

# Promoting safe school-based athletic healthcare services

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# Objectives

- Self-assess policies, procedures and facilities to ensure the safe, effective and legal provision of athletic healthcare services including:
  - patient confidentiality
  - bloodborne pathogens
  - hand washing
  - electrical safety
  - emergency preparedness
- Explain the importance of Interprofessional Practice in regards to patient safety in school-based programs

- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties

BOC Standards of Professional Practice:  
Professional Responsibility

There have been  
**MORE THAN 300**  
**SPORTS-RELATED FATALITIES**  
of young athletes  
between 2008 and 2015.<sup>3</sup>



Exertional heat stroke can be prevented, and it has proven  
**TO BE 100 PERCENT SURVIVABLE**  
when immediately recognized  
and aggressively cooled on site.<sup>22</sup>

The secondary school  
athletic population

**LEADS THE  
NATION**

in athletic- related  
deaths.<sup>60-65</sup>

Prevention of injury is critical  
because previous injury is a  
risk factor for future injury.

PLAYERS WITH ONE OR MORE PREVIOUS INJURIES HAVE  
TWO TO THREE TIMES GREATER RISK OF INJURY  
COMPARED TO THOSE WITHOUT PREVIOUS INJURY.<sup>7</sup>



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**62 PERCENT OF ORGANIZED SPORTS-RELATED  
INJURIES OCCUR DURING PRACTICE.**<sup>6,53</sup>

- Five high school wrestlers filed a lawsuit seeking \$12 million for (MRSA) bacterial infections contracted from a sodden wrestling mat that allegedly had not been cleaned for seven years.
- MRSA resulted in the wrestlers having to undergo multiple surgeries to remove infected tissue and endure weeks of intravenous antibiotic therapies.
- According to data from the CDC, approximately 19,000 people die from MRSA infections each year.
- The pleadings in the lawsuit assert negligent failure to fulfill the duties to provide a safe playing environment, to monitor athletes for injuries and incapacities, to provide adequate immediate medical assistance, and to develop an effective emergency medical response plan.

Lucia, et al v. Rocky Point Union  
Free School District (NY)

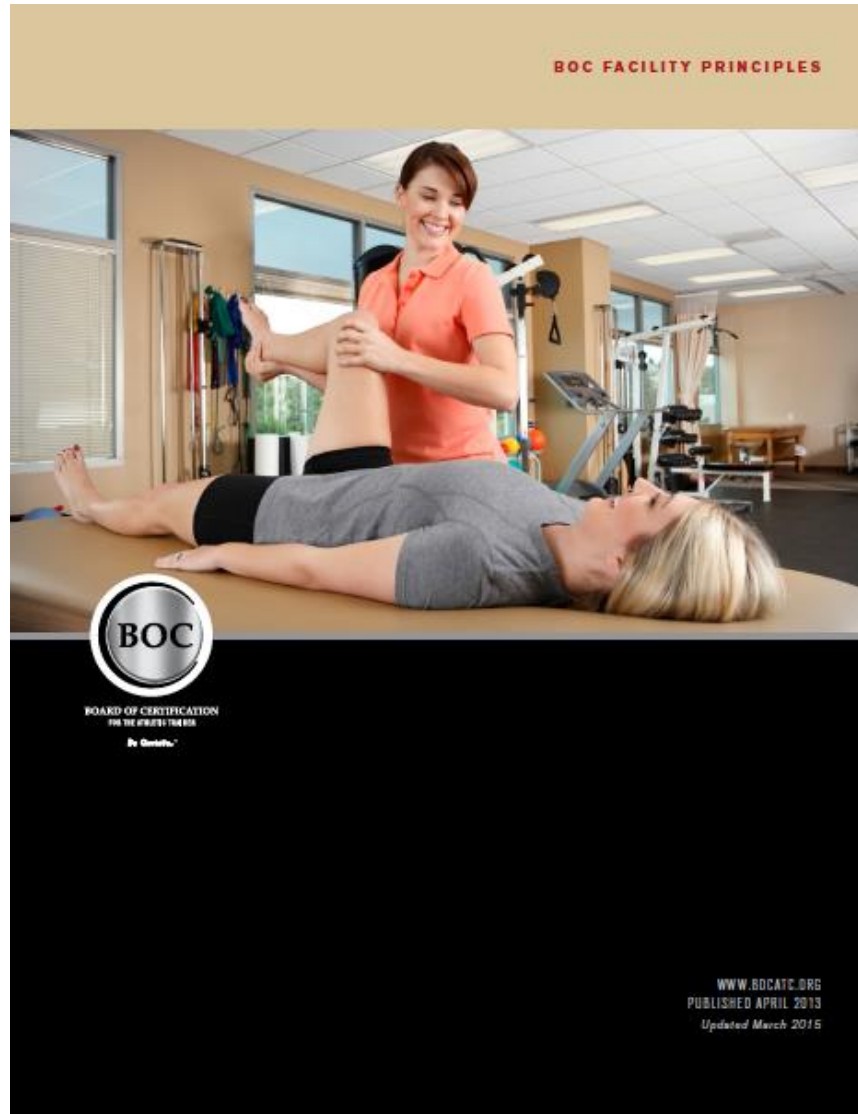
- Lawsuit filed by the family of a 16-year-old basketball player against a school that leased its gymnasium to be used for an AAU tournament during which the victim collapsed and later died.
- After the player fell to the floor, an ER physician and a nurse who separately were in attendance to watch the game came out of the crowd to render assistance.
- They immediately began performing CPR, and requested AED, but one was not available on-site.
- The suit asserts the school failed to develop and implement an emergency medical response plan for athletics events and that by failing to have an AED available, the school also failed to fulfill its duty to provide a safe playing environment and to provide adequate immediate medical assistance.

## Cullum v. Riverside-Brookfield Township School District 208 (IL)

- Jury awarded \$990,000 to a former high school football player who was allowed to continue practicing and playing after suffering a concussion and who then suffered permanent brain damage from subsequent “Second Impact Syndrome” head injuries.
- The case is notable for the jury’s finding of negligence against not just the district and its athletics personnel, but also against a school nurse to whom the injured player was referred, but who failed to diagnose the concussion or to refer him to a physician for a follow-up evaluation that might have identified the true extent of his head injuries.
- Injury was so severe that he had to eventually be placed into a medically-induced coma, undergo surgery to relieve the swelling of his brain and remove a blood clot that had formed near his brain stem, and has left him confined to a wheelchair.

## Strough v. Bedford School District (IA)

# BOC Facility Principles





# Preliminary 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?

- 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
- 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 patients and/or their parents
- Communication occurs with employees about their responsibility for ensuring the confidentiality of healthcare information
- Evidence of the above communication is documented

## Privacy & Confidentiality

- Employee education about bloodborne pathogens is sufficient
- Communication to employees occurs on a regular basis
- Evidence of the above communication is documented

Employee Safety:  
Bloodborne Pathogens



- 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



## Employee Safety:

# Personal Protective Equipment

- 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 are available within the athletic facility



## Disposal of Hazardous Materials

- 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 documented

Employee Safety:

Hand Washing



- 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

## Employee Safety: Electrical Safety



**CALIBRATION**

EQUIPMENT NO. \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

NEXT CALL DUE \_\_\_\_\_

- 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

## Emergency Preparedness: Emergency Action Plans





# National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics

J. C. Andersen\*; Ronald W. Courson†; Douglas M. Kleiner‡;  
Todd A. McLoda§

\*Armstrong Atlantic State University, Savannah, GA; †University of Georgia, Athens, GA; ‡University of Florida, Health Science Center/Jacksonville, Jacksonville, FL; §Illinois State University, Normal, IL

## Emergency Preparedness: Emergency Action Plan



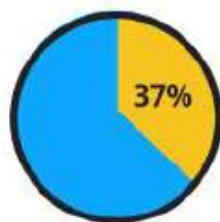
- Must have a written emergency plan
- Distributed to key personnel
- Identifies personnel involved in carrying out the emergency plan and outlines the qualifications of those executing the plan
- Equipment needs and location
- Clear mechanism of communication
- Venue specific
- Incorporates the emergency care facilities to which the injured individual will be taken
- Specifies necessary documentation supporting the implementation and evaluation of the emergency plan
- Reviewed and rehearsed annually

## Emergency Preparedness:

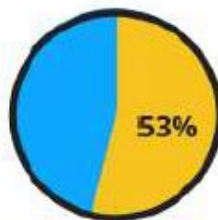
## Emergency Action Plan



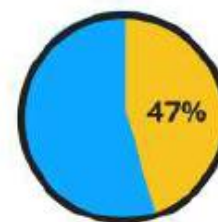
Athletes at secondary schools with proper medical teams that include an athletic trainer **SUSTAIN A LOWER INCIDENCE OF INJURIES** (both acute and recurring) than athletes at schools without athletic trainers. Athletes at secondary schools with athletic trainers **INCUR MORE DIAGNOSED CONCUSSIONS**, demonstrating better identification of these injuries.



**ONLY 37 PERCENT**  
OF PUBLIC HIGH SCHOOLS HAVE  
A FULL-TIME ATHLETIC TRAINER.<sup>8</sup>



**53 PERCENT**  
OF COACHES SAY THEY HAVE FELT  
PRESSURE FROM A PARENT OR PLAYER  
TO PUT AN ATHLETE BACK INTO A GAME  
AFTER A CHILD HAS BEEN INJURED.<sup>43</sup>



**ONLY 47 PERCENT**  
OF SCHOOLS HAVE AN ATHLETIC TRAINER  
PRESENT DURING AFTERNOON PRACTICE.<sup>8</sup>

A study from the American Academy  
of Pediatrics showed that the  
presence of athletic trainers can  
have a significant positive impact  
on student athlete health,

**RESULTING IN LOWER INJURY RATES,  
IMPROVED DIAGNOSIS AND RETURN-TO-PLAY  
DECISIONS FOR INJURIES SUCH AS  
CONCUSSION AND FEWER RECURRENT  
INJURIES.<sup>93</sup>**



<http://www.atyourownrisk.org>

# **Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges**

**Ron Courson, ATC, PT, NREMT-I, CSCS (Co-Chair)\*; Michael Goldenberg, MS, ATC (Co-Chair)\*†; Kevin G. Adams, CAA‡; Scott A. Anderson, ATC§; Bob Colgatell; Larry Cooper, MS, LAT, ATC\*; Lori Dewald, EdD, ATC, MCHES, F-AAHE¶; R.T. Floyd, EdD, ATC\*; Douglas B. Gregory, MD, FAAP#; Peter A. Indelicato, MD\*\*; David Klossner, PhD, ATC††; Rick O'Leary, MS, ATC, AT/L\*; Tracy Ray, MD‡‡; Tim Selgo, MEd§§; Charlie Thompson, MS, ATC\*; Gary Turbak, DHSc, ATC|||**



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