

Skyline High School

Advanced Sports Medicine Syllabus Contract

Make sure to initial all sections and sign in pen where indicated. **Due Friday, September 15th**

Course & Internship Disclosures

Patient Confidentiality

Sports medicine students will be working with athletes during their internship in Skyline's athletic training room. As mandated by the federal HIPAA laws, patient confidentiality is of utmost importance at all times. Sports medicine students are not at liberty to discuss patient information with anyone other than the patient or the supervising athletic trainer. Sports medicine students approached by friends, teachers, strangers, reporters, etc. should respond, "I am not at liberty to say" to any questions they may be asked regarding a patient. For questions regarding the HIPAA laws, please refer to the following website:

<http://www.hhs.gov/ocr/privacy/index.html>.

I understand as a sports medicine student I am not at liberty to discuss patient information with anyone other than the patient and/or the athletic trainer working with the patient.

Student's Initials: _____

Parent's/Guardian's Initials: _____

Blood-borne Pathogens and Disease Transmission

While participating in their internship, sports medicine students may be exposed to bodily fluids, such as blood. Though disease transmission is relatively low when providing treatment, students will review their knowledge/training on how to protect themselves from possible transmission of blood-borne pathogens such as Hepatitis B, Hepatitis C and HIV. The review will include how to wear/remove gloves, use breathing barriers, how to effectively wash their hands and how to safely dispose of materials exposed to bodily fluids. Advanced sports medicine students should have current BLS certification through the AHA. The athletic trainer supervising the sports medicine student is ultimately responsible for the care of injured athletes. Thus, students will not be required to respond to injuries, but may assist the athletic trainer if willing and with direction. Students must remain cognizant at all times of their own personal protection. Additional information about disease transmission and personal protection can be found at OSHA's website:

www.osha.gov.

I understand disease transmission is relatively low when providing care to an injured or ill person, but should exercise caution, wash my hands frequently and use PPE, such as gloves and breathing barriers, as if ALL patients are infected. I also understand that I am not required to respond to an injury/emergency, particularly in which bodily fluids may be exchanged. I can choose to respond/assist with situations in which bodily fluids may be exchanged (CPR/rescue breathing/unconscious choking/severe bleeding, etc.) provided I am currently BLS Provider certified and perform such skills with athletic trainer permission and supervision.

Student's Initials: _____

Parent's/Guardian's Initials: _____

NATA's Official Statement on Proper Supervision of Secondary School Student Aides

"The NATA recognizes that allowing secondary school students the opportunity to observe the daily professional duties and responsibilities of an athletic trainer can be a valuable educational experience. This unique experience may expose students to the foundations of various health related careers as well as provide them with important life skills. Regardless of practice setting, it is understood that all athletic trainers must comply with their state practice acts, the BOC Standards of Practice when certified, and the NATA Code of Ethics when a member. These legal and ethical parameters apply and limit the incorporation of student aides outside of the classroom and within the activities of athletic programs.

Student aides must only observe the licensed/certified athletic trainer outside of the educational environment. Coaches and school administrators must not allow or expect student aides to assist or act independently with regard to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make "return to play" decisions [for

athletes]. Specifically, licensed/certified athletic trainers, coaches and administrators must not ask athletic training student aides to engage in any of the following activities:

- (1) Interpreting referrals from other healthcare providers
- (2) Performing evaluations on a patient
- (3) Making decisions about treatments, procedures or activities
- (4) Planning patient care
- (5) Independently providing athletic training services during team travel"

In addition to the NATA's policies regarding student aide participation, advanced sports medicine students are expected to review and abide by the Sports Medicine Handbook provided on Canvas/website, a document created and monitored by the current athletic trainer at Skyline High School.

I understand I am to adhere to the guidelines outlined by the NATA regarding student aides. I am to be under the direct supervision of Skyline's athletic trainer (not other healthcare providers present in the athletic training room, school administrators or coaches). If I am not sure about something regarding my role as a student aide, I will seek clarification from the supervising athletic trainer and/or my classroom instructor.

Student's Initials: _____

Parent's/Guardian's Initials: _____

Acknowledgement of Review and Compliance

Student:

In signing below, I acknowledge I have read the syllabus in its entirety and understand what my responsibilities are as a student in this course and the internship. Should there be anything in the syllabus I disagree with and cannot abide by, I will refrain from signing this contract until I have had a conversation with the instructor regarding my concerns. I understand I am ultimately responsible for my actions and learning. I will follow classroom/athletic training room rules and adhere to Skyline High School and Issaquah School District policies & procedures out of safety and respect for myself and others. I will give my best effort in class, on assignments, working with the athletic trainer, preparing for tests, etc. I will ask for help from Mrs. Reed, my supervising athletic trainer, my peers, etc., sooner rather than later, should my ability to learn become compromised for any reason.

Student's Printed Name

Student's Signature

Date

Parent/Guardian:

In signing below, I acknowledge I have read the syllabus on the course website in its entirety and understand what my student's responsibilities are in this course and the internship. Should there be anything in the syllabus I disagree with and/or cannot support on my student's behalf, I will refrain from signing this contract until I have had a conversation with the instructor regarding my concerns. I understand the best means of communicating with the instructor is through email and I am welcomed & encouraged to reach out accordingly. I will encourage my student(s) to reach out to Mrs. Reed for any needs as well.

Parent's/Guardian's Printed Name

Parent's/Guardian's Signature

Date

Parent/Guardian E-mail Address

Information above must be thoroughly completed in pen to receive full credit.