

## **INFECTIOUS DISEASES POLICY**

### **POLICY STATEMENT ON INFECTIOUS DISEASES** **(with particular reference to HIV (AIDS), Hepatitis B, Meningococcal Illness and other infectious diseases transmitted by saliva and other secretion from the nose and throat)**

A number of blood-borne infectious diseases can be transmitted during body contact and collision sports. The more serious include Hepatitis and HIV (AIDS). Infectious diseases may be spread by contact between broken skin or mucous membrane and infected:

- Blood
- Saliva (There is no evidence that contact with saliva can place someone at high risk of HIV infection)
- Semen and vaginal fluids

A number of bacteria and viruses can be transmitted via saliva, and other secretions from the nose and throat when water bottles, referees whistles and other similar articles are shared during sporting activities. These include potential serious infections such as meningococcal illness, whooping cough, hepatitis A and glandular fever.

### **THE FOLLOWING RECOMMENDATIONS MAY REDUCE THE RISK OF TRANSMITTING INFECTIOUS DISEASES.**

#### **PLAYERS**

1. It is the players' responsibility to maintain strict personal hygiene, as this is the best method of controlling the spread of these diseases.
2. It is strongly recommended that all players involved in contact/collision sport, be vaccinated against Hepatitis B.
3. All players with prior evidence of an infectious disease are strongly advised to obtain advice and clearance from a doctor prior to participation.

#### **TEAM AREAS**

1. It is the Association's responsibility to ensure that the dressing rooms be 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. The practices of spitting and urinating in team areas must not be permitted.
3. All clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious and treated accordingly.
4. Sharing of towels, shaving razors, face washers and drink containers must not occur.
5. It is strongly recommended that all personnel working in contact collision sport team areas should be vaccinated against Hepatitis B.
6. In all training areas, open cuts and abrasions must be reported to medical staff and treated immediately.
7. Players should be supplied with their own water bottles and any other equipment that has the potential to be contaminated with saliva.

## **REFEREES AND GAME OFFICIALS**

1. Officials must report all open cuts and abrasions to medical staff at the first available opportunity.
2. It is strongly recommended 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.
6. It is strongly recommended that if players, referees or other participants are feeling unwell prior to the sporting event, they should not participate. They should consult the team doctor or their own doctor.
7. Players, referees and other participants who are unwell during or after a sporting event should not continue to take part in the event, unless cleared to do so by the team doctor or a General Practitioner.
8. Players, referees and other participants who have an open cut or ulcerating sore should be seen by a doctor and not take part in a sporting event unless cleared to do so by a doctor.
9. Referees and other officials should be supplied with water bottles, whistles and any other equipment that has the potential to be contaminated by saliva. These items must not be shared with another person at any time.
10. Gloves should be worn when handling or washing soiled linen. General utility gloves, i.e. 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.

## **MINIMISING THE RISK OF HIV AND VIRAL HEPATITIS TRANSMISSION**

1. Those attending to bleeding players 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 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 or normal saline to remove dirt and covered with a waterproof dressing. Any embedded object that cannot be removed by the above procedure should be referred to hospital for evaluation.
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 water or normal saline.
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.
  - 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.

### **EDUCATION**

There is an obligation upon all sporting organisations to provide suitable information on the associated risk factors and prevention strategies against infectious diseases.

Additional information may be obtained from team doctors or the Department of Health.

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.

Vaccination must not result in any relaxation of hygiene standards.

Team doctors or your general practitioner will also be able to provide further information.