

INFECTION CONTROL POLICY¹

Policy Statement

Southern Cross Martial Arts will do everything possible to prevent the transmission of infectious disease during training activities and environmental practices through providing the necessary training and equipment to all personnel.

About This Policy

Infectious diseases may be extremely debilitating and potentially disastrous for Southern Cross Martial Arts and/or individual(s) concerned. These diseases may be spread by direct contact between broken skin or mucous membranes and infected blood and other body fluids and substances.

Note: There is no current evidence that sweat, urine or tears will transmit these infective viruses.

The following information and recommendations may reduce the risk of transmitting infectious diseases.

Types Of Infections²

Blood-Borne Viruses

Viruses, like other microscopic organisms, live in, on and around us all the time. When they (a) exist in sufficient quantities, (b) are able to spread from someone or something (like food or animals) and (c) enter your body, they can cause disease. When our bodies are under stress, for example during periods of intensive training for competition, we are more susceptible to illness caused by these tiny germs.

Blood-borne viruses are those which are transmitted from one person's blood to another person's blood stream.

Hepatitis

Hepatitis means inflammation of the liver. The liver is responsible for filtering the blood and breaking down food and poisons in the body. Viral hepatitis (often simply called hepatitis) refers to a number of different viruses which affect the liver and can potentially cause fever, vomiting, jaundice (where the eyes and skin go yellow) or sometimes permanent liver damage, even cancer. Sometimes people with hepatitis have no obvious symptoms but may still be able to infect others. The most significant types of hepatitis are A, B & C and these are described below.

Several new types of hepatitis have been discovered in recent years (hepatitis D, E, & G), and it is possible that more strains will be identified in the future. Other forms of hepatitis (non-viral) can be caused by alcohol or drug abuse (including steroids).

¹ Adapted from the Sports Medicine Australia (2005) *Infectious Diseases Policy*

² Adapted from *The Blood Book* (2000), Sports Medicine Australia, Australian Institute for Primary Care: Bundoora

Hepatitis A

Hepatitis A is passed on through contaminated food or water, or through oral contact indirectly with infected faeces (poo). This is why it's important to always wash your hands after going to the toilet and immediately prior to handling food.

In older children and adults the symptoms include fever, nausea, abdominal discomfort, dark urine, and yellow skin and eyes (called jaundice). Many people with hepatitis A show few or no symptoms, particularly children less than three years old.

Hepatitis A is not a chronic (prolonged) infection and people who've had hepatitis A cannot be reinfected. An effective vaccine is available.

Recommended fact sheets

http://www.health.gov.au/hfs/pubhth/strateg/hiv_hepc/hepc/index.htm

<http://www.hepatitisaustralia.com>

Hepatitis B

Hepatitis B is highly infectious - about 100 times more infectious than HIV. In Australia, most hepatitis B infections occur in adolescents and young adults. It is transmitted via body fluids (blood, semen, vaginal fluid, saliva or breast milk) from one person into another. Hepatitis B can be passed on during vaginal or anal sex, through sharing injecting equipment or body piercing and tattooing with improperly cleaned and sterilised equipment. Even sharing toothbrushes, razors, nail files, nail scissors or other personal equipment where small traces of blood may be present can be risky.

Symptoms of hepatitis B include loss of appetite, nausea, vomiting, pain in the abdomen and/or joints, fever and jaundice. Normally these symptoms disappear in a few weeks.

Some people who are infected with hepatitis B do not get ill and some show no symptoms at all. A small number, about 10% who look and feel well, will still be able to transmit the virus to others. Babies and children with hepatitis B are more likely than adults to be able to do this. An effective vaccine is available.

There have been a number of reported cases of hepatitis B being spread through sporting activities. These were mainly due to poor infection control measures in the past when the risks of infection through blood contact were not widely known. An increasing number of sports are encouraging players, coaches, officials, trainers, and first-aiders to be vaccinated against hepatitis B.

Hepatitis C

Hepatitis C is a blood-borne virus and is the most commonly reported notifiable infectious disease in Australia, with an estimated one in a hundred people infected. (Notifiable diseases are those that doctors must report to State or Territory Health Departments). In Australia, hepatitis C is most commonly transmitted through the sharing of contaminated needles, syringes and other injecting equipment by people who inject drugs.

Hepatitis C can also be spread by using body piercing and tattooing equipment which has not been properly cleaned and sterilised, as well as by sharing toothbrushes,

razors, nail files, nail scissors or other personal equipment where small traces of blood may be present. Sexual transmission of hepatitis C is unlikely.

People with hepatitis C may initially show only mild, flu-like symptoms, or no symptoms at all. Symptoms that do appear include dark urine, signs of jaundice, nausea and tiredness.

Once infected with hepatitis C, over 70% of people will not clear the virus from their bodies, and as a result may be capable of transmitting the virus to others. No vaccine is available.

Human Immunodeficiency Virus (HIV)

Human immunodeficiency virus (HIV) is the blood-borne virus that can lead to AIDS (Acquired Immune Deficiency Syndrome). HIV can be passed on through anal or vaginal sex without a condom, through sharing equipment used for injecting drugs, from an infected mother to her baby during pregnancy, birth or breast feeding, and much less commonly, through oral sex where a person has cuts or sores in their mouth.

Some years after an HIV infection, a person's immune system can become so weak that it can no longer fight off infections, and this is when the person is said to have developed AIDS. A person with HIV gradually loses immune function along with certain immune cells, called CD4 T-lymphocytes.

HIV infection is detected by a blood test to see whether there are HIV antibodies present in the bloodstream (the body develops antibodies to fight HIV). In most people, if antibodies are present they can be detected within three months of infection.

Some of the common symptoms and physical signs of AIDS are also common to a number of other illnesses, and can include:

- recurrent fevers, chills and night sweats;
- extreme and constant tiredness;
- a persistent or dry cough; diarrhoea;
- decreased appetite;
- rapid weight loss;
- swollen lymph glands;
- white spots or unusual marks in the mouth, and
- purplish raised or flat marks or bumps on the skin.

About 50% of people with HIV will develop AIDS within 10 years, and close to 70% within 15 years. No vaccine is available for HIV and there is no cure for AIDS. There are a number of drug therapies that can delay the progression of HIV infection to AIDS.

Recommended fact sheets

http://www.health.gov.au/hfs/pubhth/strateg/hiv_hepc/hepc/index.htm

<http://www.hepatitisaustralia.com>

Other Infections

There are a number of other infectious diseases, caused by viruses, bacteria, fungi and tiny parasites that can have an effect on the health and performance of people participating in sport. Some may be transmitted during play, some through social

activities after training. The way in which they are passed on from person to person varies and some are more serious than others, particularly if left untreated.

Influenza

Influenza, or 'the flu', is more than a bad cold. It is caused by a highly contagious virus which is spread by coughs and sneezes, and can easily 'wipe out' whole classes at a time. There are three types of flu virus - A, B and C. Influenza A is more likely to be responsible for epidemics (infection in large numbers of people in a population). The flu typically involves high fever, chills and sweating, muscle and joint pain, weakness, headache and dry cough, and can last a week to 10 days. Some people are 'at risk' of complications from the flu. Immunisation for influenza is available and needs to be renewed every year.

Scrupox

Scrupox is a broad term referring to a range of contagious skin infections which can be transmitted through skin-to-skin contact sports such as rugby, wrestling, boxing and judo. These include impetigo, a bacterial infection, and herpes which is described below. Symptoms may include blisters, weeping or crusty sores on the skin. These can be very contagious and you should not participate in contact sport until they have cleared up. Medical attention should be sought so a correct diagnosis can be made prior to treatment.

Genital Herpes (HSV-1 and HSV-2)

Genital herpes is a common condition that is easily spread through sexual contact. It is caused by infection with one of two kinds of the herpes simplex virus, types 1 and 2 (HSV-1 and HSV-2). These viruses also cause cold sores on the mouth. Infection comes via direct contact with blisters or ulcers, not necessarily during penetrative sex, so HSV can be spread by any kind of sex or, in some circumstances non-sexual touching of affected areas. Very rarely, herpes can be spread to the eyes or to cuts or abrasions in the skin. Potential risk factors include sparring (i.e. being punched in the lesion and then in the eye) and grappling. There is no cure for HSV infection, however in recent years an anti-viral drug has become available to relieve the symptoms.

Meningococcal Disease

Meningococcal disease is a rare but very serious illness caused by a number of different groups of meningococcus bacteria causing meningitis (inflammation of the membranes covering the brain and spinal cord) or septicaemia (blood poisoning). The infection is difficult to spread but may be passed on from person to person by sharing saliva, for example by mouth kissing or sharing drink bottles. Children aged under five and young people aged 15 to 24 years are most at risk. A person with meningococcal disease will become very ill and will probably feel sicker than they have ever felt before. The signs and symptoms of meningitis include: fever, vomiting, neck stiffness, headache, joint pains, dislike of bright lights. In septicaemia, a rash of red-purple pinprick spots or larger bruises anywhere on the body will be present.

Young children may not complain of symptoms, so fever, pallor (pale skin), vomiting lethargy and rash are important signs. The infection can develop very quickly, and can be fatal in about 10% of cases, however if it is diagnosed early enough and the right antibiotics given quickly, most people make a complete recovery.

Tinea

Tinea is a fungal infection of the skin which, like all fungi, thrives in warm, moist conditions. 'Athletes Foot' and 'Jock Itch' refer to fungal infections on the feet and groin areas respectively. Fungal infections are spread through skin-to-skin contact, or indirectly through towels, clothes or even floors. The fungi firstly eat dead skin cells and then, when these are gone, live skin cells. The infection causes itching and stinging, a red scaly rash, and cracking, splitting and peeling of the skin. The best way to prevent getting tinea is to always use your own towel and dry your skin thoroughly after showering, particularly between the toes and skinfolds, wear cotton underwear and socks if possible, and wearing thongs in communal locker rooms and showers. Anti-fungal treatments are available from chemists and should go hand in hand with personal hygiene measures.

Lice

Lice are small, flat, light brown insects that cling to, and lay their eggs (called nits) on, hair. Lice suck blood for nourishment which can cause small red areas or sores, and itching. Lice can be passed on through close skin-to-skin contact including sexual activity, and via shared bedding, towels or clothes. Lice may or may not be visible, but people with lice complain of itching. Scratching may cause open sores that can become infected. People with pubic lice may be at risk of other sexually transmitted infections and should consider seeing their doctor or sexual health specialist. Treatment involves the use of special lotions and shampoos which are available from a chemist without a prescription, and washing all contaminated clothing etc in hot water.

Scabies

The scabies mite is a tiny spider-like creature which makes a shallow burrow in the skin to lay its eggs. Scabies can be passed on during sex and through non-sexual contact in family groups or institutions. New mites hatch from the eggs and can be spread to other parts of the body by scratching. Red, itching bumps or blisters on the skin are an allergic reaction to the mite. Infestations usually occur around the genital or waist area on the body, and on the wrists, hands and in between

How Infections Spread Through Sport

People can be exposed to infection through participation in sport in a variety of ways:

- Through blood to blood contact via broken skin and open wounds. Of most concern are the serious blood-borne viruses such as HIV and hepatitis C.
- Through contact between a person's broken skin, mouth, eyes and other mucous membranes with another person's infected body fluid (blood, saliva, semen and vaginal fluids). A number of serious infections are possible, including those which are sexually transmitted.
- Through exposure of the skin to another person's infected skin or body fluids. This may be via direct body to body contact or indirectly through the use of shared equipment (e.g. wrestling mats), clothing (e.g. jumpers, socks) and other surfaces that remain moist for a period of time (shower floors, rub down benches). These usually involve fungal skin infections such as tinea, viral infections such as warts, or parasites such as scabies.
- Through ingestion of contaminated food and drinks. If people handling food don't wash their hands properly, hepatitis A or a number of other infectious diseases, such as those which cause gastroenteritis, can be passed on.

- By breathing in airborne droplets of saliva or sputum when an infectious person coughs, sneezes or spits. The common cold and the flu are easily passed on from person to person in this way.

Risk of Infection Through Sport

The risk of being infected by one of the serious blood-borne viruses through participation in sport is very low.

“The chances [of being infected by HIV through sport] have been estimated to be 1 in 125 million. Your chances of getting killed driving to the football stadium are infinitely greater.....”

Professor John Dwyer
Immunologist [ABC News]
Blood Rules, OK Video

By adopting an Infection Policy and implementing Blood Rules and other preventive strategies consistently in our organisation we are making these risks even lower.

Most contact with other people doesn't lead to us catching an infection. In order for an infection to be transmitted from one person to another all of the following must occur:

- the organism (virus, bacteria, fungi or parasite) must be in or on a person's body and still be able to be transmitted;
- the organism must leave the body of the person who has the virus;
- the organism must be able to survive in the environment;
- the organism must find its way onto or into another person; and
- the organism must be in sufficient quantity to infect that person.

Our body's immune system can fight many infections and it usually wins the battle. However, when it is weakened in some way or the infectious organism is strong enough or in sufficient quantity, our immune system may not be able to fight off these infections. Adequate nutrition, water intake and rest are important to help maintain a healthy immune system. Where it is available, immunisation can help our body's immune system to overcome an infection.

Infectious organisms don't always last long outside the body. Hepatitis B can survive for up to 3 weeks in dry blood and remain transmissible. While under some circumstances HIV can survive outside of the body for days, generally it will only survive for a matter of minutes. This is why nearly all people who become infected by a blood-borne virus do so through behaviours or means which pass the virus directly from one person's body to another's: sharing infected drug injecting equipment; unprotected sex; or transmission from mother to child in utero, during or soon after birth. In the past, the people most at risk of becoming infected with a blood-borne virus were those receiving transfusions of blood or blood products for treatment of an existing medical condition - such as haemophilia, kidney disease - or for trauma patients. With improvements in the screening of donated blood in Australia, the group at highest risk of infection with bloodborne viruses is with people who inject drugs.

Minimising the Risks of Infection

Students/Athletes

1. All open cuts and abrasions must be reported and treated immediately.
2. It is every participant's responsibility to maintain strict personal hygiene at all times, in all activities in and out of the dojo (this includes safe sex by the use of condoms), as this is an effective method of controlling the spread of disease.
3. It is strongly recommended that all participants involved in contact/collision sports and playing under adult rules be vaccinated against Hepatitis B.
4. All participants with prior evidence of these diseases are strongly advised to obtain confidential advice and clearance from a doctor prior to participation.
5. Fingernails and toenails must be kept short and neatly trimmed to prevent causing cuts and injuries to other participants.

Common Areas

1. It is the Organisation's responsibility to ensure that the toilets and all common area's (including 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. ***It is one of the primary duties of the trainee martial arts instructors to keep these areas clean.***
2. Communal bathing areas, (e.g. spas) are strongly discouraged. These may be the source of other diseases (e.g. Legionnaire's disease) as well as facilitating the spread of the blood borne diseases mentioned above.
3. The practices of spitting and urinating in common areas is NOT permitted.
4. All clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious. Equipment and surfaces should be cleaned or changed 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;
- remove the bulk of the blood and body substances with absorbent material, e.g. paper towels;
- place the paper towels 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.

Routine laundry procedures are adequate for the processing of all linen, however in order to decontaminate laundry items, it is recommended that clothing with dried blood on it be disinfected prior to a normal detergent wash.

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.

5. Sharing of towels, shaving razors, face washers, mouthguards, sparring equipment and drink containers must NOT occur.
6. It is strongly recommended that all personnel working in contact/collision areas should be vaccinated against Hepatitis B.
7. Water containers should be available for each individual participants and not shared by participants as bleeding around the mouth is common in contact sports.

Referees and Match Officials

In the event you are assisting at a tournament or grading in an official capacity, note the following:

- Officials must report all open cuts and abrasions at the first available opportunity.
- It is strongly recommended that those who officiate should be vaccinated against Hepatitis B.
- All contaminated clothing and equipment must be replaced prior to the participant being allowed to resume play.
- If bleeding should recur, the above procedures must be repeated.
- If bleeding cannot be controlled and the wound securely covered, the participant must not continue in the match

Protective Dynamic Simulation Training Suits

Due to the nature of Dynamic Simulation training and the amount of perspiration it usually generates, Protective Dynamic Simulation Training Suits such as the Redman or High Gear Suits should only be used by a single role player in each session. They should be considered contaminated by the sweat and body fluids of the role player and, as such, they should be considered personal issue for the purposes of the training session. These must be completely disinfected after each use.

In the case of the equipment worn by other participants of the dynamic simulation, all masks and protectors etc should be comprised of dipped foam or hard plastic construction to facilitate effective decontamination utilising an alcohol based (or equivalent) solution. This would include:

- i. Head/Face guards,
- ii. Inert Firearms and/or training knives & batons.
- iii. Strike Pads

Protective masks must be disinfected by wiping down with a suitable disinfectant after each usage (before being issued to another participant).

Miscellaneous Equipment

Inert training weapons should be wiped with a disinfectant solution at the end of session.

Strike Pads/Shields should be disinfected with a suitable disinfectant at the end of each session unless an injury has occurred which has caused bleeding (i.e. a 'carpet' burn type injury to the knuckles). In the event of an injury the injured trainee must stop immediately and receive appropriate first aid which must be recorded in the Register

of Injuries. The strike face and any other contaminated area of the shield must be decontaminated immediately utilising the appropriate safety precautions (i.e. latex gloves). All materials contaminated by the cleaning process must be disposed of in the appropriate manner.

Certain pieces of equipment are personal items and should not be issued unless the student is to keep the item (i.e. included in the course cost – such as a baseball style cap). These items should not be shared and include:

- i. Bag Mitts/Gloves
- ii. Boots
- iii. Groin protectors & jock straps
- iv. Mouthguards

Minimising the Risk of HIV and Viral Hepatitis Transmission

The following are principals recommended by SMA 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.

1. Those attending to bleeding players 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 participant 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 are available in all of Southern Cross Martial Arts first aid kits. 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 participant has a skin lesion they 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 and if dirty, washed with soap and covered with a waterproof dressing.

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 soap and water only. If water is not available a 70% alcohol hand rub should be used.

2. Clothes are bloodstained, they should be changed for clean ones once the wound had 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 from a physician or clinic where there is experience in the management of HIV infection.

Discrimination and Exclusion of Participants

State and Commonwealth anti-discrimination legislation makes it unlawful to discriminate against a person on the basis of their disability or impairment in many areas of public life, including sport, club membership, employment and the provision of goods and services.

The definition of a disability is very broad and includes physical, sensory, intellectual and psychiatric impairment. A disability is also defined as the presence in the body of an organism (such as HIV or one of the hepatitis's) which may cause disease.

Consequently, under State and Commonwealth law, it is prohibited to discriminate against a person because he or she:

- is living with an infectious disease;
- is thought to be living with an infectious disease;
- may have an infectious disease in the future;
- is an associate of someone who has (or is presumed to have) infectious disease; or
- is a carer of someone who has an infectious disease.

The same laws apply to the hepatitis's and other blood-borne viruses. We discriminate against a person when we treat or propose to treat them less favourably on the basis of an attribute or personal characteristic protected by law (such as their sex, race or disability including HIV status) than someone who does not have that attribute in the same or similar circumstances. This is direct discrimination.

Sometimes discrimination can be indirect. This occurs when an unreasonable requirement, condition or practise that is applied to everyone (and therefore appears neutral), in fact has a disproportionately negative impact on people with particular infections. In other words, some people may find it difficult to comply with an

unreasonable requirement or policy because of an attribute protected by law (for example, because they have a blood-borne virus).

Discrimination can occur in many ways. For example, in sport it would be discrimination if we refused to allow someone to participate in a sporting team or to act as an official because they were carrying a blood-borne virus such as hepatitis C or HIV when they were able to effectively participate.

It is also discrimination to refuse membership of a public sporting club or to restrict the benefits of membership for someone on the basis of their actual or presumed HIV status (or other blood-borne viral infection).

Nevertheless, in some instances, the law permits measures which are genuinely necessary to protect the health and safety of others. However, because of the limited ways in which HIV is transmitted and the universal precautions that should be in place for everyone, restrictions on equal opportunity for people living with HIV will rarely be necessary.

While divulging HIV or hepatitis status is not required under law, there may be circumstances (for example, if concerned about their health) when a player might consider telling a coach or trainer about their condition. But remember, people who are HIV positive or who are living with other blood-borne viruses are legally entitled to have this information remain confidential, and other people are not entitled to access such information without the consent of the person in question. The fact that they may trust some people with this information does not mean that others have a right to be told. If proper precautions are being taken and blood rules are applied, there is, in fact, no need for others to know. Importantly, there is no medical or public health justification for mandatory testing or screening for HIV positive players.

Summary of Infection Control Policy

1. Participants and staff should not train when they know they have any form of infectious disease.
2. All open cuts and abrasions must be reported and treated immediately.
3. It is every participant's responsibility to maintain strict personal hygiene at all times, in all activities on and off the mat.
4. It is strongly recommended that all adult participants be vaccinated against Hepatitis B.
5. All participants with prior evidence of the listed diseases and infections are strongly advised to obtain confidential advice and clearance from a doctor prior to participation.
6. Fingernails and toenails must be kept short and neatly trimmed to prevent causing cuts and injuries to other participants.
7. Toilets and all common area's (including dressing rooms) are to be kept clean and tidy. They are to be disinfected at least weekly.
8. Shoes or thongs must be worn in the toilets.
9. No shoes or footwear are permitted on the mats in the main dojo.
10. The mats are to be disinfected at least weekly.
11. Shower facilities are not available on site.
12. Spitting is NOT permitted.
13. When cleaning up blood and body substances:

- gloves must be worn;
 - if the blood spill is large, confine and contain the spill;
 - remove the bulk of the blood and body substances with absorbent material, e.g. paper towels;
 - place the paper towels 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.
14. Sharing of towels, shaving razors, face washers, mouthguards, personal sparring equipment and drink containers must NOT occur.
15. Each student will purchase their own sparring equipment for personal use. Do not loan or borrow personal sparring equipment.
16. Common sparring equipment (i.e. Headgear) and training pads must be disinfected between uses.

Self Administered First-Aid Accident Procedures

If you receive a needle-stick, cut, splash to the eye, nose or mouth: -

Step 1 Promptly wash or wipe away the blood or body substance with soap and water.

Step 2 Encourage bleeding, then wash with soap and water or flush the cut or puncture with copious quantities of water if soap is not readily available:

- > If splashed in the eyes rinse with saline solution or lots of clean water;
- > If blood gets in the mouth, spit it out and then rinse your mouth out with water several times;
- > If blood gets on the skin, even if there is no cut or puncture, wash with soap and water. A simple model that could be implemented in providing effective first aid would be: -
 - a. **Bleed it**
 - b. **Wash it**
 - c. **Report it**

Step 3 Tell your supervisor.

Step 4 Ensure that any large spills of blood and/or body substances at accident scenes are cleaned up as soon as practicable. At crime scenes, this should be done once all scientific tests, photographing and sampling has been completed. It is recommended that a solution of any commonly available household bleach would be quite appropriate. The bleach should be diluted with 10 parts of water to one part of bleach.

Shift supervisor to ensure that: -

1. Basic First Aid has been carried out;
2. Large spills of body fluids are contained at the scene to prevent any further contamination and that the area is decontaminated as soon as practicable;
3. Register of Injuries is filled out as soon as possible;
4. Personal Protective Equipment Kits are replenished.

Needles & Syringes

Precautions to be taken when dealing with needles and syringes:

1. With the large increase in drug related crime, it is not uncommon for members of the public to come into contact with persons in possession of needles and syringes. For example syringes may be found in the car park or garden beds.
2. If you find yourself in a life-threatening situation when dealing with a person armed with a needle and syringe, you should follow existing operational procedures that deal with similar risks to life, e.g. assailants with knives or other weapons.
3. In the case of witnessing a person about to self-administer, it may be of some advantage to you to allow the event to take place and call police to apprehend the offender later on as they are likely to be more subdued, rather than attempting to stop a person from self-administering, for it is at this point in time that the person is most unpredictable and potentially aggressive.
4. If you locate a needle/ syringe, do not attempt to recap it, or to break, bend or otherwise render it useless. Whenever possible, it should be collected using a hands-free technique by use of brush and pan or tongs. If these are not available put on some gloves and pick it up by the body of the syringe, not the needle. Then place it directly into a 'sharps container' or into a rigid-walled, puncture proof container which should be labelled 'sharps only'. Arrangements should be made for the disposal of these containers when full, ideally through your local Hospital, Council or other appropriate outlet.
5. Should you receive a needlestick injury self-administered first aid should always be carried out and medical attention sought immediately.

Infection Control Procedures for Equipment

Assume that the blood, saliva, urine and vomit of all persons you are dealing with are a potential source of infection, whether they have been diagnosed or not. The standard infection control policy still applies. The following is an adjunct guideline for the treatment of equipment specifically.

General Procedures

Wash your hands regularly throughout the day.

- When you commence your shift, check your hands for any cuts by washing them with soap and water. Ensure that all open or recent cuts, grazes, scabs are covered with a waterproof dressing or adhesive strip as provided in the first aid kit.
- Wear disposable gloves when carrying out any search or when contact with blood and body substances is likely to occur. "Double gloving" is recommended when dealing with persons and property. Particular care must be exercised with the handling of needles and syringes (i.e. in shared car parks and toilets).
- Use a Laerdal Mask with a correctly fitted one way valve and filter or other approved Pocket Mask if giving Mouth to Mouth Resuscitation and wear your disposable latex gloves.
- Immediately wash all areas where contact with blood or body substances may have occurred. Dispose of latex gloves properly by placing them in a separate plastic bag.
- Bear in mind that gloves can sustain minute tears which can limit the protection they provide in the event of a needlestick or sharps injury. Wash your hands and apply Hibicol solution upon removal of the gloves as minute tears can leave residual contamination of the skin.
- Ensure contaminated waste is disposed of promptly and in the correct manner.
- Ensure spills of body fluids are promptly and appropriately cleaned up.

CPR Mannequins

All CPR Mannequins utilised by students during Southern Cross Martial Arts First Aid training must be effectively decontaminated after each use to prevent the transmission of infection or other contaminant.

It is recommended that the mannequin faces issued to students by Southern Cross Martial Arts for use during a first aid training program should be considered 'personal issue' for the duration of the course. This will reduce the amount of time required to effectively decontaminate the items by enabling a single decontamination at the end of the course rather than at the end of each session.

The articles can be effectively decontaminated by:

- i. washing the mannequin with a warm soapy water solution,
- ii. soaking the individual faces in a Chlorohexamine solution (diluted to manufacturers specifications) for a minimum of 24 hours.

In the event that mannequins with fixed faces are utilised then the mannequin face and mouth area must be disinfected using a 100% alcohol solution (or similar if approved in writing by the Management Committee) after each student has used the mannequin.

At the end of each session utilising CPR mannequins the lung bags must be changed and the airways disinfected according to the manufacturers handbook.

Protective Dynamic Simulation Training Suits

Due to the nature of Dynamic Simulation training and the amount of perspiration it usually generates, Protective Dynamic Simulation Training Suits such as the Redman or High Gear Suits should only be used by a single role player in each session. They should be considered contaminated by the sweat and body fluids of the role player and, as such, they should be considered personal issue for the purposes of the training session. These must be completely disinfected after each use.

In the case of the equipment worn by other participants of the dynamic simulation, all masks and protectors etc should be comprised of dipped foam or hard plastic construction to facilitate effective decontamination utilising an alcohol based (or equivalent) solution. This would include:

- i. Head/Face guards,
- ii. Inert Firearms and/or training knives & batons.
- iii. Strike Pads

Protective masks must be disinfected by wiping down with a suitable disinfectant after each usage (before being issued to another participant).

Miscellaneous Equipment

Inert training weapons should be wiped with a disinfectant solution at the end of session.

Strike Pads/Shields should be disinfected with a suitable disinfectant at the end of each session unless an injury has occurred which has caused bleeding (i.e.. a 'carpet' burn type injury to the knuckles). In the event of an injury the injured trainee must stop immediately and receive appropriate first aid which must be recorded in the Register

of Injuries. The strike face and any other contaminated area of the shield must be decontaminated immediately utilising the appropriate safety precautions (i.e.. latex gloves). All materials contaminated by the cleaning process must be disposed of in the appropriate manner.

Certain pieces of equipment are personal items and should not be issued unless the student is to keep the item (i.e.. included in the course cost – such as a baseball style cap). These items should not be shared and include:

- i. Bag Mitts/Gloves
- ii. Boots
- iii. Groin protectors & jock straps
- iv. Mouthguards