Messiah College Athletic Training Program
Communicable Disease Policy (CDP)

The purpose of Messiah’s Athletic Training Program Communicable Disease Policy (CDP) is to meet caATe requirements ([http://www.caate.net/](http://www.caate.net/)) and protect the health and safety of all parties involved in the educational process. In addition, this policy is to ensure the welfare of the students enrolled within this program as well as those patients they may come in contact with during their clinical experiences. It is designed to provide Athletic Training Students, Preceptors (formerly CIs), and athletic training 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 healthcare workers ([www.cdc.gov](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 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>
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<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>
</tr>
<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 Bloodborne 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 notify Matt Lewis, Messiah’s Athletic Training Program Director. The athletic training student will also follow up for diagnosis and care in the Engle Health Center.

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.

By signing below, you indicate your comprehension and compliance with Messiah’s Athletic Training Program Communicable Disease Policy (CDP). Any violation of the Communicable Disease Policy (CDP) will result in disciplinary action as determined by Messiah’s Program Director, with approval of the Health, Nutrition and Exercise Science Department Chair.

_______________________________________ ______________________
Athletic Training Student (Print): Date

_______________________________________ ______________________
Athletic Training Student (Signature): Date

_______________________________________ Date
Preceptor (Print):

_______________________________________ Date
Preceptor (Signature):

_______________________________________ ______________________
Matt Lewis
Program Director (Print): Date

_______________________________________ Date
Program Director (Signature):

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