



# DIVISION SCOPE OF SERVICE

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| <b>Division:</b> CONTINENTAL   |
| <b>Classification:</b> CERTIFIED ATHLETIC TRAINER- (PRE-OPERATIVE, PACU AND OPERATING ROOM)  |
| <b>Applicant Name:</b>   |
| <p><b>Certified Athletic Trainer:</b><br/>The Certified Athletic Trainer must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p> <p><b>Definition of Care or Service:</b><br/>The Certified Athletic Trainer collaborates with physicians to provide pre-operative and post-operative patient education with regard to an exercise program. Scope of service may include:</p> <ul style="list-style-type: none"> <li>• Assist in patient mobility</li> <li>• Recognize and evaluate injuries</li> <li>• Plan and implement comprehensive programs to prevent injury and illness which include education documents</li> <li>• Apply protective or injury-preventative devices such as tape, bandages/dressings, splints, braces, and slings</li> <li>• Perform administrative tasks, such as keeping records and writing reports on injuries and treatment programs</li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul> |
| <p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities</li> </ul>  |
| <p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Indirect supervision by Department Director or designee</li> </ul> <p><b>Evaluator:</b> Department director, Director/Manager of case management / care coordination or designee</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>   |
| <p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Associates or higher in Science</li> <li>• Certified as an Athletic Trainer</li> <li>• American Heart Association health care provider BLS Certification</li> </ul> <p><b>Preferred Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Verifiable education specific to sterile technique in an operating room is preferred</li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>   |
| <p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>  |
| <p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Preferred Experience:</b></p>  |



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- 1 yr experience as an Athletic Trainer preferred

**Competencies:**

The Certified Athletic Trainer will demonstrate:

- Safe and effective operation of therapy equipment
  - Consistently obtains quality diagnostic outputs
  - Maintains equipment in good working order
  - Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation
  - Uses at least two ways to identify patients before treating or performing a procedure
  - Verifies that the requested procedure correlates with the patient’s clinical history, presentation and physician order
- Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
  - Accesses the patient medical record appropriately
  - Documents in the medical record according to the facility standard/policy
  - Uses Performance Improvement Plan to improve patient safety
- Compliance: complies with department policy and procedures, safety/inspection control plans/OSHA guidelines, employee handbook, and standards of regulatory bodies (JCAHO, Medicare, CARF, etc.)
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Complies with Isolation precautions
  - Required immunizations per Division requirement

**References:**

Board of Certification for the Athletic Trainer: <http://www.bocatc.org/state-regulation>

Certification Verification: <http://www.bocatc.org/athletic-trainers#certification-verification>

**Document Control:**

- Content Update 5/23/2019
- Cosmetic updates 9/16/2019

**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_