

Blood-Borne Pathogens Guidelines for Athletic Trainers*

The NATA recognizes that blood-borne pathogens such as HIV, HBV, and HCV present many complex issues for athletic trainers, athletic administrators, and others involved with the care and training of athletes. As the primary health care profession involved with the physically active, it is important for athletic trainers to be aware of these issues. The NATA therefore offers the following guidelines and information concerning the management of blood borne pathogen-related issues in the context of athletics and settings in which the physically active are involved.

It is essential to remember, however, that the medical, legal, and professional knowledge, standards, and requirements concerning blood-borne pathogens are changing and evolving constantly, and vary, in addition, from place to place and from setting to setting. The guidance provided in these guidelines must not, therefore, be taken to represent national standards applicable to members of the NATA. Rather, the guidance here is intended to highlight issues, problems and potential approaches to (or management of) those problems that NATA members can consider when developing their own policies with respect to management of these issues.

ATHLETIC PARTICIPATION

Decisions regarding the participation of athletes infected with blood-borne pathogens in athletic competitions should be made on an individual basis, following the standard or appropriate procedures generally followed with respect to health-related participation questions, and taking into account only those factors that are directly relevant to the health and rights of the athlete, the other participants in the competition, and the other constituencies with interests in the competition, the athletic program, the athletes, and the sponsoring schools or organizations.

The following are examples of factors that are appropriate in many settings to the decision-making process:

1. The current health of the athlete.
2. The nature and intensity of the athlete's training.
3. The physiological effects of the athletic competition.
4. The potential risks of the infection being transmitted.
5. The desires of the athlete.
6. The administrative and legal needs of the competitive program.

EDUCATION OF THE PHYSICALLY ACTIVE

In a rapidly changing medical, social, and legal environment, educational information concerning blood-borne pathogens is of particular importance. The athletic trainer should play a role with

respect to the creation and dissemination of educational information that is appropriate to and particularized with respect to that athletic trainer's position and responsibilities.

Athletic trainers who are responsible for developing educational programs with respect to blood-borne pathogens should provide appropriate information concerning:

1. The risk of transmission or infection during competition.
2. The risk of transmission or infection generally.
3. The availability of HIV testing.
4. The availability of HBV testing and vaccinations.

Athletic trainers who have educational program responsibility should extend educational efforts to include those, such as athletes' families and communities, who are directly or indirectly affected by the presence of blood borne pathogens in athletic competitions.

All education activities should, of course, be limited to those within athletic trainers' scope of practice and competence, be within their job descriptions or other relevant roles, and be undertaken with the cooperation and/or consent of appropriate personnel, such as team physicians, coaches, athletic directors, school or institutional counsel, and school and community leaders.

THE ATHLETIC TRAINER AND BLOOD-BORNE PATHOGENS AT ATHLETIC EVENTS

The risk of blood-borne pathogen transmission at athletic events is directly associated with contact with blood or other body fluids. Athletic trainers who have responsibility for overseeing events at which such contact is possible should use appropriate preventive measures and be prepared to administer appropriate treatment, consistent with the requirements and restrictions of their jobs, and local, state, and federal law.

In most cases, these measures will include:

1. Pre-event care and covering of existing wounds, cuts, and abrasions.
2. Provision of the necessary or usual equipment and supplies for compliance with universal precautions, including, for example, latex gloves, biohazard containers, disinfectants, bleach solutions, antiseptics, and sharps containers.
3. Early recognition and control of a bleeding athlete, including measures such as appropriate cleaning and covering procedures, or changing of blood-saturated clothes.
4. Requiring all athletes to report all wounds immediately.
5. Insistence that universal precaution guidelines be followed at all times in the management of acute blood exposure.
6. Appropriate cleaning and disposal policies and procedures for contaminated areas or equipment.
7. Appropriate policies with respect to the delivery of life-saving techniques in the absence of protective equipment.

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8. Post-event management including, as appropriate, re-evaluation, coverage of wounds, cuts, and abrasions.
9. Appropriate policy development, including incorporation, with necessary legal and administrative assistance, of existing OSHA and other legal guidelines and conference or school rules and regulations.

STUDENT ATHLETIC TRAINER EDUCATION

NATA encourages appropriate education of and involvement of the student athletic trainer in educational efforts involving blood-borne pathogens. These efforts and programs will vary significantly based on local needs, requirements, resources, and policies.

At the secondary school level, educational efforts should include items such as the following:

1. Education and training in the use of universal precautions and first aid for wounds.
2. Education regarding the risks of transmission/infection from the participants that they care for.
3. Education on the availability of HIV testing.
4. Education on the availability of HBV vaccinations and testing.
5. Education of parents or guardians regarding the students' risk of infection.

At the college or university level, education efforts should include items such as those listed above, and additionally, as appropriate, the following:

1. Education in basic and clinical science of blood-borne pathogens.
2. Discussions regarding the ethical and social issues related to blood-borne pathogens.
3. The importance of prevention programs.
4. Education concerning the signs and symptoms of HBV and HIV, as consistent with the scope of practice of the athletic profession and state and local law.

UNIVERSAL PRECAUTIONS AND OSHA REGULATIONS

Athletic trainers should, consistent with their job descriptions and the time and legal requirements and limitations of their jobs and professions, inform themselves and other affected and interested parties of the relevant legal guidance and requirements affecting the handling and treatment of blood-borne pathogens.

Athletic trainers cannot be expected to practice law or medicine, and efforts with respect to compliance with these guidelines and requirements must be commensurate with the athletic trainer's profession and professional requirements. It may be appropriate for athletic trainers to keep copies of the Center for Disease Control regulations and OSHA regulations and guidelines available for their own and others' use.

MEDICAL RECORDS AND CONFIDENTIALITY

The security, record-keeping, and confidentiality requirements and concerns that relate to athletes' medical records generally apply equally to those portions of athletes' medical records that concern blood-borne pathogens.

Since social stigma is sometimes attached to individuals infected with blood-borne pathogens, athletic trainers should pay particular care to the security, record-keeping, and confidentiality requirements that govern the medical records for which they have a professional obligation to see, use, keep, interpret, record, update, or otherwise handle.

Security, record-keeping, and confidentiality procedures should be maintained with respect to the records of other athletic trainers, employees, student athletic trainers, and athletes, to the extent that the athletic trainer has responsibility for these records.

THE INFECTED ATHLETIC TRAINER

An athletic trainer infected with a blood-borne pathogen should practice the profession of athletic training, taking into account all professionally, medically, and legally relevant issues raised by the infection. Depending on individual circumstances, the infected athletic trainer will or may wish to:

1. Seek medical care and ongoing evaluation.
2. Take reasonable steps to avoid potential and identifiable risks to his or her own health and the health of his or her patients.
3. Inform, as or when appropriate, relevant patients, administrators, or medical personnel.

HIV AND HBV TESTING

Athletic trainers should follow federal, state, local and institutional laws, regulations, and guidelines concerning HIV and HBV testing. Athletic trainers should, in appropriate practice settings and situations, find it advisable to educate or assist athletes with respect to the availability of testing.

HBV VACCINATIONS

Consistent with professional requirements and restrictions, athletic trainers should encourage HBV vaccinations for all employees at risk, in accordance with OSHA guidelines.

WITHHOLDING OF CARE AND DISCRIMINATION

NATA's policies and its Code of Ethics make it unethical to discriminate illegally on the basis of medical conditions.

REFERENCES

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3. American Medical Society for Sports Medicine and American Academy of Sports Medicine. Human immunodeficiency virus (HIV) and other blood-borne pathogens in sports. *Am J Sports Med*. In press.
4. Benson MT, ed. Guideline 2H: blood-borne pathogens and intercollegiate athletics. *NCAA Sports Medicine Handbook*. 1993:24-28.
5. Michigan Department of Public Health. Michigan recommendations on HBV- and/or HIV-infected health care workers. *Triad*. 1992;4:32-34.