

**ALFRED UNIVERSITY
DIVISION OF HEALTH AND HUMAN PERFORMANCE
ATHLETIC TRAINING PROGRAM**

Communicable Disease Policy

Due to the nature of the allied health professions, there is increased risk for the spread of infectious disease, requiring the Athletic Training Program (ATP) at Alfred University to establish an active communicable disease policy to ensure the health and safety of the program's stakeholders. This policy was developed using the recommendations established by the CDC for health care workers (www.cdc.gov). The purpose of this policy is to ensure the welfare of the athletic training students (ATS) enrolled within this department and major as well as those patients they may come in contact with during their clinical experiences. It is designed to provide Athletic Training Students, preceptors, and athletic training faculty and staff with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC).

What are Communicable Diseases?

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects).

Communicable Diseases Cited by the CDC:

Bloodborne Pathogens	Conjunctivitis	Cytomegalovirus infections
Diarrheal diseases	Diphtheria	Enteroviral infections
Hepatitis viruses	Herpes simplex	Human immunodeficiency virus (HIV)
Measles	Meningococcal infections	Mumps
Pediculosis	Pertussis	Rubella
Scabies	Streptococcal infection	Tuberculosis
Varicella Zoster	Viral respiratory infections	

Guidelines for Prevention of Exposure and Infection:

1. Students must successfully complete annual Bloodborne pathogens training prior to initiating formal clinical experiences.
2. Students are required to practice good hygiene, use proper hand washing techniques, and practice Universal Precautions, at all times. This applies to all clinical sites.
3. Patient care should not be performed when the athletic training student has active signs or symptoms of a communicable disease.

Guidelines for Managing Potential Infection:

1. The ATS who has been exposed to a potential infection before, during, or after a clinical experience or demonstrates signs and symptoms of infection or disease should report any potential exposure/infection to their clinical preceptor and communicate with the ATP Clinical Education Coordinator.
2. The ATS should determine if medical attention is necessary and make an appointment with the Alfred University Wellness Center or at another health care facility. Students will bear the responsibilities for costs associated with medical care required.
3. The ATS should not return to class or clinical experience until they are no longer contagious or symptomatic and is responsible for notifying the appropriate instructor or preceptor regarding absences. Students are responsible for completing missed topic material and assignments during their time missed.

DISEASE/PROBLEM - RECOMMENDATIONS

AIDS/HIV

Personal: Relieve from direct patient contact if presence of exudative lesions or weeping dermatitis or evidence of any of the following infections that require restrictions until acute condition resolves. The student's/staff's own personal physician should be involved regarding work-related decisions. Partial restriction: Wear gloves for direct contact with mucous membrane or non-intact skin of all patients. Evaluation of each case must be made by a combination of the Head Athletic Trainer, Medical Director of the University, the Team Physician, Program Director, and the student's/staff's own physician. The student/staff must be counseled concerning proper precautions.

Action after exposure: Follow "Occupational Exposure to Blood/Body Fluid Policies and Procedures".

Conjunctivitis

Allergic: No restrictions.

Bacterial: In outbreak settings where conjunctivitis is being spread, symptomatic personnel must be restricted from providing care and preferably removed from the environment. Relieve from direct patient care until discharge ceases. Needs to complete antibiotic treatment as directed.

Viral: In outbreak settings where conjunctivitis is being spread, symptomatic personnel must be restricted from providing care and preferably removed from the environment. Emphasize good hand washing. Individual should not work with immunocompromised patients, or in ophthalmology settings.

Cytomegalovirus (CMV):

No work restrictions unless clinically indicated.

Dermatitis:

Workers with weeping dermatitis on body areas that may contact patients should be removed from direct patient care and/or contact with patient care equipment until the condition resolves.

Diarrhea

Acute stage: Exclude from direct patient care and food preparation until symptoms resolve unless the diarrhea is determined non-infectious. (See specific agent if diagnosed).

Campylobacter: Reinforce good hygiene practices; should not work with infants or immunocompromised patients until 2 negative stools have been obtained.

Salmonella: Reinforce good hygiene practices; should not work with infants, immunocompromised patients, or be involved with food handling until 2 negative stools have been obtained taken not less than one week after onset and not less than 24 hours apart.

Salmonella: Relieve from direct patient contact until stool is free of the (typhoid) infecting organism on 2 consecutive cultures obtained not less than 24 hours apart, 48 hours after antibiotics.

Shigella: Relieve from direct patient contact until 2 negative stools have been obtained taken not less than 1 week after onset and not less than 24 hours apart.

Yersinia: Reinforce good hygiene practices; should not work with infants or immunocompromised patients until 2 negative stools have been obtained.

Enteroviral: Reinforce good hygiene practices; should not work with infants or immunocompromised patients until symptoms resolve.

Fifth disease (Parvovirus B19):

Respiratory secretions can harbor the virus for 4-15 days before the appearance of rash. Remove from work symptomatic individuals with suspected Parvovirus B19 exposure that work in high risk areas until the appearance of rash or until symptoms resolve.

Group A Streptococcal (including Strep throat):

Relieve from direct patient contact until 24 hours after adequate treatment is started. Since Group A streptococcal surgical wound infections occur infrequently, the occurrence of a single case will prompt a search for a carrier. If personnel are linked epidemiologically to the occurrence of disease, they should be cultured, and if positive, removed from patient contact until carriage is eradicated.

Group B Streptococcal:

Carriage by personnel does not appear to be important in nosocomial transmission. Careful hand washing by personnel will minimize the risk of nosocomial spread.

Hepatitis, Viral:

Personnel

Hepatitis A: Relieve from direct patient care until 7 days after onset of jaundice. Food handlers: Must notify NYSDOH for appropriate guidance and follow-up.

Hepatitis B, Acute: Reinforce recommended precautions and injury prevention techniques during procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin. Individual should remain off work while clinically ill. Individuals with weeping dermatitis: restrict from patient care and contact with patient care equipment until the condition resolves.

Hepatitis C, Acute: Reinforce recommended precautions and injury prevention techniques during procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin. Individual should remain off work while clinically ill.

Hepatitis B and C, Chronic: Chronic carriers should be evaluated for infection risk by a combination of the Head Athletic Trainer, Medical Director of the University, the Team Physician, Program Director, and the student's own physician. Multifactorial criteria should be used to determine whether the worker poses a significant risk to patients taking into consideration any evidence that the worker is unable or unwilling to follow infection control recommendations, is epidemiologically linked to cases of transmission in patients, or is too ill to work. All Students/Staff who are HBsAg and HC positive will be counseled regarding their infectivity and instructed to routinely take steps which will prevent injury that could result in blood contamination.

Occupational exposure: Follow "Occupational Exposure to Blood/Body Fluid Policy and Procedure"

Herpes Simplex

Hands/fingers (Herpetic whitlow): Relieve from direct patient contact until lesions heal. It is not known whether gloves prevent transmission.

Orofacial: Personnel should not care for infants or immunocompromised patients until lesions heal. Lesions should be covered with an appropriate barrier, i.e., dressing, mask.

Genital: No work restrictions; reinforce good hygiene practices.

Lice

Personnel: Relieve from direct patient contact until treated.

Occupational exposure: Staff/students who contact patients with lice do not require treatment unless evidence of infestation is present.

Measles

Confirmed or suspected: Remove from workplace until 5 days after the rash appears or until active disease is ruled out by IGM titers

Post-exposure (non-immune personnel): Remove from workplace from the 7th through 21st day after exposure and/or 5 days after rash appears.

Meningococcal

Occupational exposure: Consult with Infection Control Chairman.

Disease: Those employees with close exposure (ex. funduscopy, assisting patient vomiting, mouth to mouth resuscitation) will be treated with Rifampin.

Mumps (Parotitis):

Confirmed or suspected: Relieve from workplace until 9 days after onset of parotitis or until active disease is ruled out.

Post-exposure (non-immune personnel with very close contact): Relieve from workplace from the 12th through the 26th day after exposure or until 9 days after onset of parotitis.

Parvovirus B19:

See Fifth Disease.

Pertussis:

Confirmed or suspected: Remove from workplace until the third week after onset of cough or until 5 days after start of effective therapy or active disease is ruled out.

Post-exposure (susceptible personnel with very close contact): No work restrictions, but 2 weeks of erythromycin prophylaxis should be given to close contacts.

Rubella:

Confirmed or suspected: Remove from workplace until 5 days after the rash appears or until active disease is ruled out.

Post-exposure (non-immune personnel): Remove from workplace from the 7th through 21st day after exposure and/or 5 days after rash appears.

Scabies:

Personnel: Relieve from direct patient contact until treated.

Occupational exposure: Both symptomatic and exposed asymptomatic students/staff (direct skin to skin contact) should be treated with Elimite.

Staphylococcus Aureus skin lesions:

Relieve from direct patient contact until lesions have resolved.

Tuberculosis

Active pulmonary or laryngeal tuberculosis:

Personnel: Remove from work place until effective therapy has been instituted and sputum cultures are negative.

Occupational exposure: Referral to Team Physician for appropriate follow-up.

Positive PPD: No work restrictions. Rule out active disease and consider INH prophylaxis.

Upper respiratory infections:

It is preferred that persons with acute respiratory infections not provide direct patient care. Supervisory discretion is advised as staffing limitations and severity of symptoms may affect this decision. Prevent contact with patients who are at increased risk for complications from a respiratory infection (i.e., immunocompromised, underlying respiratory disease). Meticulous hand washing after contact with oral/nasal secretions is necessary.

Varicella (chickenpox):

Active: Remove from workplace until all lesions are dry and crusted.

Post-exposure: Follow "Exposure to Chicken Pox" Policy.

Varicella Zoster (Shingles):

Active - localized: Use of appropriate barrier desirable: personnel should not care for infants or immunocompromised patients until lesions are dry and crusted.

Active - disseminated: Remove from workplace until lesions are dry and crusted.

Post-exposure (non-immune personnel): Follow "Exposure to Chicken Pox" Policy.

Communicable Disease Policy Student Acknowledgement

Signature of receipt of information: _____

Print Name: _____