

INFECTIOUS DISEASES POLICY

SWSAS Policy Sheet:

INFECTIOUS DISEASES

With particular reference to HIV(AIDS) and Viral Hepatitis ([B, C, etc)

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
 other sports medicine staff
- coaches
- referees
- team managers
- administrators
 players and their parents.

For health care professionals, information on Hepatitis B vaccination accompanies this policy document or may be obtained by contacting the Sports Medicine Australia National or State Offices or local GP.

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 and herpes simplex may be spread during body contact sports.

INFECTIOUS DISEASES POLICY

These may be extremely 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 these 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 method of controlling the spread of disease.
2. It is strongly recommended that **all participants** involved in contact/collision sports and playing under adult rules be **vaccinated against** Hepatitis B.
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 club's responsibility to ensure that the dressing rooms are clean and tidy. Particular attention should be paid to hand-basins, toilets and showers. Adequate soap, paper hand towels, brooms, refuse disposal bins and disinfectants must be available at all times.
2. Communal bathing areas, (eg spas) should be strongly discouraged. These may be the source of other diseases (eg Legionnaire's disease) 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 and body substances:

- gloves must be worn;

INFECTIOUS DISEASES POLICY

- if the blood spill is large, confine and contain the spill (ie try not to let it run everywhere);
- remove the bulk of the blood and body substance with absorbant material, eg paper towels;
- place the paper towels in a sealed plastic bag and dispose with normal garbage. Clean the spill site with a detergent solution;
- wipe the site with disposable towels soaked in a 1:10 solution of bleach.

Routine laundry procedures are adequate for the processing of **all** linen.

Routine washing procedures using hot water and detergents are adequate for decontamination of most laundry items. Therefore, clothing with dried blood on it can, if necessary, be soaked in cold water only to release the blood prior to a normal hot detergent wash.

Gloves should be worn when handling or washing soiled linen. General utility gloves, ie rubber household gloves, can be used for this task. The gloves should be washed in detergent after use, or discarded if they are peeled, cracked, discoloured, torn, punctured or have other evidence of deterioration.

Contaminated linen soiled with blood or body substances should be transported in a leakproof plastic bag to the laundry site simply to contain the body fluid and stop it spreading to the other laundry items. Contaminated linen does not need to be segregated in the hot detergent wash.

5. Sharing of towels, shaving razors, face washers and drink containers must **NOT** occur.
6. It is strongly recommended that all personnel working in contact/collision sport team 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 in contact sports.

MINIMISING THE RISK OF HIV AND VIRAL HEPATITIS TRANSMISSION

The following are principals recommended by SMA and ANCARD to help further reduce the low possibility of HIV or Viral Hepatitis 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, ie disposable latex or vinyl gloves which must **never** be reused.

These must be worn when: direct contact is anticipated with blood or body substances, mucous membranes, or non-intact skin, as when attending to first aid of

INFECTIOUS DISEASES POLICY

a bleeding player or handling items or contact surfaces contaminated with blood or body substances.

Gloves must be changed and discarded:

- as soon as they are torn or punctured;
- after contact with each player.

Hands must be washed after removal and disposal 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 rinsed with plenty of water and if dirty, washed with soap 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 should be used.
2. Clothes are bloodstained, 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.
4. Eyes are contaminated, rinse the area gently but thoroughly, with the eyes open, with water or normal saline.
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.

AUSTRALIA

INFECTIOUS DISEASES POLICY

- When the eye has been adequately irrigated for several minutes, remove the contact lenses and clean in the normal manner.
- They can then 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 all 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/Territory 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 Hepatitis B, it provides no protection against other blood-borne diseases, such as HIV, Hepatitis C etc. Vaccination must not result in any relaxation of hygiene standards.

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