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Summer Camp Question and Answer Disclaimer

The board members of the Pennsylvania Athletic Trainers' Society (PATS) are continually asked questions regarding the operations of summer camps and the liability associated with Athletic Trainers (ATs) working these camps.

The PATS Board of Directors (BOD) has assembled a series of frequently asked questions that we regularly receive from members. We have answered these questions to the best of our ability with the available information to date. These questions and answers have been reviewed by our current and past representatives to the Board of Medicine (BOM) and the Board of Osteopathic Medicine, as well as individuals who were involved with the writing of the law. We believe these answers are consistent with the provisions of the Pennsylvania Medical Practice Act of 1985 and the Osteopathic Medical Practice Act governing Athletic Trainers within the Commonwealth.

These answers are given to the best of our abilities at this point in time; however, a definitive legal interpretation cannot be provided at this time due to the lack of case law on these issues. In order to have case law, an Athletic Trainer must be disciplined by the BOM or Osteopathic Board for violation of the State Practice Acts. It is our hope that by following these guidelines, there will be no need for case law to be developed. As new information becomes available around this topic, the BOD will update the responses found in this document.

All institution's legal representation should review this document.

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Frequently Asked Questions Regarding the Practice of Athletic Training
Within the Commonwealth of Pennsylvania

Independent/Seasonal Sports Camp Coverage Questions:

Q1. Does an Athletic Trainer (AT) need a physician **written protocol**¹ agreement in order to provide **Athletic Training services**¹ at Seasonal or Independent Sports Camps?

A1. Yes, if an athletic trainer is providing **Athletic Training services**, then YES, a signed **written protocol** is required by state law.^{2,3} Even if an AT is providing only emergency or first aid care, there must be a written protocol stating the types of services the AT is able to perform. Any person holding himself or herself out as an “athletic trainer,” “licensed athletic trainer,” or similar title may provide Athletic Training services only if the person is licensed by the State Board of Medicine or State Board of Osteopathic Medicine, and provides such services under the direction of a physician through a prescription or a written protocol.

Q2. If an AT is covering a sports camp that **does not have** an assigned medical director (MD/DO), what is the AT permitted to do with regard to assessment, treatment and potential return to play decisions?

A2. An AT may **only** provide **Athletic Training services** with direction from a licensed physician. While certain assessment services and first aid treatment do fall within the definition of Athletic Training services, these services are not necessarily exclusive to athletic trainers, and therefore, may potentially be provided by persons holding other licenses or certifications. Treatments beyond first responder/first aid services are beyond the services recognized as provided by first responders, and may only be performed by an AT with the direction of a licensed physician – in person or through **written protocols** or standing orders.

Q3. Is it OK for the AT to ask his/her supervising physician (MD/DO) to “sign off” on SOP/**Written Protocol** Agreement even though the MD/DO is not affiliated with the summer/independent camp?

A3. A physician may agree to serve as a supervisor for any licensed athletic trainer. The concern in this situation is not the relationship between the physician and the AT, but rather the relationship between the physician and the camp, including questions about insurance coverage. The AT should disclose to the camp the identity of the supervising physician.

Q4. In regards to **ACT 101 - Youth Safety in Sports Act⁴** & **ACT 59 - Sudden Cardiac Arrest Prevention Act⁵**, do student athletes attending summer/independent camps, need to bring a signed copy of the “understanding” of concussions and sudden cardiac arrest forms with parent and athlete signatures?

A4.1. If the student-athlete is attending a camp as part of his/her school’s sports program, then, YES, the athlete needs to bring a signed copy of both the Act 101⁴ and Act 59⁵ “understanding” and give it to the medical staff director. These two laws (Act 101 and Act 59) apply to “athletic activity” the student is doing. The laws^{4,5} defines “athletic activity” as (1) Interscholastic athletics; (2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school entity, including cheerleading, club-sponsored sports activities and sports activities sponsored by school affiliated organizations; (3) Noncompetitive cheerleading that is sponsored by or associated with a school entity; and (4) Practices, interschool practices and scrimmages for all the activities listed under 1, 2, and 3.

A4.2 If the camp is not such an “athletic activity,” no signature forms are required; however, it would be recommended to take a copy of both signature forms for the camp medical staff. Even if signature forms are not required, it is recommended that student athletes and their parents receive education regarding concussions and sudden cardiac arrest. For example, PATS has partnered with Sport Safety International to provide “Concussion Wise™” an online concussion education program designed for athletic trainers, coaches, parents, athletes and other health care professionals, which can be found at www.concussionwise.com/pennsylvania.

Act 101: Safety in Youth Sports Act FAQ – Question #30 states: Which students and parents or guardians need concussion education and how often?: Response: “All students participating in or desiring to participate in an athletic activity and the student’s parent or guardian shall each school year, prior to participation sign and return an acknowledgement of receipt and review of a concussion and traumatic brain injury information sheet. Athletic activity includes: (1) interscholastic athletics; (2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school entity, including cheerleading; club-sponsored sports activities and sports activities sponsored by school-affiliated organizations; (3) Noncompetitive cheerleading that is sponsored by or associated with a school entity; (4) Practices, interschool practices and scrimmages for all of the activities listed above.

Act 59: Sudden Cardiac Arrest Prevention Act - Section 3(a)(3) states: *A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall, each school year and prior to participation by the student in an athletic activity, sign and return to the student's school an acknowledgment of receipt and review of a sudden cardiac arrest symptoms and warning signs information sheet developed under this subsection. The definition of "athletic activity" is the same as set forth in Act 101.*

Q5. If an AT works for a school that is hosting summer camps, and the AT's supervising physician is willing to oversee the summer camps, can the AT render all AT services?

A5. If the AT's employer hosts any sporting event, and the school's physician is willing to oversee the AT's practice for that camp, then the AT can provide AT services for the participants of that camp in accordance with the **written protocols**¹ between the AT and the physician.

Q6. Is an AT able to provide First Aid & Emergency Care for a summer camp without making any return to play decisions or providing AT services and without a **Written Protocol**?

A6. No. An Athletic Trainer is always practicing Athletic Training, unless he/she holds other professional credentials recognized by the State or other licensing body. In those cases, the AT may not provide AT services nor use the LAT or ATC credential. If an athletic trainer is working as an AT, then there must be a written protocol in place for him/her to follow, even if the AT is only providing first aid & emergency care.

Q7. If an AT is coming into the Commonwealth, with his/her school's team for sports camp, will that AT need to have a signed Written Protocol from his/her physician?

A7. An athletic trainer who is licensed or certified by the proper licensing authority of another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth only on a visiting basis, can provide athletic training services, provided the practice of the athletic trainer is limited to the members of the team or organization, and the services are provided under the conditions of a written referral or prescription from a licensed physician or a standing written prescription or written protocol.

Q8. Is an AT allowed to administer an epinephrine pen (EpiPen®) to an athlete?

A8. Administration of an EpiPen® is within the knowledge and skills (NATA Educational Competencies and the BOC Role Delineation) of an entry-level athletic trainer, and therefore, its administration falls within the practice of an athletic trainer providing athletic training services. Per Acts 123 and 124 of 2011: Athletic Trainers: a physician may delegate medication administration to ATs, but this delegation must be included as part of written agreement/protocol. Therefore, it is recommended that an AT include the administration of an athlete's EpiPen® in the written protocol by either specifically mentioning administration of an EpiPen® in the protocol or more broadly providing that the AT may administer medication legally prescribed to the athlete, where such administration is within the education, training, experience and continued competency of the AT. If the AT would like to carry an EpiPen® that has not been prescribed to a specific individual in the AT's own equipment in case of an emergency then that AT must have written protocol that is approved by his/her physician supervisor.

According to Principles of Pharmacology for Athletic Trainers (Houglum, JE; 2010), it is permissible to have unsecured, prescription medications available but these unsecured prescription medications require signed, written orders from the physician giving the name of the medication and the reason that it is unsecured (i.e. to be used in the event of anaphylactic shock on the sideline of a game or practice).

Q9. Should an athletic trainer hold/have his/her own personal liability insurance when covering a sports camp?

It is strongly advised that athletic trainers *should* carry their own private liability policy. That said, there is NO law requiring ATs to do so; however, it is strongly encouraged for that AT's own personal protection. Further, the camp may require ATs to provide their own personal liability insurance as a condition of working at the camp.

Definitions from the regulations of the State Board of Medicine and State Board of Osteopathic Medicine:

Athletic training services—The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a licensed athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any medication or controlled substance.

Licensed athletic trainer—A person who is licensed to perform athletic training services by the State Board of Medicine or the State Board of Osteopathic Medicine.

Direction—Supervision over the actions of a licensed athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician [MD/DO], dentist or podiatrist or written protocol approved by a supervising physician, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Standing written prescription—A portion of the written protocol or a separate document from a supervising physician, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol—A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the licensed athletic trainer, and describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and licensed athletic trainer, that the licensed athletic trainer follows when not directly supervised onsite by the supervising physician.

References:

- 1) Section 2 of the Medical Practice Act and Osteopathic Medical Practice Act defines the terms “athletic training services” and “written protocol.” Copies of these statutes may be found at the “Law” link on the websites of the State Board of Medicine, http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_medicine, and State Board of Osteopathic Medicine,



http://www.dos.state.pa.us/portal/server.pt/community/state_board_of_osteopathic_medicine

The regulations of the BOM and Osteopathic Board also contain definitions of these terms.

BOM, 49 Pa. Code § 18.502:

<http://www.pacode.com/secure/data/049/chapter18/subchapHtoc.html>

Osteopathic Board, 49 Pa. Code § 25.702:

<http://www.pacode.com/secure/data/049/chapter25/subchapMtoc.html>

Effective April 20, 2013, the BOM and Osteopathic Board promulgated amended regulations to reflect changes in the law that recognize ATs as licensed professionals.

Amended regulations may be found at the following websites –

BOM: <http://www.pabulletin.com/secure/data/vol43/43-16/704.html>

Osteopathic Board: <http://www.pabulletin.com/secure/data/vol43/43-16/706.html>

- 2) The Medical Practice Act and the regulations of the BOM require Athletic Training services to be provided by a licensed AT under the direction of a physician, by means of a referral by prescription or written protocol approved by a supervising physician.
- 3) The Osteopathic Medical Practice Act and the regulations of the Osteopathic Board require Athletic Training services to be provided by a licensed AT under the direction of a physician, by means of a referral by prescription or written protocol approved by a supervising physician.
- 4) **The Safety in Youth Sports Act, Act 101 of 2011:**
<http://www.legis.state.pa.us/WU01/LI/LI/US/HTM/2011/0/0101..HTM>.
- 5) **The Sudden Cardiac Arrest Prevention Act, Act 59 of 2012:**
<http://www.legis.state.pa.us/WU01/LI/LI/US/HTM/2012/0/0059..HTM>.