

Infectious Disease 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 excretions from the nose and throat)

A number of blood-borne infectious diseases can be transmitted during body contact and collision sports such as rugby league. 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 WILL REDUCE THE RISK OF TRANSMITTING INFECTIOUS DISEASES TO 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. HIV, hepatitis viruses and other infections can be acquired by rugby league players and staff in activities unrelated to rugby league. Unprotected sexual contacts, injected drug use for recreational or performance-enhancing drugs, for example, present risk factors greater than those present in the playing of rugby league.
3. It is strongly recommended that all players involved in rugby league be vaccinated against Hepatitis B.
4. All players with prior evidence of infectious disease are strongly advised to obtain advice and clearance from a doctor prior to participation.
5. Open cuts and abrasions occurring during a match or training must be reported and managed immediately.

Infectious Disease Policy



6. If the bleeding cannot be controlled the player must cease playing/training.
7. Players should avoid unnecessary contact with the blood of other players.

REFEREES AND GAME OFFICIALS

1. Officials must report all open cuts and abrasions to medical staff at the first available opportunity.
2. If the referee notices a bleeding or blood contaminated player, he/she will immediately stop play and call 'time-out' and signal to the team trainer to attend to the player.
3. The team Sports trainer will immediately enter the field of play to assess whether the player can be managed/assessed on the field or whether he/she will management off the field.
4. If the sports trainer advises that the player can be managed/assessed on the field, the referee will instruct the player to drop out behind play for that purpose and the match will immediately recommence.
5. If the Sports trainer advises the referee that he will have to manage/assess the player off the field, the match will not restart until the player has left the field. The player may be interchanged, or alternatively the team can elect to temporary play on with 12 players. (Note: other than for the initial assessment, the match will not be held up while the bleeding player receives treatment or is interchanged).
6. If the referee stops play twice for the same player and the same wound, the player must be taken from the field for management and either interchanged or the team may elect to play on with 12 players until the bleeding player returns.
7. If a bleeding player has left the field for management and is not interchanged, he/she may return to the field of play at any time provided he/she does so from an on-side position. If the bleeding player has been interchanged, he/she may only return to the field through the interchange official as a normal interchange player.
8. A bleeding player returning to the field of play who has not been interchanged, is not to be regarded as a replacement/interchange player and therefore may take a kick for goal. Conversely, a bleeding player returning to the field of play who has been interchanged may not take a kick for goal at that time.
9. If bleeding cannot be controlled and the wound securely covered, the player must not continue in the game and a replacement will be made.

Infectious Disease Policy



10. If the bleeding player does not leave the field voluntarily or when ordered to do so by the referee, the referee may dismiss the player and charge him with misconduct.
11. All contaminated clothing and equipment must be replaced prior to the player being allowed to resume play. If no alternate clothing is available contaminated gear should be sprayed with bleach solution.
12. It is strongly recommended those who officiate in rugby league should be vaccinated against Hepatitis B.
13. 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.
14. 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.
15. 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.
16. 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 any other person at any time.
17. 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 leak proof plastic bag to the laundry site simply to contain the body fluid and stop it spreading to other laundry items. Contaminated clothing/equipment should be laundered separately in a hot wash at a minimum temperature of 80 degrees Celsius.

Infectious Disease Policy



TEAM AREAS

1. It is the club's responsibility to ensure that the dressing rooms be clean and tidy. Particular attention should be paid to hand basins, toilets, showers and benches. Adequate soap, paper hand towels, brooms, refuse disposal bins and disinfectants must be available at all times. Drains must run freely.
2. Communal bathing areas (e.g. spas) should be strongly discouraged.
3. The practice of spitting and urinating (other than in the toilet) in team areas must not be permitted.
4. All clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious and treated accordingly.
5. Sharing of towels, shaving razors, face washers and drink containers must not occur.
6. It is strongly recommended that all personnel working in rugby league team areas should be vaccinated against Hepatitis B and know their immunity status.
7. In all training areas, open cuts and abrasions must be reported to medical staff and treated immediately.
8. Players should be supplied with their own water bottles and any other equipment that has the potential to be contaminated with saliva.
9. During matches and training, players must drink only from their own drink containers or recommended water containers possessing spouts. Players should not have contact with or touch the nozzle of squeeze bottles.

FIRST AID ROOM

1. The first aid room must be cleaned regularly.
2. A rubbish bin must contain plastic liners, which are to be disposed of after use **at** training session/match.
3. Needles/syringes must be disposed of after use in a suitable waste disposal kit (Needles/syringes must only be administered by a professional qualified medical practitioner).



GYMNASIUM

1. Flooring should be of a non-pervious material with a sealed surface that is easily cleaned. Carpet and artificial turf type surfaces are discouraged.
2. Players should have shoes, shirt and their own towel for each workout.
3. Communal baths are to be discouraged.

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.
2. Gloves must be changed and discarded:
 - As soon as they are torn or punctured
 - After contact with each player
3. Hands must be washed after removal and disposal of gloves. Medical/First Aid kits must contain disposable protective gloves, soap and plastic bags for disposal of contaminated equipment/clothing.
4. 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.
5. If a player has a skin lesion, he/she must be immediately reported to the responsible Sports Trainer and medical attention sought.
6. If a skin lesion is observed, it must be immediately cleansed with suitable antiseptic and securely covered.
7. 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.
8. A 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 with clean ones once the wound has been treated (or spayed with bleach solution if no alternative clothing is available). They should be handled with rubber gloves and treated as per 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 lens in while the eye is irrigated with water or normal saline, the contact lens 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 additional concern about infection, medical advice should be sought.

EDUCATION

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 team doctors or the department of health.