Developing and Implementing Written Protocols and Standard Operating Procedures as per the Pennsylvania Code

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• Present clarify PA state code as it pertains to Athletic Training Services.

• Give ideas as to the “who does what, when, where, and how” when constructing Written Protocols & Standard Operating Procedures.

• Questions and Answers…

Points to Ensure…

๏ Is your Athletic Trainer (AT) license by the Commonwealth of PA CURRENT? …(expires Dec 2014)
๏ Is there a licensed physician overseeing you (AT)?
๏ Do you have Written Agreement Protocols AND Standard Operating Procedures signed by your Supervising Physician?
๏ Are you aware of what is considered “APPROPRIATE MEDICAL COVERAGE” for your school setting?
Define Athletic Training Services

"The management and provision of care of injuries to a physically active person as defined in this act with the direction of a licensed physician. The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supporting devices for the physically active person. 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. 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 exercises, reconditioning exercise and fitness programs. Athletic training services shall not include surgery, invasive procedures or prescription of any controlled substance.”

Acts 123/124; February 20, 2012 - Section 2. Definitions.

Under the Direction of a Licensed Physician (MD, DO), Dentist (DDS or DMD), or Podiatrist (DPM)

• Manage and provide care of injuries
• Render emergency care
• Develop injury prevention programs
• Provide appropriate preventative/supporting devices
• Assess, manage, treat, rehab and recondition condition within scope of practice and educational parameters*
• Use of modalities (heat, cold, light, H2O, electric/sound)
• Use of therapeutic exercise /reconditioning ex & fitness
• DOES NOT include: surgery, invasive procedures, Rx of controlled substances


Define Written Protocol

“A written agreement developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the licensed athletic trainer. It describes the manner and frequency in which the licensed athletic trainer regularly communicates with the supervising physician. It 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.”

Written Protocol

“Describes the manner and frequency for regular communication with physician.”

SAMPLE:

“The Licensed Athletic Trainer will maintain communication with me, at defined intervals, via the following modes:”

___ phone/text ___ email ___ other-list________

(check all modes of communication that apply)

Define communication schedule:
___daily ___weekly ___monthly ___PRN

Purpose of Standard Operating Procedures including EAPs

• **Compliant with the State Law…**

• Provides a decisive process that allied health care professionals can follow under various circumstances.

• Allows for consistency in approach to decision-making processes.

Who creates the Written Protocol and the SOP manual?

**TEAM EFFORT...**

- Head/Associate/Assistant Athletic Trainer(s)
- Supervising Physician (MD/DO)
- Athletic Director and Principal
- School Nurse/Health Services
- Neuropsychologist
- Outside Resources
Technical Aspects - Front Loading
- Put all information on a computer
  - scan in protocols, flow charts, diagrams…
- Keep verbiage in anonymous form
- Only identify persons by name in charts or lists
- In order to update yearly, put information in a binder for easy access
- Table of Contents - Divide areas into sections for ease of review

Content for SOP (at a minimum)
- Code of Ethics, Conduct & Standard of Care
- Personnel involved (define responsibilities)
  - Athletic Trainer(s)
  - Supervising Physician (MD/DO)
  - Athletic Director (non-medical)
  - Principal (as required by PIAA)
  - EMS
  - School Nurse / Student Health Services
  - Crisis Management / Intervention Team
  - Resources/Referral (who, contact info…)

Athletic Training Services
- AT Schedule
- Priority of Sports Coverage
- Home vs. Away Coverage (who)
- EMS Guidelines
- Referral Protocols
Athletic Training Policies
- Asthma
- Blood-Borne pathogens
- Catastrophic brain injuries
- Concussion Mgt*
- Child Abuse Identification
- Diabetes
- Eating disorders
- Exertional heat stroke/illness*
- Exertional Sickling
- Head Down Tackling
- Hyponatremia
- Infectious Control - MRSA, Herpes, Impetigo, Flu, Hepatitis...
- Lightening Detection
- Pregnancy & Sports
- Prescription and OTC: storage/dispensing
- Sudden cardiac arrest*
- Wrestling Wt Assessment*

OTHER SCHOOL POLICIES
- Crisis Mgt/non-sport
- Substance Use / Abuse
- “0” tolerance / weapons improper behavior

Emergency Action Plan (EAP)
Athletic Trainer is present...
- Emergency procedures - All Sites/Scenarios
  - Venue Diagram for all locations
  - Local protocols; which EMS service; who travels along...
  - EMS exact entrance, keys to gates....
  - Unconscious athlete / catastrophic
  - Conscious athlete / catastrophic
  - Landing Zones known
  - Directions to ED (visitors)
- Coach protocol: If Athletic Trainer IS NOT present

Facility Layout for Emergency Protocols
Crisis Management Protocols

Protocol for Contacting:
- EMS
- AD – if not present
- Parents/Guardians
- Resources (poison control; infectious control…)
- Crisis Team (PTSD for team/bystanders)
- Who talks to Media
  - what is / NOT said

Examples of Crisis:
- Vehicle Accident
- Fatality/Catastrophic
- Environmental Issues
- Defective structures
- Weapons/violence

Administrative/Scheduling Duties
- Pre-Concussion Testing - (ImpACT™, SAC, SCAT)
- Wrestling Weight Assessment (NWCA)
- Schedule Perform/Practice EAP drills
- Schedule PIAA CIPPE
- Schedule for equip maintenance/check
- Physician Communication Reports
- Coaches Reports
- Rehabilitation and SOAP Notes
- Budget/Inventory Procedures
- End of Year Report to Admin/ SB

Educational Responsibilities
- Concussion prevention strategies for players, parents and coaches
- CPR / First Aid, AED for coaches
- Seasonal in-service programs to coaches, parents, athletes, officials...
- EMS and ED personnel in-service programs on equipment removal / other
Questions to Ponder...

- **DO YOU** verbalize/review potential risks prior to the start of an event?
- **DO YOU** review/practice the EAP with KEY personnel on a **REGULAR BASIS**?
- If a key person is missing, **DO YOU** assign another individual to replace him/her for that event?
- **ARE YOU SURE** that your emergency equipment is 100% working and is available?

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- Are you aware of what is considered “**APPROPRIATE MEDICAL COVERAGE**” for your school setting?

Final Step:

**Review and Signs the SOPs...**

- All directly involved parties:
  - Athletic Trainer(s)
  - Supervising Physician
  - Athletic Director
  - School Nurse/Health Services
  - School Principal/Administration
  - LEGAL COUNSEL

  **THEN... INSERVICE ALL**...  
  COACHES, ADMINISTRATORS and EMS
References

- Board of Certification (BOC): Role Delineation Study/Practice Analysis. 6th ed. 2010. www.bocatc.org

References


References