



Gannon University
Masters of Athletic Training Program
Communicable Disease and
Bloodborne Pathogens Policies

Policy and Procedures

The purpose of the Gannon Masters of Athletic Training Program (MAT) 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 MAT program 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:

Conjunctivitis	Human immunodeficiency virus (HIV)	Rubella
Cytomegalovirus infections	Measles	Scabies
Diarrheal diseases	Meningococcal infections	Streptococcal infection
Diphtheria	Methicillin-resistant Staphylococcus aureus (MRSA)	Tuberculosis
Enteroviral infections	Mumps	Varicella
Hepatitis viruses	Pediculosis	Viral respiratory infections
Herpes simplex	Pertussis	Zoster

Guidelines for Prevention of Exposure and Infection

1. Masters of Athletic Training Students will successfully complete The Gannon University Blood borne Pathogen Training on Blackboard, prior to clinical observation. A folder has been set up specifically for the Masters Athletic Training

- (MAT) students that contains the BBP training
2. Students are required to submit up to date verification of immunizations prior to the beginning of clinical rotations. Students must have current immunizations, including;
 - a. Copy of childhood immunizations records: (DPT/Polio/MMR)
 - b. Tdap or Adult Td in the past 10 years
 - c. Hepatitis B Series of 3 or positive Antibody Titer (HBsAb)
 - d. Documentation of two-dose varicella vaccination series or a positive varicella titer or Chicken Pox age if titer is negative or equivalent.
 - 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 MAT program, 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 Program Director or Clinical Education Coordinator.
 3. Prior to the beginning of the clinical rotations, Athletic Training Students will successfully complete Blood borne Pathogen Training on Blackboard during an orientation day. Each student completes training once a year.
 4. Students are required to obtain an annual physical and submit documentation of the physical to the MAT Program Director.
 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 MAT program is as follows:
Any individual sustaining a puncture injury, cut from sharps, or splatter to eyes, nose, or mouth should:
 - a. Thoroughly wash the wound area with soap and water. Alcohol-based hand rinses, gels, foams (containing 60+% alcohol) should be used when water is not available.
 - b. Flush splashes of blood or other potentially infectious material (OPIM) to the nose, mouth, or skin with water.
 - c. Irrigate eyes with clean water, saline, or sterile irrigates.
 - d. Students that have a blood or OPIM incident should immediately telephone Gannon University Student Health Center, 814-871-7622 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 MAT program 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

Communicable and Infectious Disease Policy

Universal Precautions - Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and body- fluid precautions should be consistently used for ALL patients. This approach; previously recommended by CDC and referred to as "universal blood and body-fluid precautions" or "universal precautions," should be used in the care of ALL patients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually

unknown.

1. All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouth- pieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

5. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission. Implementation of universal blood and body-fluid precautions for ALL patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, "AFB") should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

Taken from: Recommendation for Prevention of HIV Transmission in Health Care Settings, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia 30333.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00023587.htm>

Athletic training students are required to sign an Active Communicable Disease Policy Verification Form.

Bloodborne Pathogen Training

Athletic training students must comply with Occupational Safety and Health Administration (OSHA) blood-borne pathogen (BBP) procedures. Athletic training students must receive formal blood-borne pathogen training before being placed in a potential exposure situation. All athletic training students will receive BBP training (OSHA) approved prior to beginning their clinical rotations. The BBP training is provided on the University's Blackboard system. The BBP training is completed during the GMAT 504 course, Summer I prior to the beginning of the student's clinical education experiences which begin in the Fall I course progression.

Blood borne Pathogen Exposure Control Procedures

Any individual sustaining a puncture injury, cut from sharps, or splatter to eyes, nose, or mouth should:

1. Thoroughly wash the wound area with soap and water. Alcohol- based hand rinses, gels, foams (containing 60+% alcohol) should be used when water is not available.
2. Flush splashes of blood or other potentially infectious material (OPIM) to the nose, mouth, or skin with water.
3. Irrigate eyes with clean water, saline, or sterile irritants.

4. Students that have a blood or OPIM incident should immediately report to the nearest emergency room. Hospitals in the Erie area include:

Saint Vincent Hospital	UPMC Hamot	Millcreek Community Hospital
232 W 25 th St	201 State St	5515 Peach St
Erie, Pa 16544	Erie, PA 16550	Erie, PA 16509
(814) 452-5000	(814) 877-6000	(814) 864-4031

If not in the Erie area, proceed to the nearest emergency room for immediate treatment.

5. The Student and Preceptor must fill out a GMATP Incident Report Form, signed by both Student and Preceptor. The completed form is given to the Clinical Education Coordinator.
6. The Student is responsible for all medical costs incurred regarding the exposure incident.

GANNON UNIVERSITY MASTERS of 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 _____

GU 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):

Athletic Training Student Signature *Date*

Preceptor Signature *Date*