



Infectious Diseases Policy

Policy endorsed by OEC:

Policy approved by Board:

CEO: _____
(signature)

Next formal review by OEC:
September 2020

**Policy Author and
Contact person for more information:**

Chief Medical Officer

NOTE: Any agreed changes to the Policy approved by the OEC and/or Board between the date of issue and the date for next review are to be updated and made available to all staff for advice.

1. Purpose

- 1.1 This policy outlines a procedure for minimizing the risk of infectious diseases, with particular reference to HIV (AIDS), Hepatitis B & C, and other bloodborne disease transmission.
- 1.2 It is strongly recommended that all contact or collision sports physicians, other sports medicine staff, coaches, team managers, administrators, athletes and their parents be informed of this policy and adopt its commonsense recommendations.

2. Background

- 2.1 A number of bloodborne infectious diseases can be transmitted during body contact and collision sports. The more serious include Hepatitis and HIV (AIDS) infections. These diseases may be spread by contact between broken skin or mucous membranes and infected;

- Blood
- Saliva (not for HIV)
- Semen and vaginal fluids

Note: there is no evidence that sweat/urine or tears will transmit Hepatitis B or HIV.

- 2.2 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.

3. Policy

- 3.1 The following are principles recommended by the Australian National Council on AIDS & Related Diseases (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:
 - i. If an athlete has a skin bleeding wound, it must immediately be reported to a responsible official, then medical attention sought.
 - ii. 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 then covered with a waterproof dressing. If bleeding cannot be controlled completely, the athlete should not be allowed to continue playing.
 - iii. It is important that whoever deals with injuries should wear gloves.
- 3.2 The NSWIS will minimise athletes’ exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection and supporting immunisation and implement effective hygiene practices.

4. Athletes

- 4.1 It is every athletes 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), to limit the spread of disease.
- 4.2 It is strongly recommended that all athletes involved in contact/collision sports and playing under adult rules be vaccinated against Hepatitis B.
- 4.3 All athletes with prior evidence of infectious diseases are strongly advised to obtain confidential advice and clearance from a doctor prior to participation.

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- 4.4 Open cuts and abrasions occurring during a match or training must be reported and managed immediately.
 - 4.5 If the bleeding cannot be controlled the athlete must cease playing/training.
 - 4.6 Athletes should avoid unnecessary contact with the blood of other athletes.

5. Daily Training Environment Areas

- 5.1 It is the NSWIS responsibility to ensure that a hygienic environment is maintained i.e.,
 - Hand washing
 - Daily cleaning of the Training facility and Toilets;
 - Wearing gloves (when in direct contact with bodily fluids);
 - Appropriate handling and preparation of food.
- 5.2 Athletes should wear enclosed shoes on and use their own towel for each workout.
- 5.3 The practice of spitting and urinating (other than in the toilet) is NOT permitted.
- 5.4 All clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious and treated accordingly.
- 5.5 Sharing of towels, shaving razors, face washers and drink containers should not occur. Shared drink containers may transmit meningococcal disease and other infectious diseases.
- 5.6 It is strongly recommended that all personnel working with teams should be vaccinated against Hepatitis B and know their immunity status.
- 5.7 In all training areas, open cuts and abrasions must be reported to medical staff and treated immediately.
- 5.8 During training and matches, athletes should only drink from their own drink bottles.

6. Implementation

- 6.1 The NSWIS Coaches and Staff must report all open cuts and abrasions to the Team Medical staff and/or Chief Medical Officer at the first available opportunity.
- 6.2 Medical records are to be entered into the secure online Athlete Management System (AMS) and; if an incident occurs in the NSWIS Training Centre the Register of Injuries must be completed with a copy given to the HR Manager.
- 6.3 Those attending to bleeding athletes should wear non-utility gloves (i.e. disposable latex or vinyl gloves that 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 athlete or handling items or contact surfaces contaminated with blood or body substances.
- 6.4 Gloves must be changed and discarded as soon as they are torn or punctured and after contact with each athlete.
- 6.5 Hands must be washed after removal and disposal of gloves.
- 6.6 Medical/First Aid kits must contain disposable protective gloves, plastic bags for disposal of contaminated equipment/clothing.
- 6.7 Disposable resuscitation devices should be available and accessible. They should be used for anyone requiring mouth-to-mouth cardiopulmonary resuscitation (CPR). Any CPR training should include

instruction in the use of resuscitation devices to prevent direct mouth-to-mouth contact between the injured person and the resuscitator.

- 6.8 If an athlete has a bleeding skin wound, he/she must report this to the Coach, cleanse with a suitable antiseptic and securely cover the wound.
- 6.9 The individual's participation must be interrupted until the bleeding wound has been stopped and the wound is cleaned and covered with a waterproof dressing. Any embedded object that cannot be removed by saline irrigation should be referred to a Doctor or hospital for evaluation.

7. Education

- 7.1 There is an obligation upon all organisations to provide suitable information on the associated risk factors and prevention strategies against infectious diseases. Additional information may be obtained from NSWIS Medical staff or the department of health.
- 7.2 The NSWIS will ensure all staff and persons working at the NSWIS conform to the infectious disease policy.
- 7.3 The NSWIS will ensure confidentiality relating to any personal or health related information obtained by staff in relation to any NSWIS athlete.

8. Action to be taken in the event of a blood spill

If the following accident where bleeding occurs and if;	Action
Skin is penetrated or broken	Wash the area well with soap and water only. If water is not available a 70% alcohol hand rub should be used.
Clothes are blood stained	Clothes should be changed for clean ones once the wound has been treated. They should be handled with rubber gloves and soaked (e.g. in a disinfectant such as Miltons or Napisan) before washing in a domestic machine on a hot water cycle.
Blood gets on the skin	Irrespective of whether there are cuts or abrasions wash well with soap and water.
Eyes are contaminated	With the eyes open rinse the area gently but thoroughly with water or normal saline
Blood gets in the mouth	Spit it out then 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 with experience in the management of HIV or other bloodborne diseases.

References

Sports Medicine Australia (SMA)
Australian National Council on AIDS & Related Diseases (ANCARD)
NRL - Infectious Disease Policy
Education and Care Services National Regulations 2011
National Quality Standard 2011

Review and Revision

This policy, and all related appendices, will be reviewed as it is deemed appropriate, but no less frequently than every 24 months.

Policy review will be undertaken by the Chief Medical Officer.

Revision History

<i>Date</i>	<i>Version</i>	<i>Reviewed by</i>	<i>Changes made</i>
1/02/19	1.1	Chief Medical Officer	Policy updated

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