

# INFECTIOUS DISEASE POLICY

## Key Reference to

HIV (AIDS)

Viral Hepatitis (B, C etc)

## Policy Statement

It is strongly recommended that the following people involved in contact or collision sports be informed of this policy and adopt its recommendations:

- Team physicians and other sports medicine staff
- Coaches
- Team Managers
- Referees
- Administrators
- Players and their parents

A number of blood borne infectious diseases can be transmitted during body contact and collision sports. The more serious include Viral hepatitis and HIV (AIDS) infections. It is important to remember that more common diseases, such as the common cold, flu or herpes simplex may be spread during body contact sports.

These may be debilitating and potentially disastrous for the team and/or individual. These diseases may be spread by direct contact between broken skin or mucous membranes and infected blood and other body fluids and substances.

**Note:** There is no current evidence that sweat, urine or tears will transmit infective viruses.

## The following recommendations may reduce the risk of transmitting infectious diseases:

All open cuts and abrasions must be reported and treated immediately.

### PLAYERS

1. It is every participant's responsibility to maintain strict personal hygiene at all times, in all activities on and off the field (this includes safe sex by the use of condoms), as this is an effective means of controlling the spread of disease.
2. It is strongly recommended that all participants involved in contact or collision sports and playing under adult rules be vaccinated against Hepatitis B.

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3. All participants with prior evidence of these diseases are strongly advised to obtain confidential advice and clearance from a Doctor prior to participation.

## **TEAM AREAS**

1. It is the Academy's staff and volunteer's responsibility to ensure that dressing rooms and other areas of preparation for training and competition are clean and tidy prior to use. Particular attention should be paid to hand basins, toilets and showers. Adequate soap, paper hand towels, brooms, refuse disposal bins and disinfectants should be available at all times.
2. Communal bathing areas e.g. spas, should be strongly discouraged. These may be the source of other diseases as well as facilitating the spread of the blood borne diseases mentioned above.
3. The practices of spitting and urinating in team areas must not be permitted.
4. All clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious. Equipment and surfaces should be cleaned immediately if soiling or spills occur.

**When cleaning up blood or body substances gloves must be worn.** If the blood spill is large, confine and contain the spill. Remove the bulk of the blood and/or body substance with absorbent material e.g. paper towels.

Place the paper towels in a sealed plastic bag and dispose with normal garbage. Clean the spill site with a detergent solution.

Routine laundry procedures are adequate for the processing of all linen. Routine washing procedure using hot water and detergents are adequate for decontamination of most laundry items. Clothing with dried blood can be soaked in cold water only to release the blood prior to normal hot detergent wash.

Gloves should be worn when handling or washing soiled linen. General utility gloves can be used for this task. Gloves should be washed in detergent after use or discarded if showing signs of deterioration.

Contaminated linen soiled with blood or body substances should be transported in a leak proof plastic bag to the laundry site to contain any leakages.

5. Sharing of towels, shaving razors, face washers and drink containers must not occur.
6. It is strongly recommended that all persons working in contact of collision sport team's areas should be vaccinated against Hepatitis B.
7. Water containers should be available for each individual player and not shared by players as bleeding around the mouth is common.

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### **Minimising the risk of HIV and Viral Hepatitis transmission**

The following are principles recommended by SMA and ANCARD to help further reduce the low possibility of HIV or Viral Hep B transmission while participating in sports which involve direct body contact or where bleeding may be expected to occur.

1. Those attending to bleeding players should wear non-utility gloves i.e. disposable latex or vinyl gloves which are not to be re-used.

These must be worn when direct contact is anticipated with blood or body substances, mucous membranes or non-intact skin as when first attending to first aid of a bleeding player or handling items or in contact with surfaces contaminated with blood or body substances. Gloves must be changed and discarded as soon as they are torn or punctured, or after contact with each player. Hands must be washed after removal of gloves.

2. Disposable resuscitation devices should be available and accessible. They should be used for anyone requiring mouth-to-mouth cardiopulmonary resuscitation (CPR). Any CPR training provided should include instruction in the use of resuscitation devices to prevent direct mouth to mouth contact between the injured person and the resuscitator.
3. If a player has a skin lesion he must be immediately reported to the responsible official and medical attention sought.
4. If a skin lesion is observed it must be immediately cleansed with suitable antiseptic and securely covered.
5. If a bleeding wound occurs the individual's participation must be interrupted until the bleeding has been stopped and the wound is both cleansed and covered with a waterproof dressing.
6. Separate first aid room should be available for the treatment and suturing of wounds.

### **Action to be taken in the event of a blood spill**

In an accident where bleeding occurs and if:

1. Skin is penetrated or broken, the immediate first aid is to clean the wound with soap and water only. If water is not available a 70% alcohol hand rub solution should be used.
2. Clothes are blood stained, they should be changed for clean ones once the wound has been treated. They should be handled with rubber gloves and treated as above.
3. Blood gets on the skin, irrespective of whether they are cuts or abrasions wash well with soap and water.

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4. Eyes are contaminated, rinse the area gently but thoroughly, with the eyes open, with water or saline solution.
5. A player is wearing contact lenses:
  - Leave the contact lenses in while the eye is irrigated with water or normal saline, the contact lenses are acting as a barrier to the eye.
  - When the eye has been adequately irrigated for several minutes, remove the contact lenses and clean in the normal manner.
  - They can be reused – they do not have to be cleaned any differently than normal and they do not need to be discarded.
6. Blood gets in the mouth, spit it out and rinse the mouth with water several times.

**Where there is an additional concern about infection, medical advice should be sought from a physician or clinic where there is experience in the management of HIV infection.**

### **REFEREES AND GAME OFFICIALS**

1. Officials must report open cuts and abrasions at the first available opportunity.
2. It is strongly recommended that those who officiate in body contact and collision sports should be vaccinated against Hepatitis B.
3. All contaminated clothing and equipment must be replaced prior to the player being allowed to resume play.
4. If bleeding should recur, the above procedures must be repeated.
5. If bleeding cannot be controlled and the wound securely covered, the player must not continue in the game.

### **EDUCATION**

There is an obligation upon all relevant sporting organisations to provide suitable information on the associated risk factors and prevention strategies against these diseases. Additional information may be obtained by team doctors or from State Health Departments.

The safe handling of contaminated clothing, equipment and surfaces must be brought to the attention of all players and ancillary staff.

Although Hepatitis B vaccination is usually effective in raising immunity to Hep B, it provides no protection against other blood borne diseases. Vaccination must not result in any relaxation of hygiene standards

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