

Communicable Disease Policy

Athletic training students will from time to time have health issues that may place them at risk if exposed to contagious or infected patients/clients. This list is not all inclusive, but serves as a guideline for some of the more common conditions that may require modification of a student's participation.

- **Skin Lesions:** Impetigo (pyoderma), tinea corpora (ring worm), or HSV (Herpes viral infections). Athletic training students should examine suspected or confirmed skin lesions only with gloved hands.
- **Respiratory or GI illnesses:** Any individual (patient/client) with a significant cough, sneeze, or fever should be considered contagious. If a patient/client has vomiting and/or diarrhea, they should likewise be considered contagious. These illnesses may be spread by respiratory droplets associated with sneezing or coughing, or by hands if a respiratory or GI illness. Athletic training students should practice good hand washing habits to minimize self-inoculation.
- **Blood or other bodily secretions:** Athletic training students should follow appropriate University and OSHA training/guidelines outlined elsewhere in dealing with blood borne pathogens including wearing gloves, masks, and, as needed, eye protection.
- **Individual Risk:** Some students may have individual risk factors for infectious circumstances such as low immune function, asplenia, immune suppressive therapy, corticosteroid usage, diabetes, heart disease, chronic lung disease or asthma, etc. Athletic training students with one or more of these conditions must be cleared by physical examination or consult their health care provider prior to interacting with patient/clients.
- **Medical or orthopedic problems:** Athletic training students with other medical or orthopedic problems should be cleared via a physical examination or otherwise consult their health care provider prior to clinical experience participation. For instance, asthma may be provoked by cold weather or lifting or doing an examination may exacerbate low back pain. In these instances documentation and a release to participate in clinical experiences may be required to continue participation.

Conditions placing a patient/client at risk

- **Skin Lesions:** An athletic training student with a small area of Tinea Corpora, HSV, or impetigo (that is not draining) that is able to cover the area and isolate from contact with other individuals may care for s patients/clients without restrictions. If there is a question the student must refrain from clinical involvement until being evaluated and cleared by a health care provider.
- **Respiratory Illnesses:** An athletic training student who is febrile (has a fever) should be considered contagious and is excluded from contact with patients/clients until the fever is gone for 24 hours and the individual feels well enough. The student must exercise extra care in terms of hand washing during the illness to prevent spread of the virus.

- Strep Throat: The athletic training student would be considered contagious for 24 hours after beginning antibiotic therapy. The student generally may return to participation after 24 hours.
- Conjunctivitis: Any significant purulent eye drainage should be considered contagious and the athletic training student must not have contact with the student-athletes/patients until the infection has been evaluated treated, and the discharge has significantly diminished.
- GI Illness: Vomiting and Diarrhea typically have a viral origin. They can be spread by both saliva and stool. If vomiting has stopped for 24 hours and the diarrhea has subsided, and if the athletic training student uses exquisite hand washing, then return to participation would be allowed. If bloody diarrhea, high fever, severe abdominal cramps, or persistent diarrhea over seven days occurs, then the student must be evaluated by a health care provider prior to return to participation.
- Blood Borne Pathogens: If an athletic training student has a chronic blood borne pathogen such as HIV, HBV, or HCV, participation with patient/client is permitted. The athletic training student should observe universal precautions and consider self-exclusion when an open wound is present.
- Other illnesses or conditions: If the athletic training student has any other possible transmissible diseases/conditions then he/she must consult with a health care provider.

During the course of their clinical experiences in the Aurora University Athletic Training Program students may come in contact with Bloodborne Pathogens and Other Potentially Infectious Materials. In an attempt to educate athletic training students about exercising universal precautions and minimizing the chance of exposure, ongoing programming is delivered.

ANNUAL BLOODBORNE PATHOGEN TRAINING

Athletic training students are required to complete an American Red Cross Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Education and Infection Control workshop on a yearly basis. As a part of the workshop students are provided with the American Red Cross BBP fact sheets worksheet, access to the American Red Cross online tutorial, and complete an online quiz. Students will complete the training by demonstrating proficiency in protective glove removal and disposal.

GUIDELINES FOR PREVENTION OF HIV/HBV TRANSMISSION¹

1. Use precautions for blood, for body fluids containing visible blood, and for certain other body fluids* for all patients, since medical history and examination cannot reliably identify all patients infected by HIV and other fluid or blood-borne pathogens.

¹ Adopted from the National League of Nursing 1994

2. Use appropriate barrier precautions for handling items or surfaces soiled with blood or body fluids containing visible blood and certain body fluids to which universal precautions apply.*
3. Gloves should be worn when in contact with blood, body fluids containing visible blood, body fluids to which universal precautions apply, tissues, and mucous membranes and for handling items or surfaces soiled with the above.
4. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate air-borne droplets of blood or body fluids to which universal precautions apply to prevent exposure of the mucous membranes of the mouth, nose, and eyes.
5. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or the body fluids to which universal precautions apply.
6. Resuscitation bags, mouthpieces, and ventilation devices should be available in areas where the need is predictable.

GUIDELINES FOR MANAGEMENT OF HIV²

The use of barrier precautions does not obviate the need for athletic training students to:

1. Wash hands prior to and immediately after each patient contact.
2. Change gloves after caring for each patient as glove integrity cannot be assured with washing and repeated use and gloves may serve as a vehicle for indirect contact transmission of organisms between patients.
3. Due to the nature of the immune dysfunction associated with HIV disease and AIDS, patients may be at particular risk of infectious disease such as TB, CMV, herpes simplex, varicella, etc. The CDC recommends that the implementation of universal precautions does not eliminate the need for precautions that reduce risks for other diseases that are not transmitted by the blood-borne route.
4. Masks and eye protection should be utilized in situations where exposure to respiratory secretions is likely or other situations where splashing may occur.
5. Conditions which may impair a student's capacity to provide safe and effective care to patients include acute respiratory infections and open lesions or weeping dermatitis.

*Universal precautions apply to blood, semen, vaginal secretions, as well as tissues, cerebral spinal fluid, Synovial fluid, pleural fluid, pericardial fluid, and amniotic fluid. These body fluids have been epidemiologically associated with transmission of HIV and/or HBV.³

POLICIES FOR STUDENTS WITH COMMUNICABLE DISEASES

² Ibid

³ Ibid

Decisions about admission to the Athletic Training Program and participation in clinical field experiences for students should not be predicated on serological status for HBV, HIV, or other blood-borne diseases, but should be based on the individual's capacity to perform athletic training functions.⁴ Conditions, which may impair care to patients/clients, include acute respiratory infections and open lesions or weeping dermatitis.⁵

An athletic trainer infected with a blood-borne pathogen should practice the profession of athletic training taking into account all professionally, medically, and legally relevant issues raised by the potential of exposing others to the infection. Depending on individual circumstances, the infected athletic trainer will or may wish to:

- Seek medical care and on-going evaluation
- Take reasonable steps to avoid potential and identifiable risks to his or her own health and health of his or her patients.
- Inform, as or when appropriate, relevant patients, administrators, or medical personnel.⁶

Seropositive students are bound to follow CDC guidelines for patient/client contact in the clinical areas.

⁴ Adopted by permission from the National Athletic Trainers' Association position statement on blood-borne pathogen exposure.

⁵ Adopted from The National League for Nursing, 1994

⁶ Adopted by permission from the National Athletic Trainers' Association position statement on blood-borne pathogen exposure.