

BLOOD BORNE DISEASES – POLICIES & PROCEDURES

Blood Borne Infectious Diseases

This section should be read in conjunction with the relevant Operational Rules relating to Blood Borne Diseases.

The aim of the Policies and Procedures below is to prevent the spread of disease via infected blood and other bodily fluids. The guidelines cover the following:

- 1 Matches and Training – Bleeding Injuries
- 2 Team Areas
- 3 Blood contamination
- 4 Equipment Guidelines
- 5 On and Off Field Treatment of Bleeding Wounds
- 6 Hepatitis B Vaccination

1 Matches & Training – Bleeding Injuries

It is the Players' responsibility to report all wounds and injuries in a timely manner, and their responsibility to wear appropriate protective equipment. If a Player suffers a cut at training or during the course of a match, the Player(s) must leave the field as soon as practicable and the following procedures will apply:

a) During Matches

In the presence of a clearly visible amount of blood on a Player's jersey or other clothing or on a wound dressing or padding applied to any body part, the Player must leave the field of play for the jersey/dressing to be changed before he can be allowed to return to play to avoid the risk of transfer of infection.

Blood Bin Procedure

The following procedure will apply in all cases where a Player is bleeding on his person, clothing or equipment has been contaminated by blood

- If the Referee notices a bleeding or blood contaminated Player he will immediately stop play and call 'time-out' and signal to the Physio to attend to the Player.
- The Physio will immediately enter the field of play to assess whether the Player can be quickly treated on the field or whether he will require treatment off the field.
- If the Physio advises that the Player can be treated on the field, the Referee will instruct the player to drop out behind play for that purpose and the match will immediately recommence.

- If the Physio advises the Referee that he will have to treat 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 temporarily 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).
- If the Referee stops play twice for the same player and the same wound, the Player must be taken from the field for treatment and either interchanged or the team may elect to play on with 12 players until the bleeding player returns.
- If a bleeding player has left the field for treatment and is not interchanged, he may return to the field of play at any time provided he does so from an on-side position. If the bleeding Player has been interchanged, he may only return to the field through the interchange official as a normal interchange player.

- 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.

Stitching

Any Player who is bleeding and requires treatment by way of either stitches, stapling or otherwise, must be taken to the team dressing room or medical room so this procedure can be conducted out of the view of the general public. After the treatment the wound must be bandaged or covered to protect the injury and to eliminate the risk of further bleeding and to prevent the potential risk of transmission of blood-borne infectious diseases.

Contaminated Clothing

In any case where a Player's person, clothing or equipment has been contaminated by blood, whether through a wound to himself or through contact with a wounded player, the Referee shall direct the Team Trainer to enter the field of play to attend to the Player by taking immediate steps to ensure that that player is free of any blood contamination before the Player shall be permitted by the Referee to rejoin play. Until those steps have been taken, the player shall, at the minimum, drop out behind play. Contaminated clothing and / or equipment should be treated with a solution of detergent and bleach, as outlined in the section on Blood Borne Diseases.

b) During Training

The bleeding Player must be removed from the field immediately by the coach or must voluntarily leave the field and seek medical attention.

If the bleeding cannot be controlled, the Player must cease training for that session.

2 Team Areas

a) Dressing Rooms

Hand basins (with hot and cold running water), toilets, showers and benches must be cleaned with disinfectant after each training session and game.

- Drains must run freely.
- A liquid antiseptic soap dispenser, disposable hand towels, brooms and wash buckets must be readily available.
- Sponges must not be used at any time.
- Spitting is prohibited in or around the area.
- Urinating, other than in the toilet area, is prohibited.
- Sharing of equipment, including use of another's towel or use of clothing to stand/sit on whilst drying is strongly discouraged.
- Players should have a clean pair of flip flops to wear to and from the shower/toilet.

b) First Aid Room

- The first aid room must be cleaned after each match.
- The rubbish bin must contain plastic liners, which are to be disposed of after each training session/match.
- Clinical waste must be disposed of in Yellow Clinical Waste bags and disposed of in the correct manner (incineration under controlled situations either hospital or Local GP/ as per local Health Authority guidelines.)

- Needles/syringes must be disposed of after use in a suitable waste disposal kit in a sharps bin, which when full must be incinerated in the proper manner (as per LHA guidelines.)

c) Gymnasium

- Flooring should be of an impervious material with a sealed surface that is easily cleaned. Carpet or artificial turf type are discouraged.
- Players must have shoes, shirt and own towel for each session.
- Communal baths are to be discouraged.

3 Blood Contamination

a) Use of Detergent/Bleach Sprays

- A spray container with 15mls of standard washing up liquid and 32 mls of standard household bleach is to be standard equipment for each team, on the sideline and in the dressing rooms.
- Minor contamination of clothing and equipment must be sprayed and thoroughly soaked, with the solution immediately the player leaves the field.
- The decontamination solution should be in contact with the blood spill for between one and five minutes.
- Prior to return to the field, the area must be thoroughly rinsed off with water.
- 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.
- As standard household bleach deteriorates with time, the decontamination solution must be made up on the day of the game. Do not use bleach which has passed its expiry date. A standard medicine glass can be used to insure concentrations of detergent and bleach are correctly added to 250 mls of water. Typically a solution of one part household bleach to ten parts water should be prepared fresh daily and used as a disinfectant for contaminated areas.
- 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 the risk.

b) Contaminated clothing/equipment

- 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.

4 Equipment Guidelines

a) Medical/First Aid Kit

- The kit must contain disposable protective gloves, hibiscrub (or equivalent) and plastic bags for disposal of contaminated equipment/clothing.

b) Drink Containers

- Players are to be supplied with and use their own drink containers which they must bring with them and use at every training session
- During matches, Players must drink only from recommended water containers possessing spouts.
- Players should not make contact with or touch the nozzle of squeeze bottles.

WARNING: The potentially life threatening meningococcal disease can be transmitted by sharing drink containers.

c) Team Kit Bag

- Spare jerseys, shorts and socks must be available in the event that blood contaminated clothing needs to be replaced.

5 On and Off Field Treatment of Bleeding Wounds

The control of bleeding should be carried out by the Trainer or Physio, it is strongly recommended that he/she wear gloves, or that the Player applies pressure to the wound with his own hands.

The correct medical equipment to deal with bleeding wounds must be present at all times as laid out in RFL guidelines. If a Doctor is not present at training or at a game (in instances below first grade when a Paramedic is present) and a Player requires sutures then the player must be sent to the local Casualty department (the location of which must be made known to both teams) either by car or 999 for the appropriate management of this injury.

6 Hepatitis B

The RFL recommend that players and officials consider being vaccinated against Hepatitis B. Advice should be sought from the Club Team Doctor.