



MWAS Infectious Diseases Policy

Adopted by Board – 15/05/2014 – Version 2

1. Introduction

This policy has been developed using the Sports Medicine Australia (SMA) Policy on Infectious Diseases as a key document of reference. The SMA policy primarily concerns collision sports. The MWAS recommends that the recommendations in such policies should be extended to non-contact sports. A copy of the SMA policy can be found at the link:

<http://sma.org.au/resources/policies/infectious-diseases/>

It is strongly recommended that all sports team physicians, other sports medicine staff, coaches, referees, team managers, administrators, athletes and their parents be informed of this policy and adopt its common sense recommendations.

1.1 For health care professionals, information on Hepatitis B vaccination accompanies this policy document (Section 5) or may be obtained by contacting the Sports Medicine Australia National or State offices or a local GP.

2. Statement on Infectious Diseases (With particular reference to HIV (AIDS) and Hepatitis B&C)

2.1 A number of blood-borne infectious diseases can be transmitted during body contact and sports. The more serious include Viral Hepatitis and HIV (AIDS) infections. It is important to remember that more common diseases such as “Common Cold”, Influenza and Herpes Simplex may be spread during sports. These diseases may be spread by contact between broken skin or mucous membranes as well as infected blood and other body fluids and substances.

Note: There is no evidence that sweat/urine and tears will transmit these viruses.

2.2 The following recommendations will reduce the risk of transmitting infectious diseases:

- A. All open cuts and abrasions must be reported and treated immediately.
- B. If bleeding cannot be controlled completely, the player should not be allowed to continue training / competing.

3. Athletes

3.1 It is every athlete’s responsibility to maintain strict personal hygiene at all times, in all activities on and off the field (this includes safe sex by use of condoms), as this is the best method of controlling the spread of these diseases.

3.2 It is strongly recommended that all athletes be vaccinated against Hepatitis B.

3.3 All participants with prior evidence of these diseases are strongly advised to obtain confidential advice and clearance from a doctor prior to participation in sport and the MWAS programs.

4. Team Areas

4.1 It is the responsibility of clubs and facility managers to ensure that 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.

4.2 Communal bathing areas (e.g. spas) should be strongly discouraged.

4.3 The practices of spitting and urinating in team areas must not be permitted.

4.4 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;
- If the blood spill is large, confine and contain the spill (i.e. try not to let it run everywhere);
- Remove the bulk of the blood and body substance with absorbent material, e.g. paper towel;
- Place the paper towel 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.

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

4.6 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.

4.7 Gloves must 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.

4.8 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.

4.9 Sharing of towels, shaving razors, face washers, mouthguards and drink containers must not occur.

5. Surfaces likely to come into close contact with skin, e.g. treatment/massage tables, should be washed initially with water and detergent then wiped over with a 1:20 dilution of household bleach, which is left to dry. It is recommended that rubber gloves be worn for this.

5.1 It is strongly recommended that all personnel working in contact/collision sport team areas should be vaccinated against hepatitis B.

5.2 Water containers should be available for each athlete or athletes should be required to bring their own drinking container and not shared by athletes. Bleeding around the mouth is common in contact sports and can occur in any sport.

6. Referees and Game Officials

6.1 Officials must report all open cuts and abrasions to medical staff at the first available opportunity.

6.2 It is strongly recommended that those who officiate in body contact and collision sports should be vaccinated against hepatitis B.

6.3 All contaminated clothing and equipment must be replaced prior to the player being allowed to resume play.

6.4 If bleeding should recur, the above procedures must be repeated.

6.5 If bleeding cannot be controlled and the wound securely covered, the player must not continue in the game / training session.

7. Minimising the risk of HIV and Viral Hepatitis Transmission

7.1 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:

- A. Those attending to bleeding people should wear non-utility gloves, i.e. 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 person or handling items or contact surfaces contaminated with blood or body substances.

- B. Gloves must be changed and discarded as soon as they are torn or punctured, or after contact with each individual person. Hands must be washed after removal and disposal of gloves.
- C. Disposable resuscitation devices should be available and accessible. They should be used for anyone requiring mouth-to-mouth cardiopulmonary resuscitation (CPR).
- D. If an athlete has a skin lesion he/she must be immediately cleansed and suitable antiseptic and securely covered.
- E. 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.

7.2 Action to be taken in the event of a blood spill

In an accident where bleeding occurs and if:

- A. Skin is penetrated or broken and the bleeding is not potentially deadly, 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.
- B. 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.
- C. Blood gets on the skin, irrespective of whether they are cuts or abrasions, wash well with soap and water.
- D. Eyes are contaminated, rinse the area gently but thoroughly, with the eyes open, with water or normal saline.
- E. 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.
- F. Blood gets in the mouth, spit it out and rinse the mouth with water several times.

7.3 Use of Lactate Pro Units

The equipment used to measure the blood lactate levels of an athlete requires the person administering the test to draw a small amount of blood from the athlete. In order to prevent infection or the spread of diseases, the following principals apply:

- A. Follow the procedures set out by the manufacturer. They can be found at this weblink - <http://www.lactatepro.com.au/lactatepro/USING.html>. The ear-lobe can be used as an alternative to the finger. In addition;
- B. The person administering the test must wear clean gloves that are disposed of between handling each individual athlete.
- C. The end-cap of the 'lancing device' must be removed and cleaned by the following process between the use on different athletes:
 - i. Remove end-cap
 - ii. Rinse under tap with detergent until all visible substances are removed
 - iii. Immerse in a 1:20 dilution of household bleach and leave to dry or wipe thoroughly with an alcoholic wipe
 - iv. The pin device in the 'lancing device' must be used in accordance with the manufacturer's instructions and discarded into a sharps disposal unit after use on an athlete. I.e. the same pin must never be used on multiple athletes

- D. Where there is more than one lancing device in use during testing, e.g. when there is more than one athlete being tested, each lancing device must be colour coded with tape and the corresponding coloured tape must be attached to the athlete, so as to avoid the wrong lancing device being used on the wrong athlete.
- E. Athletes are to be provided with an alcoholic wipe at the conclusion of the test to clean the broken skin. The area is to then be covered by a plastic strip or 'Bandaid'
- F. Each lactate strip is to be disposed of safely after each use.

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.

8. Education

- 8.1 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 from doctors or State Health Departments.
- 8.2 The safe handling of contaminated clothing, equipment and surfaces must be brought to the attention of all MWAS contractors, athletes and ancillary staff.
- 8.3 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.

For further reference see the WHO/FIMS Consensus Statement on AIDS and SPORT or contact your local GP or State Health Department.

If you require further information contact:

Sports Medicine Australia
PO Box 57
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PH: (08) 9285 8033
FAX: (08) 9441 8255

Reference List

Sports Medicine Australia, 'Policy - Infectious Diseases'
<<http://sma.org.au/resources/policies/infectious-diseases/>>