

CBD Task Force and CAATE 2020 Standards

Athletic trainers' knowledge of current federal, state, county, and local rules and regulations is continually changing and requires program educators and clinicians to stay current on the latest information to provide the best possible healthcare to physically active individuals. The growing knowledge base regarding cannabinoids is rapidly changing throughout the general community with changes in state laws, professional organizations, and medical applications that requires educators, students, and clinicians to monitor several areas to maintain the ability to provide high level healthcare. The academic policy considerations for educators regarding cannabinoids use for treatment must ensure a robust history and foundation based on current evidence and application of sound principles. Athletic training programs (ATP) need to set aside time to review the historical aspects of Cannabinoids, understand the pharmacological aspects, align with social determinants of health, and also address stigmas and myths associated with cannabinoid usage. A paradoxical shift of cannabinoid usage for athletic trainers in the clinical setting moving from monitoring patients/athletes for punitive effects to recognizing the potential therapeutic aspects require effort from ATP faculty to educate future athletic training leaders to support the latest evidence in support of providing the best care for individuals. Course content and policy manuals need to be updated regarding cannabinoid usage and specific approaches to educate students on evidence-based approaches regarding cannabinoids needs to be strategized and integrated throughout the educational curriculum. This includes all risks and benefits associated with cannabinoid use.

The Commission on Accreditation of Athletic Training Education (CAATE) provides the standards for accreditation of professional athletic training programs. The 2020 Standards for Accreditation of Professional Athletic Training Programs outlines the specific standards, set at 94 standards as of September 2020, which must be met by all accredited programs in the education of athletic training professionals. The CAATE Standards purpose "...is to explicitly define the requirements to achieve and maintain CAATE accreditation of professional athletic training programs". A review of the CAATE standards shows that knowledge of cannabinoids would align within 17 standards in the education of future athletic training clinicians. A brief description of the standard and highlighted reasons for how cannabinoid education is important for future healthcare clinicians.

CAATE 2020 Standards for Cannabinoid Task Force Education

Standard 8: Planned interprofessional education is incorporated within the professional program.

Varying methods can be used to incorporate interprofessional education. To meet this standard, each student in the program must have multiple exposures to interprofessional education.

- Ongoing discussions with pharmacy, medical, social work, public health, business, law, nursing, etc...students concerning cannabinoids is important to advances in healthcare and providing optimal client/patient care.

Standard 17: A program's clinical education component is planned to include clinical practice opportunities with varied client/patient populations.

Populations must include clients/patients

- throughout the lifespan (for example, pediatric, adult, elderly),
- of different sexes,
- with different socioeconomic statuses,
- of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
- who participate in non-sport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

- Providing varied client/patient population experiences for students will require them to have cannabinoid knowledge when working within a potential setting that regularly utilizes or wishes to utilize cannabinoids.

Standard 55: Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

- Foundational knowledge base of pharmacology and public health relative to cannabinoids and its impact on the human body system is important for future clinicians.

Standard 56: Advocate for the health needs of clients, patients, communities, and populations.

Annotation: Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.

- Knowledge of cannabinoids will allow students to be informed and become a leading health care advocate for client/patient care.

Standard 57: Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

- Provide health care delivery strategy knowledge to improve client/patient health literacy and social determinants of health concerning cannabinoids.

Standard 58: Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

- Provide patient education and self-care programs utilizing knowledge of cannabinoid usage.

Standard 59: Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

- Communicate effectively with policy makers and clients/patients regarding the most up to date information regarding potential risks and benefits of cannabinoids.

Standard 61: Practice in collaboration with other health care and wellness professionals.

- Collaborative interprofessional practice with other healthcare (PT, OT, RN, MD, etc...) and wellness (S&C, RD, etc...) concerning utilization of cannabinoids will foster better understanding of holistic client/patient care.

Standard 62: Provide athletic training services in a manner that uses evidence to inform practice.

Annotation: Evidence-based practice includes using best research evidence, clinical expertise, and patient values and circumstances to connect didactic content taught in the classroom to clinical decision making.

- Uses the most up-to-date cannabinoid evidence to inform clinical practice.

Standard 63: Use systems of quality assurance and quality improvement to enhance client/patient care.

- Utilize quality assurance (QA) and quality improvement (QI) methods relative to cannabinoid use for enhanced client/patient care.

Standard 66: Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines.

Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards
- Regulations pertaining to over-the-counter and prescription medications
 - Current knowledge of laws, regulations, rules and guidelines of cannabinoids across institutional/organizational, local, state, and federal jurisdictions is highly important.

Standard 70: Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent.

These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
- Drug overdose (including administration of rescue medications such as naloxone)
- Wounds (including care and closure)
- Testicular injury
- Other musculoskeletal
 - A complete of understanding of potential adverse/side effects associated with cannabinoid use is important for clinicians to provide optimal patient care. In particular, conditions such as cannabinoid hyperemesis syndrome and psychosis should be discussed.

Standard 74: Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.

- Perhaps the most important standard for cannabinoid education focuses on appropriate pharmacological agents and their impact on client/patients as well as any potential facilitatory/adverse interactions that cannabinoids have when used with other medications.

Standard 75: Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

- The various methods of application for cannabinoid use and route of administration that is legally recommended by a qualifying physician or other provider should be part of an athletic trainer's knowledge.

Standard 76: Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated
 - Considerations of cannabinoid use for sleep disturbances, neuroprotection, anxiety, and behavioral health following brain injury is relevant to current scientific literature discussion.

Standard 84: Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.

- Providing knowledge for clinicians to provide factual education to client/patients concerning cannabinoids is important to clear up misunderstandings and provide best environment for client/patient care.

Standard 91: Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

Annotation Examples of daily operation policies include pharmaceutical management, physician referrals, and inventory management.

- Understanding necessary contents of policies and procedures related to cannabinoid use in the daily operation of athletic training services is of significant importance in providing a safe, legal, and optimal level of healthcare for clients/patients.

Furthermore, all athletic training education programs should consider establishing policies and procedures regarding student use of various cannabinoids while in the classroom and during clinical education experiences. Such policies should consider first and foremost the safety and well-being of each student, and individuals who will interact with students – especially patients and athletes. State laws, academic institution policies, and clinical site rules should also be taken into account. It is highly recommended that faculty take the time to become educated on all aspects of cannabis that may impact a student's experience while in the curriculum prior to developing policy on the topic. As with all policy, student's rights must be considered and adhered to. Lastly, all policy and procedure should be reviewed and approved by the respective institution's legal counsel prior to implementing.