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Search...

[in](#)[f](#)[X](#)

Menu

Professional Practice for Athletic Trainers in Secondary Schools

Athletic Training

[Laws, Rules & Regulations](#)

[License Requirements](#)

[Application Forms](#)

Professional Practice

[Consumer Information](#)

[Contact Information](#)

[License Statistics](#)

[Board Meetings](#)

Disclaimer: Law, rules and regulations, not Guidelines, specify the requirements for practice and violating them constitutes professional misconduct. Not adhering to this Guideline may be interpreted as professional misconduct only if the conduct also violates pertinent law, rules and regulations.

- Many secondary schools in New York State employ Certified Athletic Trainers (ATs) for managing athletic injuries for students participating in sports activities.
- Athletic trainers are important health care professionals regulated by the New York State Education Department who provide valuable services to students in the State of New York. With the increased employment of Athletic trainers, it is valuable to review the regulations that pertain to their employment.
- Athletic training is a licensed profession regulated by statutes and regulations administered by the New York State Education Department. In accordance with Article 162, NYS Education law (sections 8350 to 8358)
 - Athletic trainers must work under the supervision of a physician¹;
 - This shall not be construed as requiring the physical presence of the supervising physician²;

- c. Athletic trainers working in secondary school districts limit his or her practice to students who are eligible to participate in interscholastic or modified school athletic programs, grades 7-12².
4. Appropriate standing orders or contract should be maintained between the physician and the athletic trainer in order to ensure the requisite physician supervision.
5. **Regulations of the Commissioner: Subchapter G. Health and Physical Education; Part 135, Health, Physical Education and Recreation (8 CCRR-NY 135.4(c)(7)(d))** govern the activities of athletic trainers in the secondary school setting.
6. In accordance with these regulations, the scope of duties and responsibilities of athletic trainers includes, but is not limited to, the following:
 - a. Maintain current Emergency Cardiac Care training (AED use);
 - b. Prevention of athletic injuries, including assessment of an athlete's physical readiness to participate;
 - c. Management of athletic injuries;
 - d. Reconditioning to minimize the risk of re-injury and to return the athlete to activity as soon as possible, excluding the reconditioning of neurologic injuries, conditions or disease;
 - e. Health care administration, including medical recordkeeping, documentation and reporting of injuries, writing policies and procedures, budgeting and referral of injured athletes to appropriate authorized health care professionals when indicated;
 - f. Education and counseling of coaches, parents, student athletic trainers and athletes;
 - g. Risk management and injury prevention;
 - h. Immediate care of athletic injury and physical conditions;
 - i. Treatment and reconditioning of athletic injuries;
 - j. Organization and administration; and
 - k. Professional development and responsibilities.
7. Athletic trainers in the secondary school setting should be familiar with the New York State Education Department Office of Student Support Services **Guidelines for Concussion Management in Schools 2018³**, which includes the following:
 - a. The athletic trainer's role in concussion care is to provide:
 - i. Initial evaluation of for signs and symptoms of a concussion;
 - ii. Determine if signs and symptoms of a concussion warrant emergency transport to an emergency facility;
 - iii. Communicate with parents/guardians to refer possible concussion to a physician for evaluation;
 - iv. Monitor the student's return to activity and progress with each step in conjunction with parent/guardian, medical director, school nurse and appropriate district staff;
 - v. Post-concussion observations;
 - vi. Oversee taking validated computerized tests if credentialed and trained in their use;
 - vii. Provide parents/guardians with oral and/or written instructions on observing students for concussive complications that warrant immediate emergency care;
 - viii. Assist in implementation of the private healthcare provider's or other specialists' request for accommodations;
 - ix. Monitor student's return to school activities, evaluate student's progress with each step, and communicate with the private healthcare provider or other specialist, medical director, school nurse, parent/guardian and appropriate district staff;
 - x. Communicate with school personnel on a student's return to activity progress;
 - xi. Review private physician's written statement to clear a student for return to activities (if the district's medical director has written a policy delegating this to the certified athletic trainer; and
 - xii. Educate student and staff in concussion management and prevention.
 - b. a recommendation that districts ensure that athletic trainers in the secondary school setting complete the Department's required approved training course on mild traumatic brain injuries on a biennial basis;
 - c. be on the school's Concussion Management Team.
8. Article 19 of the NYS Education law concerning medical and health services in schools includes provisions that allow athletic trainers to be trained to:
 - a. administer emergency glucagon (Section 902-A);
 - b. administer emergency epinephrine (Section 902-B);
 - c. administer opioid antagonist (section 922);
 - d. assist a student to take their own medications⁴.
9. Athletic trainers in the secondary school setting should be familiar with The New York State Education Department Guidelines for Medication Management in Schools 2015 (revised 2017)⁵.
10. Athletic trainers should be trained in, and comply with district FERPA and HIPAA policies.
11. The NYS Committee on athletic training recommends that athletic trainers in the secondary school setting be familiar and comply with national standards of practice, to the extent that such practice is consistent with all NYS Laws and Regulations, including:
 - a. BOC Standards of Professional Practice - Board of Certification for the Athletic Trainer⁶;
 - b. National Athletic Trainers Association (NATA) Code of Ethics⁷.

¹ Section 8351, NYS Education Law

² Ibid.; see also 8 NYCRR 135.4(c)(7)(r)

³ <https://www.p12.nysed.gov/ssd/documents/ConcussionManageGuidelines.pdf>, see pages 30-31

⁴ See page 8, The New York State Education Department Guidelines for Medication Management in Schools 2015 (revised 2017)

<https://www.p12.nysed.gov/sss/documents/MedicationManagement-DEC2017.pdf>
⁵<https://www.p12.nysed.gov/sss/documents/MedicationManagement-DEC2017.pdf>
⁶https://www.bocatc.org/system/document_versions/versions/171/original/boc-standards-of-professional-practice-2019-20181207.pdf?1544218543
⁷<https://www.nata.org/sites/default/files/nata-code-of-ethics.pdf>