The purpose of the University of West Florida Athletic Training Program 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 department and major 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 training faculty 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>
</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 Zoster</td>
<td>Viral respiratory infections</td>
<td></td>
</tr>
</tbody>
</table>

Guidelines for Prevention of Exposure and Infection
1. Students must successfully complete annual Bloodborne pathogens training prior to initiating formal clinical experiences. This training will be completed at the annual student in-service in August prior to the commencing of the Fall semester.
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. 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 preceptor immediately and to Dr. Chris Dake, ATC, Clinical Education Coordinator.
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 to his/her preceptor.
3. The student is responsible for keeping the Clinical Education Coordinator 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 supervising preceptor immediately. Any absence must be supported with written documentation from a physician.
By signing below, you indicate you understand and will abide by the Athletic Training Program’s Communicable Disease Policy. I understand that I am responsible for the recognizing, reporting, and taking all steps to ensure that I follow the above stated policy.

Any breach of the Communicable Disease Policy will result in disciplinary action outlined in the Student Handbook which will be determined by the Program Director of Athletic Training and the Clinical Education Coordinator.

Athletic Training Student Name (Print)  Athletic Training Student Signature  Date

Hepatitis B Virus (HBV) Vaccination

All students are required to read and sign the “Fact Sheet and Verification” form for Hepatitis B Vaccination prior to participating in the clinical education component associated with the Athletic Training Program.

During the Athletic Training Clinical Courses at UWF (and approved off-campus clinical sites), each student may be exposed to blood, blood-borne pathogens, and other potentially infectious materials. This potential exposure places the student at risk for acquiring the Hepatitis B Virus (HBV) infection. Each student can: a) show proof of prior vaccination or has already begun the vaccination process; b) agree to begin the vaccination series (the student assumes all costs associated with this vaccination series); or c) the student chooses to not take the vaccination and assumes all risks of exposure.

The Hepatitis B vaccination series is available at the local health department, UWF Student Health Services, or from his/her family physician. The student is responsible for any and all costs associated with the vaccination series if the student chooses to obtain the vaccination. Please refer to the UWF Student Health Services website for fee information: http://www.uwf.edu/healthcenter/Servicesfees.cfm.

Refer to the “Fact Sheet and Verification” document that follows for more information on Hepatitis B Virus (HBV) vaccination.

HEPATITIS B VACCINATION FACT SHEET

Introduction

The following policy has been adopted by the Athletic Training Program at The University of West Florida regarding the Hepatitis B vaccination:

All athletic training students, faculty, and staff are required to present documentation of a completed series of HBV immunizations or a signed waiver prior to participation in any athletic training clinical experiences.

Hepatitis B

Hepatitis B virus is one of a multiple causes of hepatitis. Although most people will recover completely from an acute infection, as many as 50% can become chronic carriers and 1-2% will die of full-blown hepatitis. Chronic carriers, who may have no symptoms and others that show symptoms (such as chronic persistent hepatitis, chronic active hepatitis, cirrhosis or
liver failure) could possibly transmit the virus to others. Hepatitis B is also strongly linked to causing Hepatoma, a form of liver cancer.

Hepatitis B virus can be transmitted by contact with body fluids such as:

- blood
- semen and vaginal secretions
- tears
- saliva
- urine
- breast milk

All medical and allied medical/health care professionals are at a high risk of acquiring Hepatitis B because of the frequent exposure to potentially contaminated blood or body fluids.

With those facts in mind, the vaccine is strongly recommended to prevent illness from the Hepatitis B virus.

Hepatitis B Vaccine

The Hepatitis B vaccine is composed of noninfectious recombinant DNA Hepatitis B virus. Clinical studies have found that after 3 doses, 96% of healthy adults will have become seroprotected. Individuals with immune system abnormalities have less response to the vaccine but over 67% of them develop antibodies. If you have immune deficiency problems please consult your physician before receiving the vaccine.

Dosing Schedule

Three (3) doses of the Hepatitis B vaccine are needed to provide protection and should be administered at the student’s earliest opportunity followed by a second dose one (1) month later and finally the third dose completed in the sixth (6th) month.

Adverse Reaction To The Vaccine

Most individuals tolerate the vaccine with little or no side effects. However, you must understand that some individuals will experience soreness, induration, redness, and swelling at the site of the injection. In addition, some may experience fatigue, fever, headache, and dizziness. With any vaccine, expanded use by healthcare professionals will reveal other rare adverse reactions not yet discovered in clinical studies.

Contraindications Of The Vaccine

Individuals with hypersensitivity to yeast or other components of the vaccine should consider NOT taking the vaccine. If you are currently experiencing any serious active infection, you should delay the use of the Hepatitis B vaccine until the infection has resolved. The Hepatitis B vaccine should NOT be administered to pregnant or lactating women unless authorized by their physician.

Warnings

Anyone who experiences a hypersensitivity reaction AFTER a Hepatitis B injection should not receive any further injections. The Hepatitis B vaccine may not prevent a hepatitis infection in a person who may have an unrecognized or early Hepatitis B infection at the time of the vaccine injection. In addition, a small percent of healthy individuals do not respond to the vaccine and do not develop immunity.
During my Athletic Training Clinical courses at the University of West Florida (and approved off-campus clinical sites), I acknowledge and understand that I may be exposed to blood, blood-borne pathogens, and other potentially infectious materials. I understand that this exposure may put me at risk for acquiring the Hepatitis B Virus (HBV) infection. I understand that there is a Hepatitis B vaccination series available at the health department, UWF Student Health Clinic, or from my family physician. I understand and acknowledge that it is my responsibility to obtain and pay for the vaccination series if I choose to do so. I further acknowledge by my signature and by checking one of the options below that I have read and understood the Hepatitis B fact sheet.

PUT A CHECK IN ONLY ONE OF THE BOXES:

☐ 1. I have read the Hepatitis B fact sheet and in deciding not to obtain the Hepatitis B vaccination series, I understand that I may be at risk for acquiring the Hepatitis B Virus (HBV) infection, which is a serious disease. I understand the above information and decline to obtain the Hepatitis B series.

☐ 2. I have read the Hepatitis B fact sheet and I have received my initial or second Hepatitis B vaccination and I am in the process of completing my vaccination series. To this form, I have attached a letter from the health department, UWF Student Health Clinic, or family physician to verify my partial compliance including a date of anticipated completion. **(At the time of completion, a copy of this form and a copy of the verification of the entire Hepatitis B vaccination will be completed.)**

☐ 3. I have read the Hepatitis B fact sheet and I have received the entire Hepatitis B vaccination series prior to beginning my Athletic Training Clinicals at the University of West Florida (and approved off-campus clinical sites) and have attached a copy of this verification to this sheet. This form and the copy of the verification have been given to my Athletic Training Program Director.

Student Signature ___________________________ Date __________
THE UNIVERSITY OF WEST FLORIDA
ATHLETIC TRAINING
PROGRAM

STUDENT REFUSAL OF HEPATITIS B VACCINE

RELEASE OF RESPONSIBILITY FORM

STUDENT NAME (PRINT): ___________________________ DATE: ______________

The Director of Athletic Training has provided me with information about the Hepatitis B Vaccine, and has recommended that I be vaccinated as a student participating in the Athletic Training Program at the University of West Florida.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine at my own expense; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination at my own expense.

________________________________________
Student Signature

________________________________________
Director of Athletic Training
Tuberculosis (TB) Skin Test

All students are required to take a Tuberculosis (TB) Skin Test prior to participating in the clinical education component associated with the Athletic Training Program. Each student must take the test as part of the application process into the Athletic Training Program. Any student not taking the test will not be accepted into the program. Any student having a “positive” test will be examined by a licensed physician, and under established medical protocols, will determine if the student can participate in the clinical component. Documentation of the test must be submitted to the Director of Athletic Training, and will be maintained in the student’s portfolio.

Refer to the “Fact Sheet and Verification” document that follows for more information on Tuberculosis.

TUBERCULOSIS FACT SHEET

Introduction
The following policy has been adopted by the Athletic Training Program at the University of West Florida regarding the Tuberculosis (TB) Skin Test:

All athletic training students, faculty, and staff are required to present documentation of a completed Tuberculosis (TB) Skin Test prior to participation in any sports medicine/athletic training clinical experiences.

Tuberculosis
Tuberculosis, or TB, is a disease caused by bacteria called Mycobacterium tuberculosis. The bacteria can attack any part of your body, but they usually attack the lungs. TB disease was once the leading cause of death in the United States.

In the 1940’s, scientists discovered the first of several drugs now used to treat TB. As a result, TB slowly began to disappear in the United States. But TB has come back. After 1984, the number of TB cases reported in the United States began to increase. More than 25,000 cases of TB were reported in 1983.

How is TB spread?
TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, the bacteria move through the blood to other parts of the body, such as the kidney, spine, and brain.

TB in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. TB in other parts of the body is not usually infectious unless unprotected direct contact with these areas occur.

People with TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends, and co-workers.

What is the TB infection?
Most people are able to fight off the TB bacteria and its growth because they might have a strong immune system. However, the bacteria might become inactive, but they might remain in the body and can become active again at a later time. This is called TB infection. Persons with the TB infection:

• have no symptoms
• don’t feel sick
• can’t spread TB to others
• usually have a positive TB Skin Test reaction
• can develop TB disease later in life if they do not receive preventative therapy

Persons with a weak immune system are unable to fight off the growth of the TB infection, and thus develop TB disease.

**What is TB disease?**

As stated previously, the most people are able to fight off the TB bacteria and its growth because they might have a strong immune system. However, the bacteria might become inactive, but they might remain in the body and can become active again at a later time. Babies and young children often have weak immune systems. Persons infected with the HIV (the virus that causes AIDS), also have very weak immune systems. Other persons can contract the TB disease if they suffer from the following:

- substance abuse
- diabetes mellitus
- silicosis
- cancer of the head or neck
- leukemia or Hodgkin’s disease
- severe kidney disease
- low body weight
- certain medical treatments (such as corticosteroid treatment or organ transplants)

The symptoms of TB disease usually occur where the TB bacteria is growing. TB in the lungs may cause:

- a bad cough that lasts longer than 2 weeks
- pain in the chest
- coughing up blood or sputum (phlegm from deep inside the lungs)

In addition, the TB disease may also cause these symptoms:

- weakness or fatigue
- weight loss
- no appetite
- chills
- fever
- sweating at night

**TB Testing**

The TB Skin Test is the only way to determine if you have the TB infection. This test can be obtained through your local health department, university student health clinic, or physician’s office. You should get tested for TB if:

- you have spent time with a TB infected person
- you have HIV infection or another condition that puts you at high risk for TB disease
- you think you have TB disease
- you are from a county where TB disease is very common (most countries in Latin America and the Caribbean, Africa, and Asia, except for Japan)
- you inject drugs
- you live somewhere in the U.S. where TB disease is common (most homeless shelters, migrant farm camps, prisons and jails, and some nursing homes)
When taking the TB Skin Test, a small amount of testing fluid (called tuberculin) is injected just under the skin on the lower part of your arm. After 2-3 days, you return to have the injected area measured for reaction to the test. You may have a small bump where the test was administered. The health care worker will tell you if your test was positive or negative. A positive reaction usually means that you have the TB infection.

If the test is positive, your doctor or nurse may do other tests to confirm the TB disease. These tests include a chest x-ray and a test of the phlegm you cough up. In addition, your doctor may check your blood or urine, or do other tests. If it is determined that you do in fact have the TB disease, then you will need to take medicine to cure the disease.

Exposure to a person with infectious TB does not mean that you will immediately have a positive skin test reaction. You may need a follow-up testing 10-12 weeks after the last time you spent time with the infectious person. If your reaction to the follow-up test is again negative, then most likely you do not have TB infection.

**TUBERCULOSIS (T.B.) SKIN TEST VERIFICATION**

During my Athletic Training Clinical courses at the University of West Florida it is required that I show proof of a T.B. Skin Test.

I acknowledge and understand that this is a requirement for my Athletic Training Clinical courses and my responsibility to see that proper documentation is recorded with the Faculty of the Athletic Training Program at the University of West Florida. I further acknowledge that this is a requirement for my surgical observations and my clinical rotations at all approved clinical sites.

A photocopy of my T.B. Skin Test or letter from my personal physician is proof of documentation and is attached to this form.

_________________________________________  __________________________
Student Signature                  Date