

BOC Facility Principles



Table of Contents

INTRODUCTION	3
PRELIMINARY QUESTIONS	4
ACCESSIBILITY	5
PRIVACY AND CONFIDENTIALITY	6
SAFETY AND INFECTION CONTROL	7
Bloodborne Pathogens	7
Personal Protective Equipment	8
Disposal of Potentially Hazardous/ Contaminated Materials	8
Hand Hygiene	9
Cleaning and Disinfecting	9
Open-Toe Shoes	10
Electrical Safety	10
Walking/Working Surfaces	11
Patient Safety and Supervision	11
Reporting Adverse Medical Events	12
Storage and Handling	12
Emergency Preparedness	13
Means of Egress and Exit Routes	13
DISPLAY OF LICENSES, CERTIFICATIONS AND PROFESSIONAL STANDARDS	14
APPENDIX I: REFERENCES	15
APPENDIX II: REGULATORY BODIES BY PRACTICE SETTING	16
APPENDIX III: OSHA	17



Introduction

The operation of an athletics program is complex. A critical portion, of the program includes the administration of an athletic training facility. Some administrators (e.g., athletic directors, principals, superintendents) can be unaware of the many federal, state and local regulations and standards that govern athletic health care services. At the national level no fewer than eight federal agencies have regulations that can impact athletic health care services. Local, state and national non-governmental bodies have issued rules, regulations and position statements that must be considered when reviewing and establishing policies for athletic training facilities.

Athletic health care services are not commonly delivered in a traditional health care setting, but in an athletic training facility. Most commonly, an athletic training facility serves as this point for health care. Local, state and federal entities issue regulations and standards – which often overlap – to ensure the quality of facilities where health care services are delivered. Failure to observe safety policies not only increases risk, but also increases exposure to liability suits alleging negligence. You may not be aware of all regulations and best practices that need to be followed.

Individuals within your organization with specialized knowledge should review guidelines to ensure a thorough and complete assessment. Those who should be involved include but are not limited to:

Athletic Trainers	Human relations department personnel
Physician(s)	Environmental services managers
Legal department/lawyers	Custodial/sanitation supervisors
Risk managers	Athletic directors
Building supervisors	Principals/superintendents

This document was created to provide the means for secondary and post-secondary educational institutions and organizations to self-assess their policies, procedures and facilities to ensure the safe, effective operation and compliance of athletic health care services. This manual was created by the Facility Standards Work Group in 2012. Its members developed the comprehensive document detailing what is essential to ensure a safe, properly equipped athletic training facility. The work group included:

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The following resources will help you gauge your athletic training facility's compliance with applicable state, federal and oversight agency regulations, as well as best practices.



Preliminary Questions

High schools, colleges, universities, community colleges and the like are often exempt from some state and/or federal rules and regulations. Before beginning your assessment it is important to establish context for answering the questions in the document with your internal group of experts.

Requirement	Yes	No	Comments, necessary action items and 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 health care practitioners besides the Athletic Trainer working in your organization?			
Do you have someone who is responsible for risk management for your organization?			
Are patient health records managed in paper or electronic format?			



Accessibility

The Americans with Disability Act (ADA) of 1990 required that buildings and rooms be accessible for those with disabilities. This can include disabled (temporary or permanent) patients, staff or visitors. Most buildings constructed in the past 20 years are ADA compliant or have been modified to become compliant. However, in areas where otherwise able-bodied persons work and play, this may not always be the case. As has been stated previously, some organizations are exempt from federal regulations such as the ADA.

Why is this important for athletic training facilities?

You may have athletes, staff or students who may need wider doorways, ramps, door assists or other accommodations because they are on crutches or using wheelchairs. Additionally, EMT or fire department personnel may need access to these areas, including elevators, to safely access and transport someone who is ill or injured.

Requirement	Yes	No	Comments, necessary action items and questions
Athletic training facility is accessible according to ADA regulations: <ul style="list-style-type: none">• Doorways are adequately wide (32 inches for single doors and 48 inches for double doors)• Ramps and handrails are installed• Door assists are available			



Privacy and Confidentiality

Rules and regulations govern the handling of sensitive information. This includes the documentation, storage and dissemination of health records, as well as the use of electronic health records (EHR/EMR). Examples of sensitive information include the following: pre-participation exams, health records, physician visits/follow-ups, diagnostic reports, phone calls and text messages.

Why is this important for athletic training facilities?

Not only must you document patient care, you must make sure that the information is properly stored and secured (including EHR/EMR). Having confidential information that is not properly secured puts the facility at risk of potential lawsuits in the event data is stolen.

Requirement	Yes	No	Comments, necessary action items and questions
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			
Evidence of the above communication is documented			
All interactions between patients and Athletic Trainers or other health care providers are documented in the health records of each patient 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 their patients and/or their parents			
Communication occurs with employees about their responsibility for ensuring the confidentiality of health care information			
Evidence of the above communication is documented			

Safety and Infection Control

Safety is all-encompassing. This includes examining the policies and procedures of the program for the safety of patients and employees, as well as the safe operation of the athletic training facility.

Why is this important for athletic training facilities?

Employee education on the potential job-related safety and health hazards protects the employee and patients. It is important to identify the set(s) of regulations with which your athletic health care program is required to be in compliance, such as OSHA or the local health department. Human relations staff members may be the best source to help answer these questions. Insurance, legal and risk management professionals can assist in identifying the regulations that apply to your program.

BLOODBORNE PATHOGENS

Employers are required to educate employees regarding safety and protection against accidental transmission of bloodborne pathogens. This education extends to those responsible for the daily maintenance and upkeep of the facility, such as housekeeping or custodial staff.

The [Center for Disease Control \(CDC\)](#) provides information on infection control to prevent the spread of infections in health care settings. ATs should take into consideration laws, rules, regulations and/or guidance implemented due to local, state and/or federal declared emergencies (e.g. state health departments, CDC, World Health Organization (WHO), etc.)



Requirement	Yes	No	Comments, necessary action items and questions
Employee education about bloodborne pathogens is sufficient			
Communication to employees occurs on a regular basis			
Evidence of the above communication is documented			

PERSONAL PROTECTIVE EQUIPMENT

In order to protect staff and the patient, employers must provide personal protective equipment and instruction on its use. Employers are also responsible for assuring employee compliance with personal protective equipment laws. Examples of personal protective equipment include but are not limited to:

- Personal protective equipment for eyes, face, head and extremities (e.g., gloves, masks)
- Protective clothing
- Respiratory devices
- Protective shields and barriers

Requirement	Yes	No	Comments, necessary action items and questions
Personal protective equipment is available for employees			
Employee education and information is sufficient and up to date with latest standards			
Communication to employees about the required use of personal protective equipment occurs			
Evidence of the above communication is documented			

DISPOSAL OF POTENTIALLY HAZARDOUS/CONTAMINATED MATERIALS

- Bio-hazardous Materials - Any solid or liquid waste that poses serious threat of transmitting infection to humans, including towels, gloves and bandages
- Sharps Materials - Any device or object used to puncture or lacerate the skin

Requirement	Yes	No	Comments, necessary action items and questions
Employee education on disposal of bio-hazardous or sharps materials is sufficient and up to date with latest standards			
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 is available within the athletic training facility			

HAND HYGIENE

It goes without saying that the cleanliness of those working in the facility, as well as the facility itself, is important to ensure safe and effective treatment. Not all facilities may have access to sinks; however, a facility can improve sanitary conditions with the addition of hand sanitizing units.

Requirement	Yes	No	Comments, necessary action items and questions
Adequate facilities for hand-washing or hand sanitation are available throughout the athletic training facility			
Employee education and information is sufficient and up to date with latest standards			
Communication to employees occurs			
Evidence of the above communication is documented			

CLEANING AND DISINFECTING

The CDC provides evidence based recommendations on the preferred methods for cleaning, disinfection and sterilization of patient care medical devices and for cleaning and disinfecting the health care environment.

Requirement	Yes	No	Comments, necessary action items and questions
Appropriate and adequate supplies are available to properly handle patient care equipment and instruments/devices			
Appropriate and adequate supplies are available to properly clean and disinfect patient care equipment and instruments/devices			
Appropriate and adequate supplies are available to clean and disinfect the healthcare environment appropriately			
Employee education about handling, cleaning and disinfecting patient care equipment and instruments/devices and the health care environment			
Communication to employees occurs			
Evidence of the above communication is documented			

OPEN-TOE SHOES

Health care providers should refrain from wearing open-toe shoes to facilitate a clean and sanitary facility.

Requirement	Yes	No	Comments, necessary action items and questions
Employee education information is sufficient and up to date with latest standards			
Communication to employees occurs			
Evidence of the above communication is documented			

ELECTRICAL SAFETY

Electrical devices and outlets should undergo regular inspection and calibration. In particular, this applies to electrical devices used on patients and to devices and outlets located near water sources. Electrical outlets near water sources are required to have ground fault interrupters (GFIs).

Requirement	Yes	No	Comments, necessary action items and questions
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			

WALKING/WORKING SURFACES

Walking and working surfaces, such as floors, stairs and ladders, are associated with slip, trip and fall accidents. Requirements for all working and walking surfaces within a facility are often overlooked.

Requirement	Yes	No	Comments, necessary action items and questions
Employee education information is sufficient and up to date with latest standards			
Communication to employees occurs			
Evidence of the above communication is documented			
Warning signs are available when surfaces pose a hazard			

PATIENT SAFETY AND SUPERVISION

Line of Sight to Patient Areas for Supervision
 - This refers to the appropriate supervision of patients while not directly in the patient area.

Requirement	Yes	No	Comments, necessary action items and questions
Communication to employees occurs regarding the requirements for line of sight to patient treatment areas and supervision of patients when in the athletic training facility			
Evidence of the above communication is documented			

REPORTING ADVERSE MEDICAL EVENTS

An adverse medical event causes an injury to a patient as the result of a medical intervention, rather than the underlying medical condition. Rules and regulations for the reporting of any adverse medical events within the facility must be documented.

Requirement	Yes	No	Comments, necessary action items and questions
Communication to employees occurs regarding the reporting and documentation of any adverse medical events within the athletic training facility			
Evidence of the above communication is documented			

STORAGE AND HANDLING

Rules and regulations address the handling and storage of any potentially hazardous materials within the athletic training facility including, but not limited to, compressed gas/O² containers, gasoline, granular/liquid chlorine/bromine, ozone, aerosol cans, collodion, wet-acid batteries and ethyl chloride. Material Safety Data Sheets (MSDS), which provide information on hazardous materials within the facility, should be displayed within the facility.

Requirement	Yes	No	Comments, necessary action items and questions
Potentially hazardous materials are properly identified			
Potentially hazardous materials are properly stored			
MSDS are properly displayed within the facility			
Communication to employees on proper storage and handling occurs			
Evidence of the above communication is documented			

EMERGENCY PREPAREDNESS

Emergency Action Plan (EAP) - An EAP is a blueprint for handling emergencies that establishes accountability.

Requirement	Yes	No	Comments, necessary action items and questions
An EAP is developed for each facility/venue where injuries may occur			
Communication of EAP occurs and is practiced/drilled by employees			
Evidence of the above communication is documented			

MEANS OF EGRESS AND EXIT ROUTES

Rules and regulations are developed regarding proper egress and exit routes from an athletic training facility in the event of an emergency or crisis.

Requirement	Yes	No	Comments, necessary action items and questions
Egress and exit routes are posted for each facility			
Communication of egress and exit procedures to employees occurs			
Evidence of the above communication is documented			

Display of Licenses, Certifications and Professional Standards

Current licenses and certifications of employees should be displayed within the facility. Some states require that licenses are displayed. It is recommended that Athletic Trainers review all statutes, rules and regulations pertaining to the athletic training profession.

Requirement	Yes	No	Comments, necessary action items and questions
Current state licenses and certifications of all employees are displayed within the facility			
Annually, the appropriate supervisor or administrator verifies the license and certification status of each Athletic Trainer with the appropriate licensing/certification agencies (state Athletic Trainer Board, BOC)			
The appropriate supervisor ensures that each Athletic Trainer practices in accordance with the "BOC Standards of Professional Practice"			
The appropriate supervisor ensures that each Athletic Trainer practices in accordance with the appropriate state licensing regulations			



Appendix I

REFERENCES

- Accreditation Association for Ambulatory Health Care (AAAHC)
- American College of Sports Medicine (ACSM)
- Americans with Disabilities Act (ADA)
- Aquatic Exercise Association
- Aquatic Therapy and Rehab Institute (ATRI)
- Board of Certification (BOC)
 - BOC Standards of Professional Practice
- Commission on Accreditation of Athletic Training Education (CAATE)
- Centers for Disease Control and Prevention (CDC)
 - Guideline for Disinfection and Sterilization in Healthcare Facilities
- Centers for Medicare and Medicaid Services (CMS)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Drug Enforcement Administration (DEA)
- Equity and Title IX in Intercollegiate Athletics
- Family Educational Rights and Privacy Act
- Health Insurance Portability and Accountability Act (HIPAA)
- National Association of Intercollegiate Athletics (NAIA)
 - NAIA - Athletic Trainers
- National Athletic Trainers' Association (NATA)
 - NATA Code of Ethics
 - NATA Position Statements
- National Collegiate Athletic Association (NCAA)
 - NCAA Health and Safety
 - NCAA Sports Medicine Handbook
- National Federation of State High School Associations (NFHS)
 - NFHS Sports Medicine
- National Fire Prevention Association
- National Interscholastic Athletic Administrators Association (NIAAA)
- National Junior College Athletic Association (NJCAA)
- Occupational Safety and Health Administration (OSHA)
- State Regulatory Agencies
- The Joint Commission
- Title IX, Education Amendments of 1972
- US Equal Employment Opportunity Commission (EEOC)
- US Food and Drug Administration (FDA)



Appendix II

REGULATORY BODIES BY PRACTICE SETTING

Setting	Applicable Regulatory Bodies
Junior High/High School	OSHA, ACSM, NATA, BOC, NFHS, AEA, FDA, HIPAA, FERPA, CDC, state/local law and regulations, NFPA, DEA, ADA, Title IX, State High School Athletic Associations
College/University (NCAA, NAIA, NJCAA)	OSHA, ACSM, NATA, BOC, NCAA, AEA, FDA, HIPAA, FERPA, CDC, state/local law and regulations, NFPA, DEA, ADA, Title IX, State Practice Acts, NAIA, NJCAA
Hospital/Clinic	OSHA, CARF, Joint Commission, ACSM, NATA, BOC, CMS, AEA, FDA, HIPAA, CDC, state/local law and regulations, NFPA, DEA, ADA, State Practice Acts
Industrial	OSHA, CARF, ACSM, NATA, BOC, AEA, FDA, HIPAA, FERPA, CMS, AEA, FDA, HIPAA, CDC, state/local law and regulations, NFPA, DEA, ADA, State Practice Acts
Event-Based (Non-High School, College/University)	OSHA, ACSM, NATA, BOC, CDC, state/local law and regulations, NFPA, ADA, State Practice Acts, FDA, DEA, National Sport Governing Bodies
Health Club/Gym/Fitness Facility	OSHA, ACSM, NATA, BOC, AEA, CDC, state/local law and regulations, NFPA, ADA, State Practice Acts

Appendix III

REGULATORY BODIES BY PRACTICE SETTING

The following states have approved State Plans:

Alaska	New Mexico
Arizona	*New York
California	North Carolina
*Connecticut	Oregon
Hawaii	Puerto Rico
*Illinois	South Carolina
Indiana	Tennessee
Iowa	Utah
Kentucky	Vermont
Maryland	*Virgin Islands
Michigan	Virginia
Minnesota	Washington
Nevada	Wyoming
*New Jersey	

*NOTE: The Connecticut, Illinois, New Jersey, New York and Virgin Islands plans cover public sector (state and local government) employment only.

Region	Area Offices	Regional Office
1	Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont	JFK Federal Building, Room E340 Boston, Massachusetts 02203 (617) 565-9860
2	New Jersey, New York, Puerto Rico, Virgin Islands	201 Varick Street, Room 670 New York, New York 10014 (212) 337-2378
3	District of Columbia, Delaware, Maryland, Pennsylvania, Virginia, West Virginia	U.S. Department of Labor/OSHA The Curtis Center-Suite 740 West 170 S. Independence Mall West Philadelphia, PA 19106-3309 (215) 861-4900
4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	61 Forsyth Street, SW, Room 6T50 Atlanta, Georgia 30303 (678) 237-0400
5	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	230 South Dearborn Street, Room 3244 Chicago, Illinois 60604 (312) 353-2220
6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	525 Griffin Street, Suite 602 Dallas, Texas 75202 (972) 850-4145
7	Iowa, Kansas, Missouri, Nebraska	Two Pershing Square Building 2300 Main Street, Suite 1010 Kansas City, Missouri 64108-2416 Phone: (816) 283-8745 Voice: (816) 283-0545
8	Colorado, Montana, North Dakota, South Dakota State Program Offices Utah, Wyoming	1999 Broadway, Suite 1690 Denver, Colorado 80202 (720) 264-6550
9	Oakland, San Diego, Phoenix, Honolulu, Las Vegas State Program Offices Arizona, California, Hawaii, Nevada	90 7th Street, Suite 18100 San Francisco, California 94103 (415) 625-2547
10	Alaska, Idaho, Oregon, Washington	300 Fifth Avenue, Suite 1280 Seattle, Washington 98104 (206) 757-6700