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| Policy Name: | Athletic Training and Athletic Healthcare Services: Infection Prevention and Control  Guidelines |
| Policy Number: |  |
| Contact: |  |
| Sponsor: |  |
| Effective Date: |  |
| Approved By: |  |

**Keywords: Athletic training, athletic healthcare, Infection Prevention and Control**

**I. Introduction**

All healthcare settings, regardless of the level of care provided, must make infection prevention a priority and must be equipped to observe standard precautions. Athletic training and athletic healthcare services are defined as services provided by members of the sports medicine staff and provided in athletic training rooms/athletic health care facilities and athletic venues for the schools and organizations.  This includes athletic trainers, physicians, and physician assistants.  This policy extends to other members of the medical team that may include physical therapists, athletic training students, fellows, and residents.

Athletic training rooms and athletic venues are clinical health care spaces that are typically shared environments with multiple individual and groups of athletes all seeking the attention of the athletic trainer or other members of the sports medicine staff during a short-consolidated period of time as the athlete prepares for practice or a game. This close contact environment in a shared space may act as a source for the spread of infection. It is therefore critical that infection control standards be adopted to attempt to mitigate the risk of transmitting infection.

Infection control in and around the athletic healthcare setting is a shared responsibility between the sports medicine staff, athletes, coaches and the school/orginization.

**II. Purpose**

To provide basic infection prevention recommendations for athletic training and athletic healthcare services and to reaffirm Standard Precautions as the foundation for preventing transmission of infectious agents during patient care in all athletic training and athletic healthcare settings.

**III. Policy**

**Infection Control Program and Infrastructure**

1. Written infection control prevention policies and procedures are available, current andbased on evidence-based guidelines (e.g. CDC/HICPAC), regulations, or standards.

2. Infection prevention policies and procedures are reassessed at least bi-annually or according to state or federal requirements~~,~~ and updated as appropriate.

3. Trained infection prevention staff are available to manage the hospital’s infection control program in both inpatient and outpatient settings.  This staff is available to consult with and manage this policy as it pertains to infection control in the athletic healthcare environment through collaborative relationships with school and team physicians.

4. (Your school, hospital or health organization), The Center for Disease Control, and/or the Department of Public Health will offer guidance for early detection and management of potentially infectious persons at the initial points of patient encounter.

**Infection Control Training and Competency**

1. An annual competency-based training program will provide job-specific training on infection prevention policies and procedures to athletic healthcare staff. Staff include those employed by outside agencies and available by contract or on a volunteer basis.

**Athletic Healthcare Staff Safety**

1. Hospital has an Exposure Control Plan: (link to exposure control plan)

2. Healthcare staff who have contact with blood or potentially infectious materials are trained in the OSHA bloodborne pathogens standard on hire and annually.

3. Following an exposure event, post-exposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to the employee and are supervised by a licensed medical professional.

4. Hospital tracks healthcare staff exposure events and evaluates event data and develops/implements a corrective action plan to reduce incidents of such events.

5. Hospital follows recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Department of Public Health (DPH) for immunization of healthcare staff including offering Hepatitis B and influenza vaccine.

6. All healthcare staff receive a baseline tuberculosis (TB) screening prior to placement. Repeat testing is based on the hospital risk assessment.

7. If respirators are used in the department, the hospital has a respiratory protection program which includes provision of medical clearance, training, and fit-testing. (link to respiratory protection program)

8. Hospital has policies concerning contact of staff with patients when staff have potentially transmissible conditions. These policies include work exclusion policies that encourage reporting of illnesses and education of staff on prompt reporting of illness to their supervisor.

**Surveillance and Disease Reporting**

1. Updated list of reportable to public health is available.

(<https://wwwn.cdc.gov/nndss/data-collection.html>)

2. Athletic Healthcare Staff can demonstrate knowledge of and compliance with mandatory reporting requirements for notifiable diseases, healthcare associated infections (as appropriate), and for potential outbreaks.

**Standard Precautions**

Standard Precautions are the minimum infection control practices that apply to all patient care regardless of suspected or confirmed infection status of the patient.

**Hand Hygiene**

1. All healthcare staff are educated regarding appropriate indications for hand hygiene upon hire and annually**.**
2. Department routinely monitors and documents compliance adherence to hand hygiene and provides feedback to staff.
3. Supplies necessary for adherence to hand hygiene including soap, water, paper towels, hand sanitizer are readily accessible to healthcare staff in patient care areas.
4. Athletes entering the athletic training room shall use hand sanitizer before entering and after exiting the athletic training room via sanitizer stations inside and outside the athletic training room door. Hand hygiene information is posted outside the athletic training room door.
5. Hand hygiene is performed by staff:
   1. Before contact with the athlete.
   2. Before performing aseptic task, e.g., wound care, instilling eye drops.
   3. After contact with patient.
   4. After contact with objects in the immediate vicinity if the patient.
   5. After contact with blood, body fluids, or contaminated surfaces.
   6. After removing gloves.
   7. When moving from a contaminated body site to a clean body site during patient care.

**Personal Protective Equipment (PPE)**

1. All healthcare staff are educated on proper selection and use of PPE upon hire, annually, and when new equipment or protocols are introduced.
2. Department routinely monitors and documents compliance adherence to proper PPE selection and use and provides feedback to staff.
3. PPE is removed and discarded prior to leaving the athletic health care area. If a respirator is used, it is discarded after leaving the athletic health care area.
4. Hand hygiene is performed immediately after removal of PPE.
5. Gloves
   1. Staff wear gloves for potential contact with blood, body fluids, mucous membranes, nonintact skin, or contaminated equipment.
   2. Staff do not wear the same pair of gloves for the care of more than one patient.
   3. Staff do not wash gloves for the purpose of reuse.
6. Gowns
   1. Staff wear gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
   2. Staff do not wear the same gown for the care of more than one patient.
7. Face Protection (full face shield or goggles plus a facemask)
   1. Staff wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
8. Used PPE will be discarded in appropriately labeled containers and disposed of through recognized health care methods or per school nursing protocol.

**Respiratory Hygiene/Cough Etiquette**

1. Respiratory Etiquette sign is posted in the athletic training room.
2. Tissues, waste basket, and hand sanitizer are available to athletes and visitors in the athletic training room. Hand sanitizer should be used on entering and exiting the athletic training room or athletic health care facility.
3. Coughing patient/visitor are offered a surgical facemask upon entry into the athletic training room.
4. Athletes with symptoms of respiratory infections will be managed to minimize exposure to the other student athletes.

**Transmission Based Precautions**

In addition to Standard Precautions and Respiratory Hygiene/Cough Etiquette, a patient with a potentially infectious disease should be isolated as soon as possible. The school nurse and parent/guardian of the athlete should be notified and informed of the suspected diagnosis in accordance with school or organization policy.

1. Airborne Precautions: Patients known or suspected of having an infection requiring Airborne Precautions, (e.g., chickenpox, active TB, measles).

a. Ask patient to wear a surgical facemask and isolate as soon as possible.

b. Staff caring for patient should wear N95 respirator mask.

c. After patient leaves room, close exam room door. After 30 minutes, open the room door and perform routine cleaning.

2. Droplet Precautions: Patient known or suspected of having an infection requiring Droplet Precautions, e.g., COVID-19, influenza, mumps, meningitis.

a. Ask patient to wear a surgical facemask and place patient in a private exam room as soon as possible.

b. Staff caring for patient should wear surgical mask.

c. After the patient leaves, perform routine cleaning. Not necessary to close the room.

**Environmental Cleaning**

1. Cleaning products: Please consult <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> for a list of EPA approved products.

2. Table cleaning after every patient visit regardless of patient’s Precaution status:

a. Clean the exam table and any head support surface with hospital-approved disinfectant. Let table dry. Change the pillow case if used.

3. Shared non-critical devices, e.g., stethoscopes, oximeter, otoscope, are wiped with hospital approved disinfectant after each patient and at the end of each day.

4. Shared patient care devices that use blood samples, e.g., glucometer, with hospital-approved disinfectant after each use.

5. Daily cleaning at the end of the day with hospital- approved disinfectant:

a. Clean exam table, blood pressure cuff, shared stethoscopes, thermometer, otoscope, ophthalmoscope, oximeter, and other daily equipment such as sizzors, tape cutter, nail cutter, tweezers, etc.

b. Custodial services staff clean sinks, counters, and floors per school/organization procedures and standards for other health care sites in the school such as nursing office(s).

6. Spills of blood or other body fluid are cleaned and disinfected per procedure:

a. Spills should be cleaned using absorbent materials such as paper towels and then disinfected with a hospital-approved disinfectant.

b. Broken glass must never be picked up by hand. Dust pans and brushes are available in all patient care areas. Notify custodial services for cleanup.

7. Healthcare staff engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals.

**Medical Devices**

1. Reusable medical devices/equipment (e.g., sharp instruments) are cleaned and reprocessed prior to use on another patient.

2. Reusable medical devices (Game Ready, Normatec) must be cleaned (disinfected or sterilized) and maintained per manufacturer’s instructions.

3. Semi-critical items that contact mucous membranes or non-intact skin require at a minimum high-level disinfection.

4. Non-critical items that contact intact skin should be low-level or intermediate-level disinfected depending on the degree of contamination.

5. Single-use devices are discarded after use and are not used for more than one patient.

6. Assign responsibility for reprocessing of medical devices to healthcare staff with appropriate training.

a. Maintain copy of manufacturer’s instructions for reprocessing of devices in use in the department.

b. Hands-on training on proper selection and use of PPE and recommended steps for reprocessing assigned devices should be provided on hire, annually, and when new devices are introduced or policies/procedures change. Healthcare staff must demonstrate competency prior to performing cleaning, high level disinfection, and sterilization tasks.

c. Healthcare staff must have access to and wear appropriate PPE when handling and reprocessing contaminated medical devices.

7. Reprocessing area should have adequate space for reprocessing activities and there is clear separation between soiled and clean workspace.

8. Adequate time is allowed for reprocessing to ensure adherence to all steps recommended by the manufacturer including drying and proper storage.

9. Medical devices are stored in such a manner to protect them from damage and contamination.

**Disinfection and Cleaning of Reusable Team Equipment**

1. Team Coaches and Captains will be instructed in the appropriate cleaning and storage of coolers and medical kits assigned for team use by the athletic trainer.

2. Cooler interior and exterior will be washed out and cleaned with appropriate disinfectant products on a daily basis after use per school athletic department protocol.

3. The exterior of travel medical kits used by teams when traveling will be have the exterior cleaned by the team at the end of each session when used with appropriate disinfectant products per school athletic department protocol.

4. Interior of travel medical kits will be inspected and cleaned as appropriately by athletic trainer upon their return as necessary.

**Storage of Medical Supplies**

1. Medical equipment, devices, patient care items, and athletic training supplies should be stored in protected area with controlled traffic flow.

2. Sterile items should be stored at least 8 inches off the floor, 2 inches from outside walls, and 18 inches from the ceiling.

3. All items in clean storage rooms should be clean and clean items should not be stored in soiled rooms.

4. Clean and sterile items should be removed from outside shipping carton.  Clean and sterile items may be stored in the same room but it should be clear to staff which items are sterile and which are clean.  If open shelving is used, the bottom shelf should be solid.

**Guideline for Dating Medications and Supplies**

1. All products should be stored in a labeled container unless dispensed for immediate use.

2. Never top-off bottles. Do not refill partially full bottles.

3. Avoid using a secondary container. If a secondary container must be used, it should be labeled with contents and the date filled.

4. Refer to MSDS or manufacturer’s recommendations for more information.

References: http://demo.qualityandsafetynetwork.com/downloads/17\_05\_RG.pdf https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html