
Secondary School Setting Frequently Asked Questions

1. What is the difference between standing orders and written protocol?

Standing Written Prescription [Standing Orders]:

1. 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
2. Rules, regulations, protocols or procedures prepared by the professional staff of a hospital or clinic and used as guidelines in the preparation and implementation of medical procedures.

Written Protocol:

1. A written agreement developed in conjunction with one or more directing physicians that identifies, and is signed by, the directing physician and the athletic trainer. It describes the manner and frequency in which the licensed athletic trainer regularly communicates with the directing physician.
2. The written protocol should include standard operating procedures (SOP) developed in agreement with the supervising physician and the licensed athletic trainer. This protocol is followed when the Athletic Trainer is not given direction on-site by the directing physician.
3. Written protocol must be reviewed and signed by the athletic trainer and physician at least annually.

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

2. What is a standard operating procedure (SOP) document?

An SOP outlines what the Athletic Trainer can and cannot do within the scope of their duties.

3. Why do I need an SOP?

An SOP document is required by the PA State Practice Act. This is needed so that all parties involved in any practice setting are aware of what duties the AT will perform.

4. Who needs to sign the SOP?

Each Athletic Trainer and job setting needs to have an SOP reviewed and signed annually. In a school setting the SOP should be reviewed and signed by the AT(s), team/school physician, athletic director, and principal. Some districts may also require signatures from the superintendent and school district solicitor. In a clinical setting, the SOP needs to be signed by the directing physician and director of clinic.

5. What is an emergency action plan (EAP)?

An emergency action plan is a document of procedures that are to be used by the AT, as well as all athletic personnel in the event of an emergency. The EAP should be site specific to each venue of competition.

6. What should be included in an emergency action plan?

The EAP must contain emergency procedures for all sites and case scenarios. It should contain, but is not limited to, emergency phone numbers, job descriptions for all medical team members, emergency medical services (EMS) entrances, delineation between EMS and AT responsibilities, how to deal with conscious/unconscious athletes, and coaches protocol if an AT is not present. The EAP should include a facility layout that contains description of location and other pertinent information and a layout of all facilities for emergency access. The EAP should include the frequency with which to review policy as in yearly or seasonal. Refer to the National Athletic Trainers' Association [Position Statement: Emergency Planning in Athletics](#).

7. Should the emergency action plan be practice/rehearsed?

The EAP should be reviewed and updated on an annual basis in conjunction with the AT, principal, athletic director, coaches, team physician and EMS personnel as well as anyone who may assist in emergency situations. The EAP should be rehearsed several times during the year and include both indoor and outdoor venues.

8. Can an Athletic Trainer reduce a dislocation?

Dislocations of the shoulder, elbow, hip, knee, ankle, and sternoclavicular joints constitute traumatic orthopedic injuries with the potential for neurovascular compromise and resultant disability if not treated immediately. In most cases, only dislocations of patella, shoulder, fingers, or toes should be reduced on the field if required immediately. Reductions of the elbow, hip, or knee joints are regarded as difficult and should only be attempted by an appropriate medical specialist.

The AT covering sports without a physician present should obtain or develop written clinical standards and field protocols pertaining to the management of joint dislocations.

Emergency Care in Athletic Training: Gorse, K; Blanc, R; Feld, F; Radelet, M: FA Davis Co. [2009: 10/9]

9. Can an Athletic Trainer hold and dispense medication if they have the permission from the parent? (Other than emergency medications listed below)

No. Parents cannot give the AT permission to dispense medication or take responsibility for such action. The AT should use great discretion at the secondary level when handling any type of prescription or over-the-counter medications. All policies dealing with the dispensing of medication must be approved by the team physician and defined within the SOP. The SOP must be detailed when it comes to the types of medications that will be held and/or dispensed. Each individual medication must be specifically listed.

10. Can an Athletic Trainer use an EpiPen® or emergency inhaler if they have a prescription for the patient?

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 scope of 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 emergency 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®, or emergency inhaler, 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).

The consensus statement specifies the following use of Epi-Pen®s and Short-Acting Beta-Agonist Inhalers by Athletic Trainers. The [consensus statement](#) can be accessed using this link.

If the athletic training facility is located in a public school please refer to the "[Guidelines](#) for Pennsylvania Schools for the Administration of Medications and Emergency care" document. This document was developed by the Pennsylvania Department of Health. Once you enter the site, click on 'Meds' in the yellow bar.

11. Can a glucagon injection be administered by an Athletic Trainer to a diabetic athlete if they have a prescription to do so?

According to the NATA Position Statement, "Licensed athletic trainers should know the signs, symptoms, and treatment guidelines for mild and severe hypoglycemia. Hypoglycemia is defined as mild if the athlete is conscious and able to swallow and follow directions or severe if the athlete is unable to swallow, follow directions, or eat as directed, or is unconscious. Treatment of severe hypoglycemia requires a glucagon injection, and athletic trainers should be trained in mixing and administering glucagon. The athlete, athlete's family, or physician can provide appropriate training."

Thus an AT can administer emergency treatment including glucagon injection following the appropriate training by a physician. The SOP must be detailed to include the types of medications that will be used. Each individual medication must be listed specifically.

<http://www.nata.org/sites/default/files/MgtOfAthleteWithType1DiabetesMelitus.pdf>

12. Can an Athletic Trainer use Phonophoresis and/or Iontophoresis on an athlete with a prescription from the physician?

Yes. This is a skill that is defined in the role delineation and falls under the AT's scope of practice. A prescription would be required and this would have to be specified in the SOP.

13. Is modality equipment required to be certified on a yearly basis?

It is recommended but not required. The AT can check with the specific manufacturer for maintenance details. If an AT is a preceptor, all electrical equipment must be certified yearly according to Commission for Accreditation of Athletic Training Education (CAATE).

14. Is physician coverage required at all events?

No. The PIAA, in conjunction with the Governors Council of Physical Fitness and Sports, has a list of recommended guidelines for medical coverage for student athletic events. These guidelines can be found on page 40 of the PIAA sports medicine handbook. The handbook is available at www.piaa.org

15. Is emergency medical services (EMS) required to be present at all events?

This is not addressed in the PIAA guidelines and therefore should be addressed on a school-to-school basis and documented in the SOP.

16. Can an Athletic Trainer treat a youth league athlete or team that is not covered by their SOP?

No. This should be discussed with your Team Physician and the School District, as to which sports and athletes are covered in your SOP.

17. Can all Athletic Training service issues be rectified with a physician signature on the standing orders?

The SOP will define what the AT can and cannot do within their scope of practice. If the AT wants to provide services not covered in the contract, then those events will have to be listed and approved in the SOP, or an SOP can be written for specific events. The SOP is a fluid document that will change as new situations arise but all changes must be approved and signed by the directing physician. Refer to the Inter-Association [Consensus Statement](#) on Best Practices for Sports Medicine Management for Secondary Schools and Colleges.

18. If an athlete goes to the doctor, even though the Athletic Trainer doesn't feel it is necessary, is a return to play clearance required from the physician?

Yes. A 'return to play' clearance is needed because the athlete was seen by a physician and their orders must be followed. This policy should be clearly stated in the SOP.

19. What defines a team physician?

A Team Physician (or School Physician), as defined by the American College of Sports Medicine, "is a MD or DO who has a leadership role in the organization, management, and provision of medical care for individual, team, and mass participation sporting events." They are designated by the School District to oversee the medical care of the athletes. This care may include pre-participation physicals, coverage of athletic events, weight certifications for wrestling, direction of the Athletic Trainer and other duties spelled out in their contract with the School District.

The ACSM Team Physician [Consensus Statement](#) can be found using this link.

20. Can I accept a clearance from a physician assistant (PA-C) or certified registered nurse practitioner (CRNP)?

Yes, if their 'overseeing' physician's name is listed on the prescription. A Physician's Assistant (PA-C) or a Certified Registered Nurse Practitioner (CRNP) may write directions for treatment, rehabilitation, 'return to play' clearance, and physicals. The Pennsylvania Interscholastic Athletic Association Inc. (PIAA) guidelines don't specifically mention PA-Cs or CRNPs except in the case of the Comprehensive Initial Pre-Participation Physical Evaluation form (CIPPE).

Therefore, your school may still require that a prescription must be signed by a Licensed Physician. The School's requirement must be defined in your SOP. You may want to educate your solicitor and administrators with regards to the rules and regulations so that the School District will accept a prescription from a PA-C or CRNP.

21. If a high school athlete receives a pre-participation physical examination (PPE) outside of the Commonwealth of Pennsylvania, is that a legal physical?

Yes, it is acceptable in PA. The only time it would not be acceptable would be if a physician, who is not licensed in PA, comes into PA to perform the physical. The physical must be completed by a MD, DO, PAC, CRNP, or SNP per PIAA rule. Also, the physical must be completed on the standard PIAA CIPPE form.

22. If an athlete receives clearance for an injury or concussion from an out of state physician who is not licensed in PA, can we legally use that clearance as legal direction?

No. Because of our Practice Act we work under the direction of a Pennsylvania licensed physician only.

23. Can I accept clearance from an orthodontist?

Yes. They are licensed under the board of Dentistry.

24. How long do I need to keep athlete's records at the high school?

Seven years; unless there is a catastrophic injury, in this case, the records should never be discarded.

25. As an Athletic Trainer working with an outreach program, does the school keep the existing medical records with a provider change?

Yes. The medical records are the property of the school no matter who the provider is or if there is a change in the outreach provider.

26. Is an “athletic medical file” recognized by the school district as a approved file?

Yes. The “Athletic Medical File” is considered part of the student’s permanent health file and is therefore an approved file.

27. Transfer of physicals from one school district to another

If transferring from one PIAA school district to another, the current PPE can transfer. If your school district has requirements above and beyond the PIAA requirements, those must be met.

28. Is it a requirement for a secondary school to have an athletic policy on participation?

It is critical for a secondary school to address minimum requirements and standards for athlete participation. If an athlete does not see a physician, it could be as easy as full range of motion, no pain and 90% strength has to be achieved before an athlete is able to return from injury. This would be addressed in the SOP.

29. Baseline testing of special need athletes

There needs to be provisions in place to address these situations in your SOP. A baseline is a starting point regardless of mental capacity or IQ. Baseline testing is not required by the law but is recommended for collision and contact sport activities.

30. What are the expectations of the host Athletic Trainer?

Their role is to provide assistance and activate the EAP in the event of an injury to the opposing team and coaches. There are no specific guidelines but some leagues and conferences do have them. Check with your individual league by-laws.



31. Does an Athletic Trainer employed by an outreach organization fall under HIPAA, FERPA or both regulations?

They would fall under FERPA. HIPAA would apply when working in a clinical situation. Many are unaware of FERPA, which is much more restrictive when compared to HIPAA. FERPA covers any records created by and for the school. Outreach ATs and their employers need to be familiar with this.

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hipaaferpajointguide.pdf>

32. What are the guidelines for supervision of student athletic aides?

Student Athletic Aids are high school students. Student athletic aides must be under the visual supervision of a Licensed Athletic Trainer. They may not do any the following activities:

- (1) Independently Interpret referrals from other healthcare providers
- (2) Independently perform evaluations
- (3) Independently make decisions about treatments, procedures or activities
- (4) Independently plan patient care
- (5) Independently provide athletic training services during team travel.

{Taken from the National Athletic Trainers Association [Official Statement](#) on the Supervision of High School Athletic Aides, March 9, 2010}

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