

## **Communicable Diseases Policy**

The CU ATP recognizes the importance of minimizing the exposure of athletes or patients in a clinical setting to communicable diseases. Students in the ATP must demonstrate protection against communicable diseases before being allowed to participate in patient care. This includes completion of a comprehensive vaccination/communicable disease record and completion of a physical examination to verify the athletic training student meets the technical standards of the ATP. Verification of vaccination or verification of recovery from disease must include Hepatitis B, rubella, mumps, rubeola, varicella, tetanus/ diphtheria, and tuberculosis. Students must also complete annual training in the handling of blood-borne pathogens and infectious agents as specified by the Occupational and Safety Health Administration and documented by the ATP. This training will be provided by the ATP Faculty at the beginning of each fall semester. Records of these various documents will be kept in the ATP student's permanent file and/or programmatic files

Students who contract a communicable disease are required to obey prescribed guidelines by their attending physician and the recommendations of the CU Student Health Center. Students should advise at least one of the following individuals if a communicable disease is contracted and may, in any way, affect their attendance, participation or risk the health of others: PD, CEC, and/or Preceptor. The following communicable diseases which fall under this policy include, but are not limited to:

- AIDS
- Amebiasis
- Anthrax
- Botulism
- Brucellosis
- Campylobacter infections
- Chancroid
- Chlamydia trachomatis infection
- Cholera
- Diphtheria
- Infectious encephalitis
- Escherichia coli
- Giardiasis
- Gonorrhea
- Haemophilus influenza
- Hand, foot and mouth syndrome
- Viral and acute hepatitis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Herpes
- Hantavirus
- HIV
- Legionellosis
- Leprosy (Hansen's disease)
- Lyme disease
- Malaria
- Measles

- Meningitis (bacterial)
- Meningococemia
- Mumps
- Pertussis (whooping cough)
- Plague
- Poliomyelitis
- Psittacosis
- Rocky Mountain spotted fever
- Rubella
- Salmonellosis (typhoid fever)
- Shigellosis
- Streptococcus pneumonia
- Syphilis
- Tetanus
- Toxic shock syndrome
- Trichinosis
- Tuberculosis
- Tularemia
- Yellow fever
- Pinworms
- Ringworm
- Scabies
- Shingles (herpes zoster)

#### **M. Blood Borne Pathogen Policies**

Athletic training students may be exposed to blood borne pathogens during the course of their clinical experiences and rotations. ATP students are expected to review and follow the Exposure Control Plan established at each clinical site in which is present in the case of a potential exposure incident. If an ATS has an exposure incident it should be reported immediately to their assigned preceptor and the CEC, and the appropriate CU ATP and clinical site forms should be completed immediately (NOTE: refer to Appendix E for a copy of the *BBP Exposure Report Form*).

Prior to admittance into the ATP, a student must complete the Hepatitis B Vaccination/ Declination Form, acknowledging that they received the vaccination or that they are declining the vaccination.

Training for all ATP students and faculty will be conducted before initial clinical experiences/observations where occupational exposure may occur. Students will first receive training while enrolled in the AT 201 course, and prior to any clinical education experiences including directed observation experiences, and then receive annual refresher training prior to the start of fall semester clinical rotations. An outline for the training and the Hepatitis B Vaccination/ Declination Form is included in the ATP Application Packet

**Appendix E**  
**BBP Exposure Report Form**  
**Concord University Athletic Training Program**

Name: \_\_\_\_\_  
 Student ID or SSN: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Date of Exposure: \_\_\_\_\_  
 Time of exposure: \_\_\_\_\_

Where did exposure incident occur (be specific):	
What task was being performed when the exposure occurred (describe the incident):	
What caused the exposure (it was the result of what condition or behavior):	
Who is the source individual (name and phone #):	Staff                  Faculty                  Student Other Name: Phone #:
What part(s) of your body was exposed (circle):  Specific Location:	Intact skin          Non-intact skin Eyes                  Nose                  Mouth Other: _____
What body fluids were you exposed to (circle):	Blood                  Vomit                  Urine Other: _____
Did the body fluid (circle):	Touch unprotected skin Soak through clothing Other: _____
How much body fluid came in contact (circle)?	< 1 teaspoon          Several teaspoons Several tablespoons More:
What personal protective equipment were you wearing:	

If no PPE was worn, explain clearly why it was not:	
Was a medical sharps device involved:	No Yes: List specific device(s): _____ _____ _____
If yes, what failed to prevent injury:	
Have you received pre-exposure HBV vaccine	No Yes: Date: ___ / ___ / ___ -
How could this exposure have been prevented:	
Student Signature and Date:	
Supervisor/Preceptor Signature and Date:	
ATP Clinical Education Coordinator Signature and Date:	
ATP Director Signature and Date:	

\*This form should be completed with 24 hours of exposure incident.