Communicable Disease Policy

In order to protect the safety and health of MSUB Athletic Training Students, the following Communicable Disease policy has been designed and adopted by the MSUB ATEP. This plan will be utilized by students, ACI/CIs, and the Athletic Training Education Program staff and faculty to assist in the management (and prevention) of communicable diseases within the ATEP as defined by the Centers for Disease Control.

A Communicable Disease is a disease that can be transmitted from one person to another person (direct contact); from an inanimate object (indirect); from conjuctival, nasal, oral mucosa, etc (droplet or airborne) or through contact with food, water, animals, etc (common vehicle).

Some examples of Communicable Diseases and protocol for management according to the CDC.

Disease	**Information**	**Transmission**	**Incubation Period**	**Action/Restrictions**
Bloodborne Pathogens (Hep B, C and HIV)	Please see BBP/OSHA training	Please see BBP/OSHA training	Varies	Vaccination available for Hep B. Please see BBP /OSHA training for more information
Conjunctivitis	Bacterial or viral	Transmitted by direct contact with individuals or equipment	5-12 days	Referral for MD evaluation and medication. No contact until discharge from eye(s) ceases
Diptheria	Rare in US	Transmitted by droplets or direct contact	2-5 days	No contact. Need to have anti-microbial therapy & 2 negative cultures more than 24 hours apart
Acute Gastrointestinal infections	Variety of causes – bacteria, virus and protozoa	Transmitted by direct contact, contaminated food, water, etc, airborne	Varies	Need to practice good hygiene to prevent infections. Restricted contact until asymptomatic
Hepatitis A	Viral infection	Oral/Fecal	15-50 days	Vaccination available, practice good hygiene and restricted contact until 7 days after onset of jaundice
Herpes simplex	Viral infection of hands (herpetic whitlow) or orofacila	Direct contact	2-14 days	Restricted patient contact or no contact depending on patient's risk until lesions heal.

Disease	Information	Transmission	Incubation Period	Action/Restrictions
Measles (active)	Highly contagious	Direct and airborne transmission	5-21 days	Vaccination available (MMR). No contact until 7th day of rash appearing.
Meningococcal disease	Variety of subgroups	Direct and airborne transmission	2-10 days	Can return to patient care /contact fter 24 hours of effective therapy
Mumps (active)	Vaccination (MMR) is best prevention	Respiratory secretions	12-25 days	May return to patient care/contact after the 10th day of swollen glands
Parvovirus	"Fifth Disease"	Direct contact with people or objects or droplets	6-10 days	Most contagious before rash appears, isolation is not indicated
Pertussis (active)	"Whooping Cough"	Highly contagious, airborne transmission	7-10 days	Vaccination is best prevention. No contact until 5 days after beginning antimicrobial treatment
Poliomyeltitis	Last reported in 1979. Polio vaccination has greatly decreased incidence	Transmitted by direct contact or respiratory secretions	3-6 days for non-paralytic and 7-21 days for paralytic	Most contagious before and after onset of symptoms. Vaccination is best prevention
Rabies	Cases has increased since 1990.	Exposure to rabid animals or animal tissue (bite and non bite). Bites that penetrate the skin have the greatest risk	1-3 months	Pre and post exposure vaccinations are available. Action and restrictions need to be made on a individual basis.
Rubella (active)	Most contagious when rash appears	Transmitted by nasopharyngeal droplets	12-23 days	Immunization (MMR) is most effective treatment. No contact until 5 days after rash appears.
Scabies and pediculosis	Lice - transmitted by infestation of mites	Direct contact by person or inanimate objects		Cleaning procedures and medication will help with the elimination of mites. No contact until treated and no signs of infection

Disease	Information	Transmission	Incubation Period	Action/Restrictions
Staphylococcus aureus	Can also be a MRSA infection	Direct contact	Varies 30 minutes to 10 days depending on strain	No contact until lesions have healed. Need to be on prescription (antimicrobial) medication.
Streptococcus	Can be a natural carrier. Various diseases	Direct contact	Varies 2-10 days	No contact for at least 24 hours after appropriate prescription medications have started
Tuberculosis	Please see BBP/OSHA training	Please see BBP/OSHA training	Please see BBP/OSHA training	Students will need TB skin tests before a clinical rotation at a hospital or clinic. No contact until proven nonifectious
Vaccinia (smallpox)	WHO declared world free of smallpox in 1980	Theoretical risk with contact with dressings or recombinant vaccination		Vaccination recommended for select individuals
Varicella	Chickenpox or shingles Vaccination available	Direct contact (airborne has also occurred)	10-21 days	No contact until lesions are dry and crusted . Can develop immunity after being infected by Varicella
Viral respiratory infections (flu, RSV, rhinovirus, etc)	Some vaccinations available for certain strains	Direct contact, droplet or airborne	1-5, day 3 most contagious	No contact until asymptomatic

The above information regarding communicable diseases were taken from the Centers for Disease Control recommendations. (Boylard, E. A. , Tablan, O.C., Williams, W.W. Pearson, M.L., Shapiro, C.N., Deitchman, S.D.& The Hospital Infection Control Practices Advisory Committee. (1998).

If uncertainty occurs, proper referral to medical professional for diagnosis and treatment is a must. If there are doubts, seek medical treatment ASAP.

MSUB ATEP Guidelines for the prevention and management of communicable diseases:

1. Student must have BBP/OSHA training on a yearly basis.
2. Students must utilize Universal Precautions and good hygiene according to BBP/OSHA training at all times.
3. If there has been a potential exposure to a BBP or communicable disease, the student must communicate that information with the ACI/CI and the program director and fill out the appropriate incidence report form (BBP).
4. If a student becomes ill, students are encouraged to self-isolate and to seek medical treatment from either the MSUB Student Health or their family practitioner. Under certain situations of a communicable disease, proof of MD work/school release may be required.
5. The student must communicate medical absences to the Program Director and the appropriate ATEP faculty and ACI/CIs as soon as possible.

References:

Boylard, E. A. , Tablan, O.C., Williams, W.W. Pearson, M.L., Shapiro, C.N., Deitchman, S.D.& The Hospital Infection Control Practices Advisory Committee. (1998). Special Article: Guidelines for infection control in health care personnel, 1998. *American Journal of Infection Control*, 26(3), 289-354. http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf