



Master of Science in Athletic Training

**Communicable Disease Policy for Individuals Seeking
the Master of Science in Athletic Training**

The communicable disease policy is designed to provide methods for reducing the transmission of infectious diseases from athletic training personnel (preceptor, athletic training student) to patients and from patients to athletic training personnel. Prevention of transmission of such diseases includes immunizations for vaccine preventable diseases, isolation precautions to prevent exposures to infectious agents, and management of athletic training personnel exposure to infected persons. The objectives of this policy include the following: (1) educate athletic training personnel about the principles of infection control and stressing individual responsibility for infection control; (2) collaborate with other departments to help ensure adequate surveillance of infections in personnel and provision of prevention services; (3) provide care to athletic training personnel for work-related illnesses or exposures; and (4) identify work-related infection risks and instituting appropriate preventative measures. This policy will follow the guidelines set by the Centers for Disease Control and Prevention in the “SPECIAL ARTICLE: Guideline for infection control in health care personnel, 1998” (Published in *AJIC: American Journal of Infection control* (1998; 26:289-354)) and adapted from the APU Sports Medicine Manual.

Athletic training personnel are encouraged to report any infectious disease/problem/condition to their direct supervisor. Athletic training personnel are restricted from patient contact, or contact with the patient’s environment if they have an infectious communicable disease (See attached Table 3 from the SPECIAL ARTICLE). Athletic training students will report to their preceptor and/or the MSAT Program Director. In the case that athletic training personnel refuse or are unwilling to report their condition to their supervisor for some reason, they must make sure they are restricting themselves from patient contact, or contact with the patient’s environment using the guidelines in Table 3 from the SPECIAL ARTICLE.

Athletic training personnel known to be infected with a communicable disease can be excluded from duty. The type and duration of work restrictions will be dependent upon the type of disease/problem, by the mode of transmission and the epidemiology of the disease (Table 3 from the SPECIAL ARTICLE). The student’s preceptor and/or the MSAT Program Director, in consultation with the MSAT Medical Director, and/or treating Physician, will determine the duration and type of work or clinical restriction imposed for athletic training students using Table 3 from the SPECIAL ARTICLE. Copies of the “SPECIAL ARTICLE, Guideline for infection control in health care personnel, 1998” are available for download at <http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf> and are on file in the office of the MSAT Program Director.

I certify that I have read and understand the communicable disease policy and agree to abide by its requirements for reducing the transmission of infectious diseases.

Name of Student (please print) _____

Signature of Student _____ **Date** _____

Table 3. Summary of suggested work restrictions for health care personnel exposed to or infected with infectious diseases of importance in health care settings, in the absence of state and local regulations (modified from ACIP recommendations⁹)

Disease/problem	Work restriction	Duration	Category
Conjunctivitis	Restrict from patient contact and contact with the patient's environment	Until discharge ceases	II
Cytomegalovirus infections	No restriction		II
Diarrheal diseases			
Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with the patient's environment, or food handling	Until symptoms resolve	IB
Convalescent stage, <i>Salmonella</i> spp.	Restrict from care of high-risk patients	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures	IB
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained ≥ 24 hours apart are negative	IB
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve	II
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice	IB
Hepatitis B			
Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures	No restriction*; refer to state regulations; standard precautions should always be observed		II
Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker; refer to state regulations	Until hepatitis B e antigen is negative	II
Hepatitis C	No recommendation		Unresolved issue
Herpes simplex			
Genital	No restriction		II
Hands (herpetic whitlow)	Restrict from patient contact and contact with the patient's environment	Until lesions heal	IA
Orofacial	Evaluate for need to restrict from care of high-risk patients		II
Human immunodeficiency virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of the worker; standard precautions should always be observed; refer to state regulations		II

Continued

*Unless epidemiologically linked to transmission of infection

†Those susceptible to varicella and who are at increased risk of complications of varicella, such as neonates and immunocompromised persons of any age.

‡ High-risk patients as defined by the ACIP for complications of influenza.

Table 3. Continued

Disease/problem	Work restriction	Duration	Category
Measles			
Active	Exclude from duty	Until 7 days after the rash appears	IA
Postexposure (susceptible personnel)	Exclude from duty	From 5th day after 1st exposure through 21st day after last exposure and/or 4 days after rash appears	IB
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy	IA
Mumps			
Active	Exclude from duty	Until 9 days after onset of parotitis	IB
Postexposure (susceptible personnel)	Exclude from duty	From 12th day after 1st exposure through 26th day after last exposure or until 9 days after onset of parotitis	II
Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice	IB
Pertussis			
Active	Exclude from duty	From beginning of catarrhal stage through 3rd wk after onset of paroxysms or until 5 days after start of effective antimicrobial therapy	IB
Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended		II
Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after start of effective antimicrobial therapy	IB
Rubella			
Active	Exclude from duty	Until 5 days after rash appears	IA
Postexposure (susceptible personnel)	Exclude from duty	From 7th day after 1st exposure through 21st day after last exposure	IB
Scabies			
<i>Staphylococcus aureus</i> infection			
Active, draining skin lesions	Restrict from contact with patients and patient's environment or food handling	Until lesions have resolved	IB
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism		IB
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started	IB
Tuberculosis			
Active disease	Exclude from duty	Until proved noninfectious	IA
PPD converter	No restriction		IA

Continued

Table 3. Continued

Disease/problem	Work restriction	Duration	Category
Varicella			
Active	Exclude from duty	Until all lesions dry and crust	IA
Postexposure (susceptible personnel)	Exclude from duty	From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure	IA
Zoster			
Localized, in healthy person	Cover lesions; restrict from care of high-risk patients†	Until all lesions dry and crust	II
Generalized or localized in immunosuppressed person	Restrict from patient contact	Until all lesions dry and crust	IB
Postexposure (Susceptible personnel)	Restrict from patient contact	From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust	IA
Viral respiratory infections, acute febrile	Consider excluding from the care of high risk patients‡ or contact with their environment during community outbreak of RSV and influenza	Until acute symptoms resolve	IB