
MSHSAA BOARD POLICY FOR MINIMIZING INFECTIOUS DISEASE TRANSMISSION

The MSHSAA Board of Directors has adopted the following policy in an effort to minimize the possibility of any transmission of any blood borne pathogen diseases (i.e. Hepatitis B, HIV virus and the resulting Acquired Immune Deficiency Syndrome). Although the policy was originally written with the sport of wrestling in mind, it is applicable to all sports. The MSHSAA Board of Directors strongly recommends that each school adopt a similar policy to apply to any situation where an injury which results in bleeding might occur. Such injuries are most likely to occur in physical education classes, athletic practice sessions, and contests. Therefore, it is extremely important that teachers, coaches, and referees follow the procedures outlined in this policy and be prepared any time there is blood present to treat it in a manner that respects its ability to transmit infectious diseases.

Health-care workers, including doctors and athletics trainers, who care for student-athletes should employ the universal precautions currently recommended by Centers for Disease Control in the care of all athletes, since medical history and examination cannot reliably identify patients infected with HIV. The universal precautions include:

1. Routine use of barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated. Gloves should be worn for touching blood, body fluids, mucous membranes or nonintact skin (e.g., abrasions, dermatitis) of all athletes and for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture. Gloves should be changed after contact with each student-athlete. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids, to prevent exposure of mucous membranes of the mouth, nose, and eyes.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. Surfaces contaminated with blood should be cleaned with a solution made from a one-to-one hundred (1:100) dilution of household bleach.
4. Precautions should be taken to prevent injuries caused by needles, scalpels and other sharp instruments or devices. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
5. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use.
6. Health-care workers who have bleeding or oozing skin should refrain from all direct patient care until the condition resolves.
7. Soiled linens should be bagged and washed in hot water with detergent.
8. In the athletics environment, universal guidelines should be considered for the immediate control of bleeding and for handling bloody dressings, mouth guards and other articles containing bodily fluids.

Member institutions should ensure that policies exist for the orientation and education of all health-care workers on the prevention of transmission of blood borne pathogen diseases and the need for routine use of the above universal precautions. Additionally, provision of equipment and supplies necessary to minimize the risk of infection, as well as the monitoring of adherence to recommended protective measures, needs to be guaranteed.

In the area of interscholastic activities, some alarm has been expressed regarding the presence of the HIV virus in sweat, saliva and blood from minor injuries. Some important things to remember are:

1. At this time, it is uncertain that the HIV virus is transmitted by either saliva or sweat. Therefore, efforts need to be concentrated in the area of the minor injuries that result in bleeding.
2. Proper handling of these situations by coaches, officials and competitors will greatly reduce the possibility of any transmission of HIV, if indeed the athlete who is bleeding is infected by the disease.
3. The possibility of transmitting HIV in this manner is much less than the possibility of transmitting other very dangerous blood-borne viral infections such as Hepatitis B.
4. However, the chance of transmitting the HIV virus is not zero. Therefore, precautions should be taken to insure that no transmission can occur.
5. If an athlete sustains a minor bleeding problem - and most bleeding problems in sports result from minor injuries in the nose area - the contest should be stopped, the bleeding stemmed, and any blood on the playing surface should be wiped off using a disinfectant such as Clorox, in a 100 to 1 solution (100 parts water and one part disinfectant). This same solution should be used to wipe any blood off the opponent's skin. However, the area should then be rinsed with water to avoid either participant getting

the disinfectant in his eyes. It should be noted that there are also many other disinfectants that are very successful in combating the HIV virus such as isopropyl alcohol.

If any of the blood has gotten on the opponent's uniform, unless the opponent has an open cut or un-skinned area on his body, it is not necessary to clean the uniform at this point. If there is an open cut or unskinned areas then the uniform should be wiped with the disinfectant solution and then thoroughly rinsed with water to avoid either participant getting the disinfectant in his/her eyes.

If an official should get blood on himself/herself, he or she should do the same as the competitors - use the disinfectant solution to wipe the bloodied area.

NOTE: Disposable towels should be used in all clean up and then placed in a sealed container and disposed of properly. Also, extreme care should be used in disposing of cotton used to stem bleeding.

The Communicable Disease Precaution Policy is listed in the front of each National Federation Rule Book and in the MSHSAA Sports Medicine Manual. Please refer to that policy for further information.