yes	No	Comments, necessary action items and questions
Employee education about bloodborne pathogens is sufficient			
Communication to employees occurs on a regular basis			
Evidence of the above communication is documented			



### Personal Protective Equipment

In order to protect staff and the student-athlete/patient, employers must provide personal protective equipment and instruction on its use. Employers are also responsible for assuring employee compliance with personal protective equipment laws. Examples of personal protective equipment include but are not limited to:

- Personal protective equipment for eyes, face, head and extremities (e.g., gloves)
- Protective clothing
- Respiratory devices
- Protective shields and barriers

Requirement	Yes	No	Comments, necessary action items and questions
Personal protective equipment is available for employees			
Employee education and information is sufficient			
Communication to employees about the required use of personal protective equipment occurs			
Evidence of the above communication is documented			



## Disposal of Potentially Hazardous/Contaminated Materials

**Biohazardous Materials** - Any solid or liquid waste that poses serious threat of transmitting infection to humans, including towels, gloves and bandages

**Sharps Materials** - Any device or object used to puncture or lacerate the skin

Requirement	Yes	No	Comments, necessary action items and questions
Employee education for disposal of biohazardous or sharps materials is sufficient			
Communication to employees occurs			
Evidence of the above communication is documented			
Separate containers or receptacles for the disposal of biohazardous materials are available within the athletic training facility			
Secure containers for disposal of sharps is available within the athletic training facility			



## Hand Washing

It goes without saying that the cleanliness of those working in the facility, as well as the facility itself, is important to safe and effective treatment. Not all facilities may have access to sinks; however, a facility can improve sanitary conditions with the addition of hand sanitizing units.

Requirement	Yes	No	Comments, necessary action items and questions
Adequate facilities for hand washing or hand sanitation are available throughout the athletic training facility			
Employee education about hand washing and personal sanitation is sufficient			
Communication to employees occurs			
Evidence of the above communication is documented			



## Open-Toed Shoes

Healthcare providers should refrain from wearing open-toed shoes to facilitate a clean and sanitary facility.

Requirement	Yes	No	Comments, necessary action items and questions
Employee education information is sufficient			
Communication to employees occurs			
Evidence of the above communication is documented			



## Electrical Safety

Electrical devices and outlets should undergo regular inspection and calibration. In particular, this applies to electrical devices used on patients and to devices and outlets located near water sources. Electrical outlets near water sources are required to have ground fault interrupters (GFIs).

Requirement	Yes	No	Comments, necessary action items and questions
Electrical outlets near water sources have ground fault interrupters (GFIs)			
Electrical devices and GFI outlets used near water sources are inspected annually by appropriately licensed/certified electricians/technicians			
Devices such as ultrasounds, electrical muscle stimulators or other units used on patients are inspected and calibrated annually			
Inspection and calibration are documented and archived per the organization's document retention policies			



## Walking/Working Surfaces

Walking and working surfaces, such as floors, stairs and ladders, are associated with slip, trip and fall accidents. Requirements for all working and walking surfaces within a facility are often overlooked.

Requirement	Yes	No	Comments, necessary action items and questions
Employee education information is sufficient			
Communication to employees occurs			
Evidence of the above communication is documented			
Warning signs are available when surfaces pose a hazard			



## Patient Safety and Supervision

**Line of Sight to Patient Areas for Supervision** - This refers to the appropriate supervision of patients while not directly in the patient area.

Requirement	Yes	No	Comments, necessary action items and questions
Communication to employees occurs regarding the requirements for line of sight to patient treatment areas and supervision of patients when in the athletic training facility			
Evidence of the above communication is documented			



## Reporting Adverse Medical Events

An adverse medical event causes an injury to a patient as the result of a medical intervention, rather than the underlying medical condition. Rules and regulations for the reporting of any adverse medical events within the facility must be documented.

Requirement	Yes	No	Comments, necessary action items and questions
Communication to employees occurs regarding the reporting and documentation of any adverse medical events within the athletic training facility			
Evidence of the above communication is documented			



## Storage and Handling

Rules and regulations address the handling and storage of any potentially hazardous materials within the athletic training facility including, but not limited to, compressed gas/O<sup>2</sup> containers, gasoline, granular/liquid chlorine/bromine, ozone, aerosol cans, collodian, wet-acid batteries and ethyl chloride.

**Material Safety Data Sheets (MSDS)**, which provide information on hazardous materials within the facility, should be displayed within the facility.

Requirement	Yes	No	Comments, necessary action items and questions
Potentially hazardous materials are properly identified			
Potentially hazardous materials are properly stored			
Material Safety Data Sheets are properly displayed within the facility			
Communication to employees on proper storage and handling occurs			
Evidence of the above communication is documented			



## Emergency Preparedness

**Emergency Action Plan (EAP)** – An EAP is a blueprint for handling emergencies that establishes accountability.

Requirement	Yes	No	Comments, necessary action items and questions
An EAP is developed for each facility/venue where injuries may occur			
EAP is communicated and practiced/drilled by employees			
Evidence of the above communication is documented			

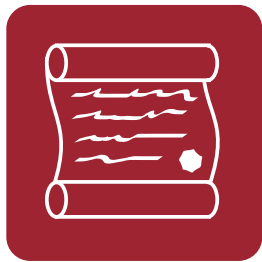


## Means of Egress and Exit Routes

Rules and regulations are developed regarding proper egress and exit routes from an athletic training facility in the event of an emergency or crisis.

Requirement	Yes	No	Comments, necessary action items and questions
Egress and exit routes are posted for each facility			
Communication of egress and exit procedures to employees occurs			
Evidence of the above communication is documented			

## Display of Licenses, Certifications and Professional Standards



Current licenses and certifications of employees should be displayed within the facility. Some states require that licenses are displayed. It is recommended that Athletic Trainers review all statutes, rules and regulations pertaining to the athletic training profession.

Requirement	Yes	No	Comments, necessary action items and questions
Current state licenses and certifications of all employees are displayed within the facility			
Annually, the appropriate supervisor or administrator verifies the license and certification status of each Athletic Trainer with the appropriate licensing/certification agencies (state Athletic Trainer Board, BOC)			
The appropriate supervisor ensures that each Athletic Trainer practices in accordance with the BOC Standards of Professional Practice			
The appropriate supervisor ensures that each Athletic Trainer practices in accordance with the appropriate state licensing regulations			

## Appendix I: References

Accreditation Association for Ambulatory Health Care (AAAHC)  
American College of Sports Medicine (ACSM)  
Americans with Disabilities Act (ADA)  
Aquatic Exercise Association  
Aquatic Therapy and Rehab Institute (ATRI)  
    ATRI Pool Standards  
Board of Certification (BOC)  
    BOC Standards of Professional Practice  
Commission on Accreditation of Athletic Training Education (CAATE)  
Centers for Disease Control and Prevention (CDC)  
Centers for Medicare and Medicaid Services (CMS)  
Commission on Accreditation of Rehabilitation Facilities (CARF)  
Drug Enforcement Administration (DEA)  
Equity and Title IX in Intercollegiate Athletics  
Family Educational Rights and Privacy Act  
Health Insurance Portability and Accountability Act (HIPAA)  
National Association of Intercollegiate Athletics (NAIA)  
    NAIA - Athletic Trainers  
National Athletic Trainers' Association (NATA)  
    NATA Code of Ethics  
    NATA Position Statements  
National Collegiate Athletic Association (NCAA)  
    NCAA Health and Safety  
    NCAA Sports Medicine Handbook  
National Federation of State High School Associations (NFHS)  
    NFHS Sports Medicine  
National Fire Prevention Association  
National Interscholastic Athletic Administrators Association (NIAAA)  
National Junior College Athletic Association (NJCAA)  
Occupational Safety and Health Administration (OSHA)  
    OSHA Health Care Resources  
State Regulatory Agencies  
The Joint Commission  
Title IX, Education Amendments of 1972  
US Equal Employment Opportunity Commission (EEOC)  
US Food and Drug Administration (FDA)

## Appendix II: Regulatory Bodies by Practice Setting

Setting	Applicable Regulatory Bodies
Junior High/High School	OSHA, ACSM, NATA, BOC, NFHS, AEA, FDA, HIPAA, FERPA, CDC, state/local law and regulations, NFPA, DEA, ADA, Title IX, State High School Athletic Associations
College/University (NCAA, NAIA, NJCAA)	OSHA, ACSM, NATA, BOC, NCAA, AEA, FDA, HIPAA, FERPA, CDC, state/local law and regulations, NFPA, DEA, ADA, Title IX, State Practice Acts, NAIA, NJCAA
Hospital/Clinic	OSHA, CARF, Joint Commission, ACSM, NATA, BOC, CMS, AEA, FDA, HIPAA, CDC, state/local law and regulations, NFPA, DEA, ADA, State Practice Acts
Industrial	OSHA, CARF, ACSM, NATA, BOC, AEA, FDA, HIPAA, FERPA, CMS, AEA, FDA, HIPAA, CDC, state/local law and regulations, NFPA, DEA, ADA, State Practice Acts
Event-Based (Non-High School, College/University)	OSHA, ACSM, NATA, BOC, CDC, state/local law and regulations, NFPA, ADA, State Practice Acts, FDA, DEA, National Sport Governing Bodies
Health Club/Gym/Fitness Facility	OSHA, ACSM, NATA, BOC, AEA, CDC, state/local law and regulations, NFPA, ADA, State Practice Acts

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## Appendix III: OSHA

The following states have approved State Plans:

Alaska	Arizona	California	*Connecticut	Hawaii
*Illinois	Indiana	Iowa	Kentucky	Maryland
Michigan	Minnesota	Nevada	*New Jersey	New Mexico
*New York	North Carolina	Oregon	Puerto Rico	South Carolina
Tennessee	Utah	Vermont	*Virgin Islands	Virginia
Washington	Wyoming			

\*NOTE: The **Connecticut, Illinois, New Jersey, New York** and **Virgin Islands** plans cover public sector (state and local government) employment only.

Region	Area Offices	Regional Office
1	Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont	JFK Federal Building, Room E340 Boston, Massachusetts 02203 (617) 565-9860
2	New Jersey, New York, Puerto Rico, Virgin Islands	201 Varick Street, Room 670 New York, New York 10014 (212) 337-2378
3	District of Columbia, Delaware, Maryland, Pennsylvania, Virginia, West Virginia	U.S. Department of Labor/OSHA The Curtis Center-Suite 740 West 170 S. Independence Mall West Philadelphia, PA 19106-3309 (215) 861-4900
4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	61 Forsyth Street, SW, Room 6T50 Atlanta, Georgia 30303 (678) 237-0400
5	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	230 South Dearborn Street, Room 3244 Chicago, Illinois 60604 (312) 353-2220
6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	525 Griffin Street, Suite 602 Dallas, Texas 75202 (972) 850-4145
7	Iowa, Kansas, Missouri, Nebraska	Two Pershing Square Building 2300 Main Street, Suite 1010 Kansas City, Missouri 64108-2416 Phone: (816) 283-8745 Voice: (816) 283-0545
8	Colorado, Montana, North Dakota, South Dakota <b>State Program Offices</b> Utah, Wyoming	1999 Broadway, Suite 1690 Denver, Colorado 80202 (720) 264-6550
9	Oakland, San Diego, Phoenix, Honolulu, Las Vegas <b>State Program Offices</b> Arizona, California, Hawaii, Nevada	90 7th Street, Suite 18100 San Francisco, California 94103 (415) 625-2547
10	Alaska, Idaho, Oregon, Washington	300 Fifth Avenue, Suite 1280 Seattle, Washington 98104 (206) 757-6700

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To provide exceptional credentialing programs for healthcare professionals to assure protection of the public.



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