Marietta College
Athletic Training Program

Communicable Disease Policy

The following communicable disease policy is designed to insure the safety of the preceptors and athletic training students involved with the Athletic Training Program at Marietta College. Athletic training students will acknowledge this policy via a signature at the end of this document.

Athletic training students must show evidence of current vaccinations (Tdap, Hepatitis A, B, Meningitis A, C, Y, and W, Meningitis B, MMR) prior to being admitted to the ATP. Due to the increased risk of exposure to communicable diseases, these vaccinations will be especially important when athletic training students are off campus for their clinical education. Documentation of the immunizations will be kept in the athletic training students file on eValue. These records will be kept confidential and not disclosed without written permission from the athletic training student.

During the beginning of the Athletic Training Program, students will be educated on various communicable diseases, in regards to the modes of transmission, incubation periods, signs and symptoms, and treatment options. A list of communicable diseases, their signs and symptoms, and incubation periods are included in this document (see Table 2).

In the event a preceptor, or athletic training student is diagnosed with a communicable disease it is the responsibility of the ATP to prevent further transmission of infection. This may prevent the infected person from coming to work or having contact with patients. Infected personnel will be required to seek the medical attention recommended. In conjunction and consultation with the physician, the ATP will utilize the Communicable Disease Safety Guidelines (Table 1) to determine when the infected personnel may return to having patient interaction.

I, _____ (athletic training student), due hereby acknowledge reading the above communicable disease policy and will adhere to the policy requirements.

_____
(Date)

Table 1 – Communicable Disease Safety Guidelines

Disease/Problem	Work Restriction	Duration
Conjunctivitis	Restrict from patient contact	Until discharge ceases
Cytomegalovirus infections	No restriction	
Diarrheal diseases Acute stage (diarrhea with other symptoms) Convalescent stage, Salmonella spp.	 Restrict from patient contact Restrict from care of high-risk Patients	 Until symptoms resolve Until symptoms resolve, consult with local & state health dept. regarding need for negative stool cultures
Diptheria	Exclude for duty	Until antimicrobial therapy completed and 2 cultures obtained >24 hours apart are negative
Enteroviral infections	Restrict from care of infants, neonates, and immuno-comprised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from patient contact	Until 7 days after onset of jaundice
Hepatitis B Personnel with acute or Chronic hepatitis B surface antigemia who do not perform exposure-prone procedures Personnel with acute or Chronic hepatitis B e anti-genemia who perform exposure-prone procedures	 No restriction*, refer to state regulations; standard precautions should always be observed Do not perform exposure-prone procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker; refer to state regulations	 Until Hepatitis B e antigen is Negative
Hepatitis C	No recommendation	
Herpes simplex Genital Hands (herpetic whitlow) Orofacial	 No restriction Restrict from patient contact Evaluate for need to restrict from case of high-risk patients	 Until lesions heal
Human Immunodeficiency Virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform; taking into account specific procedure as well as skill and technique of the worker; refer to state regulations	

Disease/Problem	Work Restriction	Duration
Measles		
Active	Exclude from duty	Until 7 days after the rash appears
Postexposure (susceptible personnel)	Exclude from duty	From 5th day after 1st exposure through 21st day after last exposure and/or 4 days after rash appears
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy
Mumps		
Active	Exclude from duty	Until 9 days after onset of parotitis
Postexposure (susceptible Personnel)	Exclude from duty	From 12th day after 1st exposure through 26th day after last exposure or until 9 days after onset of parotitis
Pediculosis	Restrict from patient contact	Until treated and observed to be Free of adult and immature lice
Pertussis		
Active	Exclude from duty	From beginning of catarrhal stage through 3rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended	
Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after rash appears
Rubella		
Active	Exclude from duty	Until 5 days after rash appears
Postexposure (susceptible personnel)	Exclude from duty	From 7th day after 1st exposure through 21st day after last exposure
Scabies	Restrict from patient contact	Until cleared by medical eval
Staphylococcus aureus infection		
Active, draining skin lesions	Restrict from contact with patients environment	Until lesions have resolved
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal infection, group A	Restrict from patient care, contact with patients environment	Until 24 hours after adequate treatment started

Disease/Problem	Work Restriction	Duration
Tuberculosis		
Active disease	Exclude from duty	Until proved noninfectious
PPD converter	No restriction	
Varicella		
Active	Exclude from duty	Until all lesions dry and crust
Postexposure (susceptible personnel)	Exclude from duty	From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure
Zoster		
Localized, in healthy person	Cover lesions; restrict from care of high-risk patients	Until all lesions dry and crust
Generalized or localized in immunosuppressed person	Restrict from patient contact	Until all lesions dry and crust
Postexposure (susceptible personnel)	Restrict from patient contact	From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust
Viral respiratory infections, acute febrile	Consider excluding from the care of high risk patients or contact with their environment during community outbreak of RSV and influenza	Until acute symptoms resolve

Table 2 – Communicable Disease Chart

Disease	Incubation and Symptoms
Chickenpox (Varicella)	**Incubation**: 11-20 days, usually 14-16 days. **Symptoms**: Skin rash which progresses to blisters then scabs. Eruptions occur in crops, so all three stages may be present simultaneously. Covered body areas are often most affected. Reactivating the virus results in shingles.
Common Cold	**Incubation:** Between 12 hours and 5 days, usually 48 hours. **Symptoms:** Sore throat, water discharge from nose and eyes, sneezing, fever, chills, generalized discomfort.
Conjunctivitis (Pink-eye)	**Incubation**: Viral, hours to days; bacterial, 24-72 hours. **Symptoms**: Redness of eye, discharge (watery with viral, often thick or purulent (pus) with bacterial infection, matted eyelashes, burning, itching.
Croup	**Incubation**: 2-9 days, depending on causative agent. **Symptoms**: Acute respiratory infection involving the epiglottis, larynx, trachea, and bronchi. May cause respiratory distress ranging from mild to severe. Cough has a "barking" or "brassy" harsh quality. May notice a high pitched sound on inhalation.
Diarrheal Diseases	**Incubation**: Varies depending on causative agent. **Symptoms**: 3 or more loose stools (stools with increased water content and/or decreased form) in a 24 hour period. Persons with diarrhea may have additional symptoms including nausea, vomiting, stomach aches, headache or fever.
Fifth Disease (Erythema Infeciosum)	**Incubation**: 4-14 days, usually 12-14 days. **Symptoms**: Bright red rash, usually beginning on face; "slapped cheek" appearance. Spreads to trunk and extremities, clears centrally, looking "lacy". Generally clears in 1 week, recurs if person gets warm, upset, etc. for up to 1 month.
Flu (Influenza)	**Incubation**: 1-3 days. **Symptoms**: Abrupt onset of fever, chills, headache, sore muscles. Runny nose, sore throat, and cough also common.
German Measles (Rubella)	**Incubation**: 12-23 days, usually 16-18 days. **Symptoms**: Fever, headache, sore throat, cough. Lymph nodes (glands) at back of head, behind ear, often enlarged. Red or pink rash begins on head, at hairline, fades in 72 hours. Rash may be absent.

Hand, Foot and Mouth Disease (Coxsackie Virus)	**Incubation**: 3-6 days. **Symptoms**: Raised rash, particularly on palms, soles, and area surrounding mouth. Progresses to blisters, then scabs. Also sores inside mouth, making swallowing painful.
Head Lice (Pediculosis)	**Incubation**: The life cycle is composed of 3 stages: eggs, nymphs and adults. Under optimal conditions, the eggs of lice hatch in 7-10 days. The nymphal stages last about 7-13 days. The egg-to-egg cycle averages about 3 weeks. **Symptoms**: Itching, irritation of scalp, feeling of something moving in the hair and sores on the head caused by stratching. White to yellow-brown nits (eggs) attach very *firmly* to hair and are most commonly found at the nape of the neck, crown of head and above the ears.
Hepatitis A (Infectious)	**Incubation**: 2-6 weeks, commonly 28-30 days. **Symptoms**: Abrupt onset, loss of appetite, fever, abdominal pain,nausea, fatigue. Jaundice (yellowish discoloration of skin and white part of eye) may follow in a few days. Young children usually have no symptoms.
Hepatitis B (Serum)	**Incubation**: 45-180 days, commonly 60-90 days. **Symptoms**: Usually inapparent onset, loss of appetite, vague abdominal pain, nausea, vomiting, fever, fatigue. Jaundice frequently occurs. Some persons have no symptoms.
Herpes (Herpes Simplex Virus-HSV)	**Incubation**: 2-14 days. Neonatal HSV infection may be manifest at birth or as late as 4-6 weeks of age. **Symptoms**: Blister like sores, fever, irritability and sores on mucous membranes of the mouth. HSV persists in a latent form after primary infection. Reactivation of latent virus most often is manifested by cold sores which appear as single or grouped blisters around the mouth.
Impetigo	**Incubation**: 2-10 days, occasionally longer. **Symptoms**: Blister-like, pus-filled bumps which progress to yellowish crusted, painless sores with irregular outlines. Itching is common. Usually found on exposed skin areas and around the nose/mouth.
Measles (Rubeola)	**Incubation**: 12-17 days; usually 14 days before rash appears. **Symptoms**: Fever, runny nose, cough and sore, reddened eyes and photophobia (light sensitive) followed by a red-brown blotchy rash which lasts 3 or more days.

Meningitis, bacterial	**Incubation**: 1-10 days, usually less than 4 days. **Symptoms**: Sudden onset, fever, intense headache, nausea, vomiting. With meningococcal meningitis, rash. Behavioral changes, irritability, sluggishness.
Meningitis, viral/aseptic	**Incubation**: 2-21 days, depends on causative agent. **Symptoms**: Sudden onset, fever; intense headache, nausea, vomiting, stiff neck. Behavioral changes, irritability, sluggishness.
Mononucleosis	**Incubation**: 30-50 days. **Symptoms**: Fever, sore throat, swollen lymph nodes (glands). Fatigue, headache, palatal petechial rash (red spider veins on roof of mouth), occasional abdominal pain, occasional respiratory distress.
Mumps	**Incubation**: 12-25 days, usually 16-18 days. **Symptoms**: Fever, painful parotid (salivary gland) swelling under jaw and in front of ear; headache, chills. Occurs most often in late winter/spring.
Pinworms	**Incubation**: From ingestion of egg until migration to perianal (around the rectum) area 1-2 months or longer. **Symptoms**: Anal itching with disturbed sleep, irritability, and local irritation due to scratching.
Ringworm (Tinea)	**Incubation**: Usually 4-10 days for the body, 10-14 days for the scalp. **Symptoms**: **Scalp**-scaly patches of temporary baldness, infected hairs are brittle and break easily. **Skin**-flat, ring-like rash, inflamed, may itch or burn. **Feet**-scaling and cracking of skin especially between toes, blisters may be present, filled with watery fluid.
RSV (Respiratory Syncytial Virus)	**Incubation**: 1-10 days. **Symptoms**: Most common cause of bronchiolitis and pneumonia in children under 1 year of age. May exhibit fever, runny nose, cough and sometimes wheezing.
Scabies	**Incubation**: First infestation, 2-6 weeks; subsequent infestation 1-4 days after re-exposure. **Symptoms**: Parasitic disease of the skin caused by a mite, whose penetration is visible as papules (bumps), vesicles, or tiny linear burrows. Lesions are often found in space between fingers, on or inside wrist, elbows, armpits, belt-line and genital area. A patchy red rash is often present. Intense itching, especially at night. Manifestations may mimic other dermatological (skin) diseases.

Scarlet Fever/Strep Throat (Streptococcal Infections)	**Incubation**: 1-3 days, may be longer. **Symptoms**: **Strep throat**-fever, red throat with pus spots, tender and swollen lymph nodes (glands). Symptoms are variable. **Scarlet fever**- all of the above, plus rash on skin and inside of mouth, "strawberry tongue." High fever, nausea and vomiting may occur.
Thrush (Candidiasis)	**Incubation**: Variable, 2-5 days in infants. **Symptoms**: Infection of the skin, mouth, or tongue that appears as white spots, which cannot be scraped off without causing bleeding. May also occur in folds of the skin in diapered areas and is a common cause of diaper rash.
Tuberculosis	**Incubation**: 2-12 weeks needed after a person is infected with the TB bacillus before the infected person will react positively to the TB skin test. After this initial infection, the risk of progressing to active disease is greatest during the 2 years following infection. In infants, TB is much more likely to disseminate. Therefore, prompt and vigorous treatment should be started as soon as the diagnosis is suspected. **Symptoms**: TB infection produces no symptoms. The symptoms of pulmonary TB include a productive cough, chest pain, and hemoptysis (bloody phlegm). Systemic symptoms include fever, chills, night sweats, easy fatigability, loss of appetite, and weight loss. Children do not always manifest the same symptoms as adults and frequently are diagnosed by radio-graphic examination or other laboratory tests such as gastric washings.
Whooping Cough (Pertussis)	**Incubation**: 5-10 days with upper limit of 21 days. **Symptoms**: Begins with mild upper respiratory symptoms and can progress to severe paroxysms (abnormally severe cough) of cough, often with a characteristic respiratory whoop, followed by vomiting. Fever is absent or minimal. Infants less than 6 months old, adolescents and adults often do not have the typical whoop or cough paroxysm.