Washburn University
Athletic Training Program
Student Health Maintenance and Infectious/Contagious Disease Policy
Also includes Pregnancy Policy

In an effort to promote health and wellness, and to prevent the transmission of disease, and in accordance with the Kansas Department of Health and Environment the following Policy on Health Maintenance and control of infectious and communicable disease is in place.

1. Since athletic training is a recognized allied health profession, athletic training students should strive to promote and maintain a healthy lifestyle in physical, mental, emotional, and spiritual well being.

2. If an athletic training student feels that he/she may have a medical condition, which could affect the health or safety of the student or the patient, or affect the performance of the ATS, the student must inform their clinical preceptor immediately.

   Additionally, the student may use the Informed Consent module to notify the ATP of any on-going conditions which may affect clinical performance.

3. Athletic Training Students with a contagious disease (i.e., influenza, conjunctivitis, gastroenteritis, etc.) or if the possibility exists for transmission/spread of a medical condition, or with a diagnosed communicable disease should avoid direct contact with patients and follow this procedure:
   a. If you are sick, seek treatment in the student health center on campus (Morgan Hall Room 170) 785-670-1470
   b. Notify your clinical preceptor if you are going to miss a practice, game, or other scheduled clinical time either in person or by phone.
   c. Obtain a note from the physician/health clinic to provide to your clinical preceptor. Students with an infectious disease may participate in clinical rotations and/or field experiences as delineated by their attending physician. Students shall be required to provide the ATP and all of their assigned clinical sites written release for participation signed by the attending physician.
   d. Students with an infectious disease should obey prescribed guidelines from his/her attending physician and/or the recommendations of the University Student Health Center.
   e. Students shall be required to make-up all missed course work, clinical modules, and clinical experience hours. Arrangements must be made in conjunction with the Clinical Education Coordinator. If necessary, “Incomplete” grades may be assigned. Completion of “Incomplete” courses will follow the University Policy, outlined in the University Catalog, regarding grade completion.

4. Athletic Training Students should practice the following preventative health procedures:
   a. Maintain good personal hygiene
   b. Perform regular hand washing to eliminate the spread of disease. Hand washing should occur before and immediately after any patient/athlete contact
   c. Cover open wounds or cuts, before treating a patient/athlete
   d. Cover mouth when sneezing or coughing.
e. Always utilize universal precautions when potential contact with any and all bodily fluids exists as instructed through annual bloodborne pathogen in-service training.

The following communicable diseases pertain to this policy (but not limited to):

Some of these conditions are considered reportable under Kansas law and physicians may be required to report them to the Kansas Department of Health and Environment.

AIDS
Amebiasis
Anthrax
Botulism
Brucellosis
Campylobacter infections
Chancre
Chlamydia trachomatis infection
Cholera
Cryptosporidiosis
Diphtheria
Infectious encephalitis
Escherichia coli
Giardiasis
Gonorrhea
Haemophilus influenza
Hand, foot and mouth syndrome
Viral and acute hepatitis
Hepatitis A
Hepatitis B
Hepatitis C
Herpes
Hantavirus
HIV
Legionellosis
Leprosy (Hansen disease)
Lyme disease
Mononucleosis

Malaria
Measles
Meningitis (bacterial)
Meningococcemia
Mumps
Pertussis (whooping cough)
Plague
Influenza
Psittacosis
Rabies (animal, human)
Rocky Mountain spotted fever
Rubella
Salmonellosis (typhoid fever)
Shigellosis
Streptococcus pneumoniae
Syphilis
Tetanus
Toxic shock syndrome
Trichinosis
Tuberculosis
Tularemia
Yellow Fever
Pinworms
Ringworm
Scabies
Shingles (Herpes Zoster)
Viral Conjunctivitis
According to the National Institute for Occupational Safety and Health (NIOSH) and the National Council of Radiation Protection (NCRP), control measures should be taken to avoid or reduce reproductive hazards in the pregnant female.

Based on this recommendation, the following procedures will be utilized for pregnant students in the Athletic Training Program:

Upon confirmation of pregnancy, the student must initiate the first step of declaring her pregnancy by voluntarily notifying the Program Director in writing using the Pregnancy Notice Form at the end of this document. In the absence of the voluntary written disclosure, a student cannot be considered pregnant. Program policies will then be reviewed to provide the student with a complete understanding of her status in the program.

The pregnant athletic training student has the following options concerning clinical education:

1. Continue clinical education without modification or interruption. The student accepts full responsibility for her own actions and the health of her baby. She relieves Washburn University, its faculty, and the clinical site of any responsibilities in case of adverse effects.

2. Take a leave of absence from the clinical assignments during her pregnancy. The student and faculty will determine if an incomplete may be given for the course or if the student should withdraw from the clinical course. The length of pregnancy leave will be determined by the student's attending physician and a written release must be given to the CEC prior to returning to clinical affiliations. Graduation dates could be affected.

3. Take a leave of absence from the program. If the student notifies the Program Director of her desire to return, she will be reinstated in the program. Depending on the semester of leave, reinstatement would be after completion of pregnancy leave at the appropriate semester of the next academic year. The length of pregnancy leave will be determined by the student's attending physician and a written release must be given to the Program Director/CEC prior to returning to clinical. Graduation dates could be affected.

Notification of the student’s option must be furnished to the Program Director/CEC prior to clinical placement. The declared pregnant student must follow the established program policies and meet the same clinical educational criteria as all other students prior to graduation.
The following information will be provided to any pregnant athletic training student upon notifying the program of her status. This information is provided to help the ATS make an educated decision regarding her status in the ATP. The program recommends that the pregnant ATS review this information with her physician.

The following table lists chemical and other disease-causing (infectious) agents that have been shown to have harmful effect on pregnant women.

<table>
<thead>
<tr>
<th>Agent</th>
<th>Observed Effects</th>
<th>Preventive Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ionizing radiation</td>
<td>miscarriage, birth defects, low birth weight, developmental disorders</td>
<td>wrap-around apron, or front and back protection utilized</td>
</tr>
<tr>
<td>Strenuous physical labor</td>
<td>miscarriage late in pregnancy, premature delivery</td>
<td>decreased prolonged standing and heavy lifting</td>
</tr>
<tr>
<td>Cytomegalovirus (CMV)</td>
<td>birth defects, low birth weight, developmental disorders</td>
<td>good hygienic practices such as handwashing, gloves, gown, mask</td>
</tr>
<tr>
<td>Human parovirus B (Fifth Disease)</td>
<td>miscarriage</td>
<td>good hygienic practices such as handwashing, gloves, gown, mask</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>birth defects, low birth weight</td>
<td>vaccination before pregnancy if no prior immunity</td>
</tr>
<tr>
<td>Varicella - zoster virus (Chicken pox)</td>
<td>birth defects, low birth weight</td>
<td>vaccination before pregnancy if no prior immunity</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>congenital syndrome</td>
<td>annual testing, good hygienic practices such as handwashing, gloves, gown, mask</td>
</tr>
<tr>
<td>Aerosolized pentamidine</td>
<td>unknown</td>
<td>good hygienic practices such as mask</td>
</tr>
<tr>
<td>Ribavirin (Virazole)</td>
<td>unknown</td>
<td>good hygienic practices such as handwashing, gloves, gown, mask</td>
</tr>
</tbody>
</table>

Pregnant females with immunity through vaccinations or earlier exposures are not generally at risk from diseases such as cytomegalovirus (CMV), hepatitis B, human parovirus B19 (fifth disease), Rubella (German measles), or Varicella-zoster virus (chicken pox). But pregnant workers without prior immunity should avoid contact with infected children or adults.

The pregnant athletic training student should also use good hygiene practices such as frequent hand-washing to prevent the spread of infectious diseases among healthcare workers. In addition, universal precautions should be followed.

References

Washburn University Physical Therapy Assistant Program pregnancy policy.

Cardiopulmonary Service Department Meeting minutes 12-10-02 Newman Memorial Hospital.
APIC Text of Infection Control and Epidemiology, Table 81-2.


NOTICE TO ALL FEMALE STUDENTS

Formal, voluntary notification is the only means by which the clinical facility and Washburn University’s Athletic Training Program can ensure the policies are followed. In the absence of the voluntary written disclosure, a student cannot be considered pregnant and be given the established guidelines to follow at the clinical site. Written notification should be furnished to the Program Director. Notification of the pregnancy will be communicated to the appropriate personnel at the clinical site.

NOTIFICATION OF PREGNANCY

I, ________________________________________, am declaring that I am pregnant.

(Print name)

I became pregnant in ______________. ______________: ______________

(month)  (year)  (estimated due date)

I choose the following option concerning my pregnancy:

(please circle option)

1 - continue without modification

2 - leave of absence from clinic only

3 - leave of absence from the program

________________________________________________  ______________________
STUDENT SIGNATURE  DATE

________________________________________________  ______________________
FACULTY SIGNATURE  DATE