

## Athletic Training Program

### Communicable Disease Policy

#### Introduction

The purpose of the University at Buffalo Master of Science Athletic Training Program Communicable Disease Policy is to protect the health and safety of athletic training students and the patients that students may come in contact with during their clinical education experiences. This policy was developed in accordance with the recommendations by the Center for Disease Control (CDC) and its report on Guidelines for Infection Control in Health Care Personnel. Please visit [www.cdc.gov](http://www.cdc.gov) for more information on the recommendations and guidelines.

#### Communicable Diseases

A communicable disease is a disease that can be transmitted from one person to another and are caused by microorganisms (parasites, viruses, bacteria and/or fungi). They can be transmitted via direct physical contact, a vehicle (ingested or injected), air (cough, sneeze or other particulates inhaled) and a vector (animals or insects).

Common Examples of Communicable Diseases include, but are not limited to:

Conjunctivitis	Human immunodeficiency virus (HIV)	Rubella
Cytomegalovirus infections	Measles	Scabies
Diarrheal diseases	Meningococcal infections	Streptococcal infection
Diphtheria	Methicillin-resistant Staphylococcus aureus (MRSA)	Tuberculosis
Herpes simplex	Mumps	Varicella

For a complete list, visit [www.cdc.gov](http://www.cdc.gov)

## **Guidelines for Prevention in Clinical Setting**

While it is not possible to prevent exposure to all disease causing microorganisms, the following guidelines should help to prevent the spread of communicable diseases:

1. Athletic Training Students successfully complete University at Buffalo Blood-borne Pathogen Training on UBLearn, prior to clinical experiences. Students will complete this training yearly, prior to any patient care. This content will also be covered in ES 554 – Emergency Management in Athletic Training.
2. Athletic Training Students are required to submit up-to-date verification of immunizations prior to matriculation into the Master of Science in Athletic Training program. Students must use the Annual Immunization Review form. This is available through Student Health Services. Students can also have this completed at Student Health Services. Students will submit this directly to Student Health Services.
  - a. Students who have not received immunizations for medical or religious reasons, please contact the Program Director for Athletic Training.
3. Athletic Training Students are required to use Universal Precautions at all times. This applies to all clinical education sites.
4. Athletic Training Students are required to use proper hand washing techniques and practice good hygiene at all times.
5. No patient care should be performed when an athletic training student has active signs or symptoms of a communicable disease.

## **Guidelines for Managing a Potential Infection**

Any student who has been exposed to a potential infection before, during or after a clinical experience should report that exposure to his/her Preceptor and Clinical Site immediately and to the Coordinator of Clinical Education.

The incident response procedure is as follows:

1. Thoroughly wash the wound area with soap and water.
2. Flush splashes to the nose, mouth or skin with water.
3. Irrigate eyes with clean water, saline or sterile irrigants.
4. Any student that has been exposed should immediately contact Student Health Services at 716.829.3316
  - 4.1. If Student Health Services is closed, report to the nearest Emergency Department

- 4.2. The student is responsible for all medical costs incurred regarding the exposure incident
5. Any student, who demonstrates signs or symptoms of infection or disease that may place them or patients at risk, should report this to their Preceptor and Coordinator of Clinical Education.
6. The student is responsible for keeping the Coordinator of Clinical Education informed about his/her condition that may require extended care and/or absence from class.

I, \_\_\_\_\_ understand the University at Buffalo Athletic Training Program Communicable Disease Policy. By signing below, you indicate you understand and will abide by the programs policy.

\_\_\_\_\_  
Athletic Training Student Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Training Student Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date