



OCCUPATIONAL HAZARD ASSOCIATED WITH BLOODBORNE PATHOGENS

Due to the potential of exposure of athletic training students to blood, and other potentially infectious materials in the performance of their clinical education experiences, there is a risk of acquiring Hepatitis B Virus (HBV), and Human Immunodeficiency Virus (HIV) infection. Both are serious, and potentially life threatening diseases. HBV is an important occupational hazard for health workers. HBV is a viral infection that attacks the liver, and can cause both acute, and chronic disease. HIV targets the immune system, and weakens people's defense systems against infections, and some types of cancer.

As allied health care providers working with patients, athletic trainers often receive the HBV vaccine (as an occupational requirement) for protection against the disease; therefore, athletic training students may strongly consider vaccination against HBV. Vaccination typically requires a series of injections over time. As with all health care procedures there is a cost. The vaccination series is available through various health care provider options. Some insurance carriers cover the HBV vaccine. Maximum protection requires completion of all injections; thus, students may consider beginning the vaccination process before enrolling in the Pre-Professional Phase of the Athletic Training major if they voluntarily elect to be vaccinated.

There is no vaccination against HIV at this time. Universal precautions have been developed to protect health care workers from the HIV virus, and other bloodborne pathogens. Athletic training students will receive annual training in these procedures as part of the curriculum, and be provided with related clinical education site-specific protocols. Preceptors associated, or affiliated with the Athletic Training major will also guide students in universal precautions, and provide the necessary supplies to uphold these standards in clinical education experiences.

If students have questions regarding HBV, the HBV vaccine, HIV or universal precautions against bloodborne pathogens, they are directed to contact their physician, a health care provider (such as an athletic trainer) or the Athletic Training faculty (e.g. the Clinical Education Coordinator).

In order to document that students have either received or initiated the HBV vaccine, or understand the risk of HBV transmission, and the seriousness of the disease, but have elected not to undergo vaccination, students must indicate their status below.

I have completed or initiated the process of vaccination for Hepatitis B virus.

Please Print Name Neatly

Signature and Date

I have received, and understand the information on HBV, but have elected **not to receive** the vaccination for Hepatitis B virus at this time.

Please Print Name Neatly

Signature and Date

HEALTH CONSIDERATIONS TO MEET PROGRAM DEMANDS

Athletic training students provide supervised health care services in a variety of practice settings. The Pennsylvania State University has developed guidelines, and protocols to safeguard the well-being of athletic training students, and the student-athletes, and/or patients/clients they interact with in compliance with the standards of the Commission on Accreditation of Athletic Training Education (CAATE).

Students are required to complete a physical exam, and have their vaccination record reviewed by a health care provider to verify their ability to pursue unrestricted performance of clinical education responsibilities or identify conditions, which would place them, and the student-athletes, and/or patients/clients they interact with at increased risk of injury or illness. The physical exam can be completed by any applicable qualified health care provider (e.g. physician, physician's assistant, nurse practitioner, etc.). Details on required vaccinations can be found in the Infectious Disease Summary found on the following website: <http://hhd.psu.edu/kines/clinical-education>.

Athletic trainers, and athletic trainings students also encounter unique physical demands, which may require them to frequently lift, and carry heavy loads (e.g. coolers, ice chests, stretchers, etc.) in the performance of their typical clinical duties. In addition to discussing such concerns with their health care providers, students with medical conditions that contraindicate or restrict these, and related activities should contact the Athletic Training major's Clinical Education Coordinator and/or Program Director to address these matters. As applicable, the Athletic Training major's Clinical Education Coordinator and/or Program Director will work with the student, and their supervising preceptor(s) to explore, and/or establish reasonable, and medically prudent guidelines to protect the health of the student. Both the student, and Clinical Education Coordinator will be responsible for advising preceptors/supervisors regarding medically imposed limitations associated with the student's performance of clinical education related duties.

It is the policy of The Pennsylvania State University not to discriminate against persons in its admission processes or education programs. Students with conditions who anticipate special needs with any aspect of the Athletic Training major are also urged to contact the Office of Disability Services and/or the Affirmative Action Office. Athletic Training major personnel will cooperate with these offices to make reasonable accommodations (as applicable) for students requiring them to enter or remain in the major.

In addition to the information provided in this document, students seeking admission to or to remain enrolled in the Athletic Training major, must review, endorse, and comply with the Parameters on Student Health, Technical Standards, and Practicum Attendance, which can be found here [http://hhd.psu.edu/media/kines/files/Clin_Ed_Parameters - Health Tech Standards Attendance.pdf](http://hhd.psu.edu/media/kines/files/Clin_Ed_Parameters_-_Health_Tech_Standards_Attendance.pdf).



I _____ completed a health examination of
(Printed Name of Examining Health Care Provider)

_____ on _____
(Name of Student) (Date)

Based upon my examination, and the student's record of immunizations, I confirm:
(please initial next to the appropriate recommendation)

_____ this student **HAS** met the immunization requirements of The Pennsylvania State University Department of Intercollegiate Athletics, and Penn State Health facilities.

_____ this student **HAS NOT** met the immunization requirements of The Pennsylvania State University Department of Intercollegiate Athletics, and Penn State Health facilities.

Based upon my examination, and the student's physical abilities, I confirm:
(please initial next to the appropriate recommendation)

_____ this student **IS CAPABLE** of completing the duties of an athletic training student without restriction.

_____ this student is **NOT CAPABLE** of completing the duties of an athletic training student without restriction. The student should observe the restrictions noted below while performing the duties of an athletic training student.

Signature of Examining Health Care Provider and Date

PLEASE COMPLETE THE FOLLOWING ATTACHED FORMS:

1. Penn State Physical Form
2. Penn State Infectious Disease Summary