



Australian Karate Federation Inc

POLICY

Infectious Diseases

With particular reference to HIV (AIDS) and Viral Hepatitis

It is strongly recommended that the following people involved in contact sports be informed of this policy and adopt its recommendations:

- team doctors
- other sports medicine staff
- coaches
- officials
- team managers
- administrators
- athletes and their parents.

For health care professionals, information on Hepatitis B vaccination may be obtained by contacting the Sports Medicine Australia National or State Offices or local GP.

A number of blood-borne infectious diseases can be transmitted during body contact and collision sports. The more serious include VIRAL HEPATITIS and HIV (AIDS) infections.

It is important to remember that more common diseases, such as the "common cold", flu and herpes simplex may be spread during body contact sports.

NB: Although Karate does not involve direct contact there is an inherent danger that contact can occur. The word 'contact' is used in the event that injury has occurred due to contact.

Transmitted disease like *HIV (AIDS) and Viral Hepatitis (B, C, etc)* may be extremely debilitating and potentially disastrous for the athletes, the team, and any other personnel. These infections may be spread by direct contact with infected blood and other body fluids onto broken skin or mucous membranes,

THE FOLLOWING RECOMMENDATIONS MAY REDUCE THE RISK OF TRANSMITTING INFECTIOUS DISEASES

All open cuts and abrasions must be reported and treated immediately.

ATHLETES

1. It is every participant's responsibility to maintain strict personal hygiene at all times, in all activities on and off the mat.
2. It is recommended that **all participants** involved in Karate, and playing under adult rules consider being **vaccinated against** Hepatitis B.
3. All participants with prior evidence of these infections are strongly advised to obtain confidential advice and clearance from a doctor prior to participation.

TEAM AREAS

1. It is the clubs' / organisations' responsibility to ensure that the changing rooms are clean and tidy. Particular attention should be paid to hand-basins, toilets and showers. Adequate soap, paper hand towels, brooms, waste disposal bins and disinfectants must be available at all times.
2. Communal bathing areas (eg spas), should be strongly discouraged. These may be the source of other diseases (eg Legionnaire's disease) as well as facilitating the spread of the blood borne diseases mentioned above.
3. The practices of spitting and urinating in team areas must **NOT** be permitted.
4. All Gi, protective equipment or any other equipment and surfaces contaminated by blood must be treated as potentially infectious. Gi and protective equipment must be removed and placed in an appropriate container specific for this purpose, for example a Sports Bag. This is the responsibility of the individual. Equipment and surfaces should be cleaned immediately if soiling or spills occur.

When cleaning up blood and body substances:

- use disposable gloves, recommended type being Nitrile or non Latex¹ glove,
- confine and contain the spill,
- remove the bulk of the blood and body substance with absorbent material, eg paper towels. **Do not use sponges.**
- place the paper towels, or any other used material (i.e. bandages etc.) in a sealed plastic bag and dispose in an appropriate container for collection by an approved agency.
- Clean the spill site with a detergent solution; recommended solution is **0.5% bleach and 2% detergent mixed with water²**.
- wipe the site with disposable towels soaked in a recommended solution.

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

Routine washing procedures using hot water and detergents are adequate for decontamination of most laundry items. Therefore, clothing, Gi, protective equipment etc, 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.

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 sealed 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 and drink containers must NOT occur.
6. It is recommended that all personnel working in Karate sport team areas should consider being vaccinated against Hepatitis B.
7. Every individual athlete should have their own water containers.

¹ Latex can cause skin irritation and should be avoided

² 0.5mL of bleach, 2mL of detergent & 97.5mL of water

MINIMISING THE RISK OF HIV AND VIRAL HEPATITIS TRANSMISSION

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.

1. Those attending to bleeding athletes should wear non-utility gloves, i.e. disposable surgical latex or vinyl gloves; these should only be worn and used once and 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 athlete.
- 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; even if the gloves have not been used
- after contact with each athlete.

Hands must be washed after removal and disposal of gloves in the recommended solution.

2. Disposable resuscitation devices should be available and accessible. 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 an athlete 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 medication and securely covered.
5. If a bleeding wound occurs, the individual's participation must be interrupted until the bleeding has been stopped. The wound should be rinsed with plenty of water and if dirty, washed with an appropriate detergent and covered with a waterproof dressing.
6. A separate first aid room should be available for the treatment and suturing of injuries/wounds.

ACTION TO BE TAKEN IN THE EVENT OF A BLOOD SPILL

In an injury/accident where bleeding occurs:

1. The immediate first aid is to clean the wound with soap and water only.
2. The Gi, protective equipment or any other clothing are bloodstained, they should be changed for clean ones once the wound has been treated. They should be handled with gloves and treated as above.
3. Any blood on skin, irrespective of whether there are cuts or abrasions, should be washed well with detergent and water.
4. If blood splash enters the eye, rinse the area gently but thoroughly with water or normal saline while the eyes are open,
5. If an athlete 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.
 - Contact lens can then be reused. They do not have to be cleaned any differently than normal and they do not need to be discarded.
6. If 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.

OFFICIALS

1. Officials must report all open cuts and abrasions at the first available opportunity.
2. It is recommended that those who officiate in Karate competitions should consider being vaccinated against Hepatitis B.
3. All contaminated Gi and protective equipment must be replaced prior to the athlete being allowed to resume play.
4. If bleeding should recur, the above procedures must be repeated.
5. If bleeding cannot be controlled and the wound securely covered, the athlete must not continue.

EDUCATION

There is an obligation upon all relevant sporting organisations to provide suitable information on the associated risk factors and prevention strategies against these infections. Additional information may be obtained from team doctors or from State/Territory Health Departments.

The safe handling of contaminated clothing, equipment and surfaces must be brought to the attention of all athletes and additional staff.

Although Hepatitis B vaccination is usually effective in raising immunity to Hepatitis B, it provides no protection against other blood-borne infections, such as HIV and Hepatitis C.

Vaccination must not result in any relaxation of hygiene standards.

About this Policy

This policy was endorsed on the *[date here]*. It will be reviewed annually and updated accordingly.