Infectious Diseases Policy.

TYPE OF POLICY	Participation
EFFECTIVE DATE	5th February 2019
POLICY OWNER	Australian Rugby League Commission
POLICY CONTACT	NRL General Manager – Game Development and Education

A. REASON FOR POLICY

This policy provides awareness of the risk of exposure to infectious diseases while participating in the game of Rugby League.

B. POLICY STATEMENT

The intent of this policy is to provide an awareness of risks and best practice approaches for match officials, sports trainers and venue operators to reduce the risk of being exposed to infectious diseases.

C. SCOPE

This policy applies to players, match officials, sports trainers, venue operators, Clubs, Districts, Divisions, Groups and Leagues.

D. DEFINITIONS

INFECTIOUS DISEASE	Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another

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E. POLICY HISTORY

PARTICIPATION POLICY IDENTIFICATION NUMBER	VERSION	RELEASE DATE	AUTHOR
P002	2.0	5th February 2019	National Participation Policy Committee

INFECTIOUS DISEASES POLICY

1.0. BACKGROUND

Many 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:

i. Blood
ii. Saliva (there is no evidence that contact with saliva can place someone at high risk of HIV infection)

Many bacteria and viruses can be transmitted via saliva and other secretions from the nose and throat if water bottles, re**feree's whistles and other similar articles are shared during sporting** activities. These include potential serious infections such as meningococcal illness, whooping cough, hepatitis A, hepatitis B and glandular fever.

2.0. RECOMMENDATIONS TO REDUCE RISK OF TRANMISSION

a. **It is the players' responsibility to maintain strict personal hygiene, as this is the best method of** controlling the spread of these diseases.
b. HIV, hepatitis viruses and other infections can be acquired by Rugby League players and staff in activities unrelated to Rugby League.
c. It is strongly recommended that all players involved in Rugby League be vaccinated against hepatitis B and all other currently recommended childhood vaccinations.
d. All players with prior evidence of infectious disease are strongly advised to obtain advice and clearance from a doctor prior to participation.
e. Open cuts and abrasions occurring during a match or training must be reported and managed immediately. The wounds should be covered to prevent any transfer of blood to another player.
f. If the bleeding cannot be controlled the player must cease playing/training.

g. Players should avoid unnecessary contact with the blood of other players.

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h. Players should not share drink containers. Each player should have his/her own drink container. Shared drink containers may transmit meningococcal disease and other infectious diseases.
i. During matches and training, players should 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.

3.0. RESPONSIBLITIES OF MATCH OFFICIALS AND SPORTS TRAINERS

Match officials and sports trainers have direct contact with players throughout the game. This direct contact could result in match officials and sports trainers being exposed to blood and saliva. Below is a best practice approach for match officials and sport trainers in their interactions with players.

3.1. MATCH OFFICIALS

a. Match officials must report all open cuts and abrasions to medical staff at the first available opportunity.
b. If the match official 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.
c. If the match official 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 without the affected player until the player can return to play.
d. 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 or as a normal interchange player.
e. 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.
f. If bleeding cannot be controlled and the wound securely covered, the player must not continue in the game and a replacement will be made.
g. If the bleeding player does not leave the field voluntarily or when ordered to do so by the match official, the match official may dismiss the player and charge him /her with misconduct.

h. It is strongly recommended that match officials in Rugby League should be vaccinated against hepatitis B and all other currently recommended childhood vaccinations.
i. Match officials who are unwell during or after a game should not continue to take part in the game, unless cleared to do so by a doctor (if present).
j. Match 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.

3.2. SPORTS TRAINER

a. 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 be managed off the field.
b. 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.
c. If the sports trainer advises the referee that he/she 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).
d. 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/detergent solution*.
e. It is strongly recommended that if players report to the sport trainer that they are feeling unwell prior to the sporting event, the sports trainer should assess the player and be cautious **with regards to the player's participation in the tra**ining session and/or game. The sports trainer should consult with a team doctor (if there is one) or recommend the player consult their own doctor.
f. Players 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 (if there is one) or a General Practitioner.

4.0. SPORTS TRAINERS – MINIMISING THE RISK OF TRANMISSION OF BLOOD BORNE DISEASES

a. Players who have an open cut or ulcerating sore should be seen by the team doctor (if there is one) or a General Practitioner and not take part in a training session or game unless cleared by that Doctor to do so.

b. Those attending to bleeding players should wear non-utility gloves, i.e. disposable latex or vinyl gloves that must never be reused. These gloves must be worn when direct contact is anticipated with blood or body substances, mucous membranes, non-intact skin, or when attending to first aid of a bleeding player or handling items or contact surfaces contaminated with blood or body substances.
c. Gloves must be changed and discarded:
   i. As soon as they are torn or punctured
   ii. After contact with each player
d. 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.
e. 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. (However, if no such device is available, CPR should still be administered when required as the risk of transmission of any significant infectious disease is low).
f. If a player has a skin lesion, he/she must be immediately reported to the responsible sports trainer and medical attention sought.
g. If a skin lesion is observed, it must be immediately cleansed with suitable antiseptic and securely covered.
h. **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.
i. A separate first aid room should be available for the treatment and suturing of wounds.

4.1. SPORTS TRAINERS - ACTIONS TAKEN IN THE EVENT OF A BLOOD SPILL

In an accident where bleeding occurs and:

a. Skin is penetrated or broken, the immediate first aid is to clean the wound with water or normal saline.

b. Clothes are bloodstained, they should be changed with clean ones once the wound has been treated (or sprayed with bleach/detergent* solution if no alternative clothing is available). They should be handled with rubber gloves while being treated.
c. Blood gets on the skin, irrespective of whether they are cuts or abrasions, wash well with soap and water and/or antiseptic solution.
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 lens in while the eye is irrigated with water or normal saline, the contact lens is 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.
f. 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.

5.0. VENUES

The venues that are provided to players and match officials should be presented and maintained appropriately to minimize the risk to infection. Below are best practice approaches for change rooms, first aid rooms and gymnasiums.

5.1. CHANGE ROOMS – BEST PRACTICE (WHERE APPLICABLE)

a. **It is the club's responsibility to ensure that the dressing rooms are 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.
b. Communal bathing areas (e.g. spas and other environments where water is not chlorinated or disinfected) should be strongly discouraged.
c. Recovery baths/ice baths
   - Shared use is strongly discouraged
   - Players bleeding, with open wounds, boils, rashes or other potentially infective skin lesions/conditions should not use these facilities due to the risk of cross infection of other players and exacerbation of their own current conditions

d. The practice of spitting and urinating (other than in the toilet) in team areas must not be permitted.
e. All clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious and cleaned immediately.
    - When cleaning up blood and body fluids the following universal precautions must be used:
        i. Disposable gloves must be worn;
        ii. If spill is large, confine and contain the spill with absorbent towels;
        iii. Place absorbent paper towels in sealed plastic bag and dispose with the normal garbage or contaminated waste bin (preferable); and
        iv. Wipe the site with disposable towels soaked in a solution of 2% detergent and 0.5% bleach*.
    - Routine laundry washing is sufficient for washing of linen/clothes (use hot water >80 degrees Celsius).
    - Disposable gloves must be worn when handling blood-soiled linen/clothing or equipment.
f. Sharing of towels, shaving razors, face washers and drink containers must not occur.
g. It is strongly recommended that all personnel working in Rugby League team areas should be vaccinated against hepatitis B (and all other currently recommended childhood vaccinations) and know their immunity status.
h. In all training areas, open cuts and abrasions must be reported to medical staff and treated immediately.
i. Players should be supplied with their own water bottles and any other equipment that has the potential to be contaminated with saliva.

5.2. FIRST AID ROOM – BEST PRACTICE (WHERE APPLICABLE)

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

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5.3. GYMNASIUM

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

6.0. EDUCATION

It is the obligations of Clubs, Districts, Divisions, Groups and Leagues to provide suitable information on the associated risk factors and prevention strategies against infectious diseases.

NOTES:
*Bleach/detergent solution for Blood Contamination of Clothes and other surfaces

a. A spray container with 15mL of standard dishwashing detergent and 32mL of standard household bleach in 250mL of water is to be standard equipment for each team, on the sideline and in the dressing rooms.
b. Minor contamination of clothing and equipment must be sprayed, and thoroughly soaked, with the solution immediately the player leaves the field.
c. The decontamination solution should be in contact with the blood spill for between one (1) and five (5) minutes.
d. Prior to return to the field, the area should be thoroughly rinsed off with water.
e. All but minor blood contamination of clothing and equipment must result in the contaminated clothing and equipment being replaced prior to the player returning to the field.
f. As standard household bleach deteriorates with time, the decontamination solution must be made up on the day of the game.
g. Do not use bleach that has passed its expiry date.
h. A standard medicine glass or disposable syringe can be used to ensure concentrations of detergent and bleach are correctly added to 250mL of water.
i. A 0.5% concentration of bleach is not considered hazardous; however, care must be taken to avoid contact with eyes or wounds and prolonged contact with the skin. Thorough rinsing with water will further reduce any risk.
j. Contaminated clothing/equipment must be sealed in a plastic bag within a clearly marked bin and laundered separately in a hot wash at a minimum temperature of 80°C.