Written (Standard) Protocols:  
Polices and Procedures  
The Legal Link with your Supervising Physician

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This Session’s Objectives
To provide the viewer with:
1. Content-specific guidelines as to why to write, who should write, how to write, what should be included, and who should approve the final written document;
2. Ideas for creating a written document that are the legal link with the supervising physician;
3. Information that addresses legal issues regarding the implementation of the final Written Document.

1. TERMINOLOGY

Standing Orders:  
Orders, rules, regulations, protocols, or procedures prepared by the professional staff of a hospital or clinic and used as guidelines in the preparation and carrying out of medical and surgical procedures.  

Written (Standard) Protocol
1.) “A written agreement developed in conjunction with one or more supervising physicians that identifies and is signed by the supervising physician and the certified athletic trainer. It describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician.
2.) Written Protocol includes standard operating procedures, developed in agreement with the supervising physician and certified athletic trainer that the certified athletic trainer follows when not directly supervised on-site by the supervising physician.”  
(Reference: http://www.legis.state.pa.us/WU01/LI/BL/BT/2001/0/SB0370P0383.HTM)

Minimum SAFE Levels
1. Should develop protocols that are based on a minimum safe level and not the maximum level aimed at ideal care.
2. Standards and protocols should be updated and realistic.
**Standard Operating Procedures (SOP)**

1. Established procedure to be followed in carrying out a given operation or in a given situation.
2. A specific procedure or set of procedures so established.


**2. A. WHY ARE WRITTEN DOCUMENTS NECESSARY**

- Compliance with National and State regulations - Mandated by Board of Certification, and state legislation;
- Legal protection: your processes defined in detail and in print;
- Allows facility to run with less confusion - Written knowledge about who does what, where, when, why, and how;
- Written accountability crucial to effective performance evaluation;
- Consistency: the same function performed correctly time after time;
- Less hunting for forms, information, supplies, and responses;
- A sense of unity around a set level of expectations and procedural means; a standard of care for everybody involved to actively pursue;
- A performance guide for new hires to ease the transition and eliminate confusion;
- A reference manual that speeds up on-the-job training.

**3. STANDARDS OF PROFESSIONAL PRACTICE – BOARD OF CERTIFICATION**

(http://www.bocatc.org/atc/docs/SI-MR-TAB4-354.htm)

A. Direct Service

I. **Standard A-1: DIRECTION**

The athletic trainer renders service or treatment *under the direction of a physician or dentist.*

II. **Standard A-2: INJURY & ON-GOING CARE SERVICES**

All services should be documented in writing by the athletic trainer and shall become part of the athlete's permanent records.

III. **Standard A-3: DOCUMENTATION**

The athletic trainer shall accept responsibility for recording details of the athlete's health status.

B. Service Programs

I. **Standard B-1: OBJECTIVES**

Basic to the development of any program are its intended purposes. Objectives and applicable policies should be clearly outlined for each activity, such as: treatment, education of personnel, supervision and interdisciplinary relations.

II. **Standard B-2: PLANNING**

Each objective should be supported by detailed plans for implementation.
THE TECHNICAL AND MECHANICAL PROCESS

4. WHO CREATES/WRITES THE SOP MANUAL?
   Actual document is compiled by:
   - Head Certified Athletic Trainer
   - Associate/Assistant Certified Athletic Trainer
   In conjunction with:
   - Supervising Physician
   - Athletic Director
   - Legal Counsel

5. WHO REVIEWS AND APPROVES THE SOPS?
   • All directly involved parties:
     - Head certified athletic trainer
     - Associate/assistant athletic trainer(s)
     - Supervising physician(s)
     - Athletic director
     - Legal Counsel

6. MECHANICAL ASPECTS - FRONT LOADING
   • Put all information on a computer
   • Scan in protocols, flow charts, and diagrams…
   • Keep verbiage in anonymous form
   • Put information in a binder that can be updated annually
   • Divide areas (use tabs) into sections for ease of review
   • Paginate
   • One to two policies per page; again ease of revision

THE FOLLOWING SUGGESTED ENTRIES SHOULD BE VIEWED AS GUIDELINES ONLY:
This list is neither exhaustive nor exclusive; each document must be customized to fit the needs of individual institution.

7. ORGANIZING YOUR DOCUMENT
   Suggested TABLE OF CONTENTS may include, but not limited to:
   Sections or Tabs/Dividers
   1. Signature Page – Physician Agreement, Communication Guidelines
   2. Philosophy of Athletic Training Services
   3. Governing Legal Policies
   4. Medical Team Personnel
   5. Medical Services and Operations
   6. Written Treatment Protocols – Acute, Chronic, Rehabilitation
   7. Emergency Action Plans (EAP)
   8. Athletic Training Administrative Policies
8. PHYSICIAN AGREEMENT
I, ___ agree to bear the responsibility of directing the total health care of the athletes who participate in ____ University athletics program. The certified athletic trainers will be under my guided supervision, but will be given flexibility to function within their scope of practice, within the defined written protocols, as outlined in this policies and procedures manual. The Certified Athletic Trainers’ scope of practice is defined by (1) Board of Certification (BOC) Standards of Practice, (2) BOC Role Delineation-4th ed., (3) the ___ state’s rules and regulations, (4) the National Athletic Trainers’ Association (NATA) Code of Ethics, and (5) the NATA Position Statements. I possess the authority in determining the health status of athletes who participate in ____ University’s athletics program and will work with the certified athletic trainers to ensure that the appropriate quality of care is provided. Finally, I approve these written protocols, including the communication schedule, and will work directly with the certified athletic trainers to ensure proper implementation.

_______________________________Physician Signature   ___________Date

_______________________________Certified Athletic Trainer (s) ___________Date

_______________________________Athletic Director   ___________Date

_______________________________Legal Counsel    ___________Date

9. COMMUNICATION IS KEY
A. Communication between the Certified Athletic Trainer and Supervising Physician will occur when?
   • Weekly
   • For Every Acute Injury and also weekly
   • Monthly
   • Only during “Clinic”

B. Communication will occur HOW?
   • Fax
   • Physician’s Cell Phone/ Pager
   • Office Phone
   • Email

C. What information will be communicated?
   • Acute Injuries
   • Weekly progress notes
   • Seasonal Reports

10. PHILOSOPHY OF ATHLETIC TRAINING SERVICES (Moral, Ethical, Professional)
Provide a statement of how (affective domain) the athletic training staff will deliver the health care service to all athletes.

11. GOVERNING LEGAL POLICIES
   • Board of Certification Standards of Practice
   • Board of Certification Role Delineation
   • State Rules and Regulations
   • National Athletic Trainers’ Association Code of Conduct
   • National Athletic Trainers’ Association Position Statements
   • NCAA Sports Medicine Handbook
   • High School Federation

12. MEDICAL TEAM PERSONNEL AND RESPONSIBILITIES
Who all are included and what are their responsibilities. (EXAMPLES)
   • Physicians, Dentists
   • Certified Athletic Trainers
   • Athletic Training Students
   • Nutritionists
   • EMS
   • School Nurse / Health Services
   • Affiliated Sports Medicine Clinic
   • Sports Psychologists
13. MEDICAL SERVICES AND OPERATIONS

- Athletic training facility hours
- Priority of team coverage
- Affiliated SMC guidelines
- Referral protocols
- Physical Examination policies
- Home vs. away policies
- EMS guidelines
- Health Insurance policies

14. WRITTEN TREATMENT PROTOCOLS

- Acute
- Chronic
- Catastrophic
- Rehabilitative

15. EMERGENCY PLAN OF ACTION

- Emergency procedures for all sites & case scenarios
- Emergency phone numbers
- Job description for all medical team members; Local protocols
- EMS entrance, keys to gates...
- Delineation between EMS and ATC responsibilities
- Unconscious athlete / catastrophic
- Conscious athlete / catastrophic
- Coach’s protocol if ATC is unavailable
- Frequency to review policy (yearly, seasonal)
- Facility Layout - Emergency Protocols
  - Description of location and other pertinent information
  - Layout of all facilities for emergency access

16. STANDARD POLICIES FOR ATHLETES

- Chemical/substance substance (including tobacco in all forms) policy
- Performance enhancing substances policy
- Pregnancy policy
- Disordered eating policy
- Blood borne pathogen policy
- Communicable disease transmission policy
- Weapons/ “0” tolerance policy

17. ADMINISTRATIVE DUTIES – RECORDS, SCHEDULES, REPORTS...

- Communication with Physician
- OSHA compliance
- Pharmaceutical dispensing policy
- Coaches reports
- Annual/Seasonal reports to admin
- Insurance documentation procedures
- Equipment safety checks
- Educational responsibilities
- Seasonal in-service programs to parents, athletes, officials...
- EMS and ER personnel in-service programs on equipment removal
- HIPAA compliance
- Daily injury logs
- Athletic Training Facilities policy
- Rehabilitation and SOAP notes
- Budget and inventory procedures
- Inspection/calibration of equipment schedule
- Vendor, electrical check, & electrical code
- CPR / First Aid, AED for coaches