Communicable Disease/ Blood Borne Pathogens

Policy and Procedures

The purpose of the Mizzou Athletic Training Program (MATP) Communicable Disease Policy is to protect the health and safety of all parties. The purpose of this policy is to ensure the welfare of the students enrolled within this academic program in addition to patients that MATP students may come in contact with during their clinical educational experiences. This policy is designed to provide athletic training students, Preceptors and Faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control (CDC). This policy was developed using the recommendations established by the CDC for health care workers (http://www.cdc.gov).

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 particulates inhaled); a vehicle (ingested or injected); and a vector (via animals or insects).

Communicable Diseases Cited by the CDC:

<table>
<thead>
<tr>
<th>Condiunctivitis</th>
<th>Human immunodeficiency virus (HIV)</th>
<th>Rubella</th>
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<tbody>
<tr>
<td>Cytomegalovirus infections</td>
<td>Measles</td>
<td>Scabies</td>
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<tr>
<td>Diarrheal diseases</td>
<td>Meningococcal infections</td>
<td>Streptococcal infection</td>
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<tr>
<td>Diphtheria</td>
<td>Methicillin-resistant Staphylococcus aureus (MRSA)</td>
<td>Tuberculosis</td>
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<td>Enteroviral infections</td>
<td>Mumps</td>
<td>Varicella</td>
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<td>Hepatitis viruses</td>
<td>Pediculosis</td>
<td>Viral respiratory infections</td>
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<td>Herpes simplex</td>
<td>Pertussis</td>
<td>Zoster</td>
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Guidelines for Prevention of Exposure and Infection

1. Pre-Athletic Training Students will successfully complete The MATP Blood borne Pathogen Training and Quiz in ATHTRN 1100, prior to clinical observation.
2. Students are required to submit up to date verification of immunizations prior to ATHTRN 2150. Students must have current immunizations, including;
   a. Childhood immunizations: (DPT/Polio/MMR)
   b. Tdap or Adult Td in the past 10 years
   c. Hepatitis B Series (may accept Hepatitis B surface antibody on a per case basis for student unable to locate Hepatitis B series documentation)
   d. Documentation of two-dose varicella vaccination series or a positive varicella titer
   e. Two-step TB skin testing with annual update. If submitting TB skin test results from another facility or physician, results must include "signature of person performing test, date read, mm of induration, and if negative or positive." An Interferon-gamma Release Assay (IGRA) with written documentation, done within three months of matriculation may be substituted.
      i. If there is a prior history of TB, previous positive test, or completion of treatment for TB infection or TB disease appropriate written documentation is required. Students unable to provide written documentation will undergo baseline testing for M. tuberculosis infection as determined by the Student Health Center medical staff. These students will also undergo annual symptom review in place of TST.
      ii. A newly recognized positive TST may require an IGRA and will receive an appropriate clinical evaluation and chest x-ray as determined by the Health Center medical staff. These students will also undergo annual symptom review in place of TST.
   f. Annual Influenza immunization
   g. Each athletic training student is responsible for obtaining any additional immunizations or tests required by specific clinical education sites.
   h. Students are responsible for all cost of immunizations, tests, and x-rays required by the MATP, as well as any required by the facility to which they are assigned. Athletic training students may utilize private physicians for the required immunizations, tests, and x-rays, provided documentation and pertinent results are provided to the Student Health Service.
3. During the professional phase of the MATP Athletic Training Students will successfully complete Blood borne Pathogen Training during the Practicum Courses ATHTRN 2150, 3150 and 4150. These Practicum courses are each Fall Semester so that each student completes training once a year.
4. Students are required to obtain a physical and submit documentation of the physical to the MATP, prior to ATHTRN 2150.
5. Students are required to use proper hand washing techniques and practice good hygiene at all times.
6. Students are required to use Universal Precautions at all times. This applies to all clinical sites.
7. 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. Any student who has been exposed to a potential infection before, during, or after a clinical experience should report that exposure to his/her supervising Preceptor immediately and to the Clinical Education Coordinator.

2. The incidence response procedure for the MATP is as follows:
   - Any individual sustaining a puncture injury, cut from sharps, or splatter to eyes, nose, or mouth should:
     a. For puncture injuries or cuts from sharps, expose, express (encourage bleeding if the wound is small) and thoroughly wash the wound area with soap and water for 15 minutes. If soap and water are not available, then an antiseptic (solution, wipe, spray) should be used.
     b. Wash any area exposed to blood or OPIM with tepid water and soap for at least 5 minutes. Alcohol-based hand rinses, gels, foams (containing 60+% alcohol) should be used on intact skin when water is not available.
     c. If splashes are to the eyes, irrigate eyes with clean water or commercially available eyewash solution for 15 minutes.
     d. Students that have a blood or OPIM incident should immediately telephone the Student Health Center, 573-882-7481 to arrange an urgent appointment.
     e. If Student Health is closed, the Student should report to the nearest emergency room.
     f. The Student and Preceptor must fill out a MATP Incident Report Form, signed by both Student and Preceptor. The completed form is given to the Clinical Education Coordinator.
     g. The Student is responsible for all medical costs incurred regarding the exposure incident.

3. Any student, who demonstrates signs or symptoms of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease immediately to his/her supervising Preceptor and Clinical Education Coordinator.

4. The student is responsible for keeping the Coordinator of Clinical Education informed of his/her conditions that require extended care and/or missed class/clinical time. The student may be required to provide written documentation from a physician to return to class and/or clinical site.

5. If a student feels ill enough to miss ANY class or clinical experience that student should notify the appropriate Instructor or supervising Preceptor immediately.

By signing below, you indicate you understand and will abide by the MATP’s Communicable Disease Policy.

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Athletic Training Student Name (Print)          Date

Athletic Training Student Signature          Student ID
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Link to Communicable Disease/Blood Borne Pathogens Policy & Procedures
MIZZOU ATHLETIC TRAINING PROGRAM

Blood borne Pathogen

Athletic Training Student Exposure Incident Report

This form should be filled out as soon as possible after a Student exposure incident.

Student Name: ___________________________ DOB __________________________

MU Student ID: ___________________________ Student Phone Number: ____________

Preceptor: _______________________________ Preceptor Phone Number: ____________

1. Date of Exposure: __________________________

2. Time of Exposure: __________________________

3. Clinical Site/Location of Exposure: __________________________

4. Describe clearly and in detail how the incident occurred: __________________________

5. Were there any witnesses to incident, if so, list names: __________________________

6. Location medical attention was given (Student Health Center, Emergency Room):

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Athletic Training Student Signature __________________________ Date ____________

Preceptor Signature __________________________ Date ____________