

Washburn University Athletic Training Program

Cooperative Policy on Bloodborne Pathogens

Policy

In order to provide a safe and healthy work and clinical education environment for athletic training staff, athletic training students, and any other medical personnel involved in the care of Washburn athletes, the Athletic Training Program will follow universally accepted standard precautions as a system to minimizing the risk of infectious disease transmission.

These procedures apply to athletic training students at all clinical education sites, both on-campus and off-campus and to clinical athletic training staff supervising clinical experiences and working with Washburn athletes.

Terms & Definitions

Clinical Preceptor: A Certified Athletic Trainer or other duly licensed health professional trained and supervising athletic training clinical experiences.

Athletic Training Student: An undergraduate student from Washburn University enrolled in and actively participating an athletic training clinical experience course.

Bloodborne Pathogen: A pathogenic microorganism present in human blood that can cause disease in humans.

Contaminated: The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

Exposure: A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an clinical instructor or athletic training student duty.

Medical Personnel: Include, but is not limited to, athletic training students, certified athletic trainers, team physicians, and first aid responders.

Other Potentially Infectious Material (OPIM): Certain, other human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, saliva, and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Sharps: A “Sharp” is any object that can readily penetrate the skin, including, but not limited to needles, scalpels, and broken glass. A “contaminated sharp” is limited to those items contaminated with potentially infectious materials.

Standard Precautions (Universal Precautions): An approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for a bloodborne pathogen.

This policy shall be facilitated through the use of the following procedures.

Procedures

1. All human blood and body fluids shall be treated as if they are known to be infectious with a bloodborne pathogen. All personnel, i.e., athletic training students, certified athletic trainers, team physicians, and other duly licensed healthcare professionals shall consistently use appropriate **standard precautions** and barrier devices to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any athlete is anticipated. Standard precautions apply to body tissues and any other human body fluids visibly contaminated with blood.
2. Latex gloves will be made available and shall be worn when it is reasonably apparent that contact with blood and/or body fluids, mucous membranes, or non-intact skin will occur. Gloves will also be worn for handling items or surfaces soiled with blood or body fluids. Latex gloves shall be changed after contact with each athlete. Non-latex gloves will be made available for any CP and/or ATS who has an identified latex allergy.

3. Masks, protective eyewear or face shields, and gowns shall be worn during procedures that are likely to generate droplets of blood or other body fluids which could splash into the mucous membranes of the eyes, nose, or mouth.
4. All personnel shall follow standard precautions when handling sharps (i.e., scalpels, needles, or other instruments or devices). These items should be placed in the designated sharps container and should be discarded in the same manner as the biohazardous waste materials.
5. All personnel shall follow proper procedures of washing hands after each athlete contact or contact with blood, even though gloves may have been worn. The recommended method is soap and running warm water; however, if these items are not available, an alcohol-based, waterless disinfecting cleaner may be substituted.
6. Blood spills shall be cleaned promptly with a solution of household bleach, diluted 1 part bleach in 10 parts water, or by using blood spill kits or other designated hospital grade sanitizer.
7. Soiled areas shall be cleaned and decontaminated with appropriate cleaning and disinfecting agents.
8. To minimize the potential for human contact or potential exposure during emergency mouth-to-mouth resuscitation, resuscitation bags, pocket masks, or other ventilation devices shall be available for use in areas in which the need for resuscitation is predictable.
9. Athletic training staff, AT students, and other medical personnel who have non-intact skin must wear gloves for all patient contact. Any athletic training staff, AT students, and other medical personnel with open lesions or dermatitis, must avoid direct athlete/patient care, and from handling equipment until the condition resolves.
10. Athletic training staff, AT students, and other medical personnel with breaks in their own skin (i.e., cuts, abrasions, non-draining sores) should wear gloves for all contact with the athlete.
11. All potential biohazardous waste, except sharps, should be disposed of in red biohazardous waste bags. When the biohazardous waste bag becomes approximately $\frac{3}{4}$ full, they should be tied securely with twist ties or tape. It should be placed in a clear trash bag and taken to Student Health for proper disposal. If a red bag becomes torn or otherwise loses its integrity, the entire bag should be placed inside a second biohazardous waste bag and secured as described above.
12. In case of exposure, the incident should be reported to the appropriate supervisor and an appropriate report filed. As soon as feasible, the individual should be seen in the Student Health office for appropriate testing and treatment.
13. All athletic training students are required to complete the wound care module which includes discussion of the bloodborne pathogen policy in the first clinical experience course taken (KN 258). Annual review of the policy is also required for subsequent clinic experience courses.
14. Athletic Training Students shall be encouraged to complete the hepatitis B vaccination process (at their own expense) prior to beginning clinical experience courses. ATS may decline the vaccination, but must sign the acknowledgement of hepatitis education and the hepatitis declination statement.
15. Medical records for any medical personnel with an exposure incident will be kept confidential in accordance with law.

Revised: July 2013