Coastal Carolina University
Athletic Training Department
Policy and Procedure Manual
Blood-Borne Pathogens

Revised/Reviewed 7/2011

INTRODUCTION:

Participation of Student-Athlete with HIV/AIDS

Blood-borne pathogens are disease-causing microorganisms that can be transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact, direct contact with infected blood or blood components and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV, or Hepatitis C.

The emphasis for the student-athlete and the athletics health-care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

The following recommendations are intended to further minimize the risk of blood-borne pathogens and other potentially infectious organism transmission in the context of athletic event and to provide treatment guidelines for caregivers. Standard Precautions apply to blood, body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood.

Care of the Student-Athlete:

1. All personal involved in sports that care for injured or bleeding student-athletes should be properly trained in first aid and standard precautions.
2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include: personal protective equipment (gloves, mask, etc); antiseptics; antimicrobial wipes; bandages and dressings; appropriately labeled “sharps” container for disposal of needles, syringes and scalpels; and waste receptacles.
3. Pre-event preparation includes proper care for wounds, abrasions or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.
4. When a student-athlete is bleeding, the bleeding must be stopped and the open would covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding

should be removed from the event as soon as is practical. Return to play is determined by the appropriate medical staff personnel and sport officials. Any participant whose uniform is saturated with blood must change their uniform before return to participation.

5. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.
6. Personnel managing an acute blood exposure must follow the guidelines for standard precautions. Gloves and other PPE, if necessary, should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant.
7. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobial wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.
8. Any needles, syringes or scalpels should be carefully disposed of in an appropriately labeled "sharps" container. Medical equipment, bandages, dressings and other waste should be disposed of in a biohazard container

Participation of the Student-Athlete with Hepatitis B (HBV) Infection

Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier without evidence of organ impairment. The presence of HBV infection does not mandate removal from play.

The student-athlete with HBV presents very limited risk of disease transmission in most sports. If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. Student-athletes in such sports who develop chronic HBV infections should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

Participation of the Student-Athlete with HIV

The decision to allow an HIV positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual's health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play.

The decision to advise continued athletic competition should involve the student-athlete, the student-athlete's personal physician and the team physician. Variables to be considered include the student-athlete's current state of health and the status of his/her HIV infection, the nature and intensity of his/her training and potential contribution of stress from athletic competition to deterioration of his/her health status. There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV-infected individuals. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student-athlete.