HEALTH AND COMMUNICABLE DISEASE POLICY

If a student is precluded or excused from clinical participation due to illness, seen by a health care provider due to the presence of some circumstance, or otherwise treated for conditions previously specified or otherwise then they must be cleared prior to subsequent clinical participation. A good rule of thumb is to get a physician’s release if you are seen for any reason and/or miss one or more clinical days due to illness or injury. It must also be noted that the student is responsible for all costs and obligations associated with this process. This includes any injuries suffered while assigned to the clinical setting.

Athletic Training Students must provide the Clinical Director with evidence of medical clearance signed by a health care provider prior to returning to clinical participation. If there are questions concerning the athletic training student’s status then they will be withheld until those questions are resolved. Again, the student will be responsible for documenting medical clearance prior to their return. If there is disagreement or difference of opinion as to the student’s status then the Medical Director of the program will have final approval prior to return to participation.

Athletic training students will, from time to time, have health issues that may place them at risk if exposed to contagious or infected student-athletes or patients. This list is not all inclusive, but serves as a guideline for some of the more common conditions that may require modification of a student’s participation.

- Skin Lesions: Impetigo (pyoderma), tinea corpora (ring worm), or HSV (Herpes viral infections). Students should examine suspected or confirmed skin lesions only with gloved hands.
- Respiratory or GI illnesses: Any individual (student-athlete or patient) with a significant cough, sneeze, or fever should be considered contagious. If a student-athlete or patient has vomiting and/or diarrhea, they should likewise be considered contagious. These illnesses may be spread by respiratory droplets associated with sneezing or coughing, or by hands if a respiratory or GI illness. Students should practice good hand washing habits to minimize self-inoculation.
- Blood or other bodily secretions: athletic training students should follow appropriate University and OSHA training/guidelines outlined elsewhere in dealing with blood borne pathogens including wearing gloves, masks, and, as needed, eye protection.
- Individual Risk: Some students may have individual risk factors for infectious circumstances such as low immune function, asplenia, immune suppressive therapy, corticosteroid usage, diabetes, heart disease, chronic lung disease or asthma, etc. Students with one or more of these conditions must be cleared in their physical examination or undergo an individual evaluation prior to interacting with student-athletes or other patients.
- Medical or orthopedic problems: Athletic Training Students with other medical or orthopedic problems should be cleared via their physical examination or otherwise consult their health care provider prior to clinical participation. For instance, asthma may be provoked by cold weather while lifting or doing an examination may exacerbate low back pain.

Conditions placing a student-athlete or patient at risk

- Skin Lesions: an athletic training student with a small area of Tinea Corpora, HSV, or impetigo (that is not draining) that is able to cover the area and isolate from contact with other individuals may care for student-athletes/patients without restrictions. If there is a question the student must refrain from clinical involvement until being evaluated and cleared by a health care provider.
- Respiratory Illnesses: An athletic training student who is febrile (has a fever) should be considered contagious and is excluded from contact with student-athletes/patients until the fever
is gone for 24 hours and the individual feels well enough. The student must exercise extra care in terms of hand washing during the illness to prevent spread of the virus.

- **Strep Throat:** The athletic training student would be considered contagious for 24 hours after beginning antibiotic therapy. The student generally may return to participation after 24 hours.

- **Conjunctivitis:** Any significant purulent eye drainage should be considered contagious and the athletic training student must not have contact with the student-athletes/patients until the infection has been evaluated, treated, and the discharge has significantly diminished.

- **GI Illness:** Vomiting and Diarrhea typically have a viral origin. They can be spread by both saliva and stool. If vomiting has stopped for 24 hours and the diarrhea has subsided, and if the athletic training student uses exquisite hand washing, then return to participation would be allowed. If bloody diarrhea, high fever, severe abdominal cramps, or persistent diarrhea over seven days occurs, then the student must be evaluated by a health care provider prior to return to participation.

- **Blood Borne Pathogens:** If an athletic training student has a chronic blood borne pathogen such as HIV, HBV, or HCV, participation with student-athletes and patients is permitted. The student should observe universal precautions and consider self-exclusion when an open wound is present.

- **Other illnesses or conditions:** If the athletic training student has any other possible transmissible diseases/conditions then he/she must consult with a health care provider.