

Infectious Disease Policy

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.

These diseases may be spread by contact between broken skin or mucous membranes and infected:

- blood
- saliva (not HIV)
- semen and vaginal fluids.

NB. There is no evidence that sweat, urine and tears will transmit Hepatitis B or HIV.

It is strongly recommended that all participants, coaches and officials in GSV be informed of this policy and adopt its commonsense recommendations to reduce the risk of transmitting infectious diseases.

Players

1. Sharing of towels, face washers and drink containers must not occur.
2. All open cuts and abrasions must be reported and treated immediately.
3. It is the participant's responsibility to maintain strict personal hygiene, as this is the best method of controlling the spread of these diseases.
4. It is strongly recommended that all participants involved in contact/collision sports be vaccinated against Hepatitis B.
5. 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 host school's responsibility to ensure that the toilet and change facilities are clean and tidy. Particular attention must be paid to handbasins, toilets and showers. Adequate soap, paper hand-towel, brooms, refuse disposal bins and disinfectants must be available at all times.
2. The practice of spitting must not be permitted.
3. 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.

Procedure for on field treatment of bleeding wounds during the games:

1. If the player is bleeding, she should immediately leave the playing area to receive treatment (substitution may be made)
2. The player may return to the field once bleeding has been controlled, the wound covered and any blood contaminated clothing changed.
3. If the bleeding player does not leave the field voluntarily or when asked, the umpire may suspend her for misconduct.

4. If an area of the field/court becomes contaminated with blood the umpire must stop the game.

Recommendations when cleaning up blood and body substances:

- Gloves must be worn.
- If the blood spill is large, confine and contain the spill.
- Remove the bulk of the blood and body substance with absorbent material, eg. paper towels.
- Place the paper towels in a sealed plastic bag and dispose with normal rubbish. Clean the spill site with a detergent solution.
- Wipe the site with disposable towels soaked in 1:10 solution of bleach. (Hockey turf & soapy water with brush, rinse with water)
- Routine laundry procedures are adequate for the processing of all linen.
- Gloves should be worn when handling or washing soiled linen. General utility 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 leak proof 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.

Umpires and Officials

1. It is strongly recommended that all personnel working in contact/collision sports be vaccinated against Hepatitis B.
2. Officials must report in writing all open cuts and abrasions to the responsible school staff member/coach at the first available opportunity.
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.

Coaches and Responsible Staff

1. If a skin lesion is observed, it must be immediately cleansed with suitable antiseptic and securely covered.
2. 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.
3. 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 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.
- 4. Disposable resuscitation devices should be available and accessible. They should be used for anyone requiring mouth-to-mouth cardiopulmonary resuscitation (CPR).

Education

1. There is an obligation on all relevant staff to provide suitable information on the associated risk factors and prevention strategies against these diseases.
2. The safe handling of contaminated clothing, equipment and surfaces must be brought to the attention of all players and associated staff.
3. Although Hepatitis B vaccination is usually effective in raising immunity to Hepatitis B, it provides no protection against other bloodborne diseases such as HIV.

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 clothes 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 there 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, as 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 then be reused. They do not need any cleaning other than is normal.
6. Blood gets in the mouth, spit it out and rinse the mouth with water several times.
7. Where there is additional concern about infection, medical advice should be sought from a physician or clinic where there is experience in the management of HIV infection.

Reference:

- SPORTS MEDICINE AUSTRALIA
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