The purpose of the University of Pittsburgh at Bradford Athletic Training Department Communicable Disease Policy is to protect the health and safety of all parties, and ensure the welfare of the students enrolled within this program as well as those patients you may come in contact with during your clinical experiences. It is designed to provide athletic training students, preceptors, and athletic department faculty and staff with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers (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 particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects).

Communicable Diseases Cited by the CDC:

<table>
<thead>
<tr>
<th>Bloodborne Pathogens</th>
<th>Conjunctivitis</th>
<th>Cytomegalovirus infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrheal diseases</td>
<td>Diphtheria</td>
<td>Enteroviral infections</td>
</tr>
<tr>
<td>Hepatitis viruses</td>
<td>Herpes simplex</td>
<td>Human immunodeficiency virus (HIV)</td>
</tr>
<tr>
<td>Measles</td>
<td>Meningococcal infections</td>
<td>Mumps</td>
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<tr>
<td>Pediculosis</td>
<td>Pertussis</td>
<td>Rubella</td>
</tr>
<tr>
<td>Scabies</td>
<td>Streptococcal infection</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Varicella</td>
<td>Zoster</td>
<td>Viral respiratory infections</td>
</tr>
</tbody>
</table>

Guidelines for Prevention of Exposure and Infection
1. Students must successfully complete an annual Blood Borne Pathogens training.

2. Students are required to use proper hand washing techniques and practice good hygiene at all times.

3. Students are required to use Universal Precautions at all times. This applies to all clinical sites.

4. Students are not to provide patient care if they have 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, or who has been diagnosed with having a communicable disease of any form, should report that exposure to his/her Preceptor immediately and to Jason Honeck, Program Director of the ATP at the University of Pittsburgh at Bradford. The Student Health Services at the University of Pittsburgh at Bradford should also be notified.

2. 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.

3. The student is responsible for keeping the Program Director 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.

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

Blood Borne Pathogen Training
https://cme.hs.pitt.edu/ISER/servlet/IteachControllerServlet?actiontotake=loadmodule&moduleid=11061

Reference Sources
http://www.cdc.gov/ncidod/dhqp/gl_hcpersonnel.html

By signing below, you indicate you understand and will abide by the University of Pittsburgh at Bradford Athletic Training Programs Communicable Disease Policy. Any breach of the Communicable Disease Policy will result in disciplinary action determined by Jason Honeck, Program Director of the ATP.

______________________________  ________________________
Athletic Training Student (Print):  Date

______________________________  ________________________
Athletic Training Student (Signature):  Date

______________________________  ________________________
Program Director (Print):  Date

______________________________  ________________________
Program Director (Signature):  Date