



# **Infection Control Policy**

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**Effective from  
01/07/04**



## **PREFACE**

Our duty of care in leading groups extends into many areas. We have always been concerned about safety in the execution of calisthenic movements, but our responsibility also extends to infection control within that group.

The purpose of this policy is to ensure the safety and well being of all ACF members. Following this policy should not be seen as a burden, because the provisions make good sense for all procedures within the family, and business in general, not just calisthenics.

Lynne Hayward  
President

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## **PART I – INTRODUCTION**

This part sets out the purpose of this Policy, who it applies to, when it commences, what words mean and who has responsibilities under the Policy.

### **1. WHAT IS THE PURPOSE OF THIS POLICY?**

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- 1.1 The purpose of this Policy is to provide guidelines for the health, safety and well being of all ACF members and those who participate in the activities of ACF, Member States and Affiliated Clubs.
- 1.2 This Policy sets out the procedures to be followed regarding healthy and safe practices to reduce the risk of the transmission of infectious and communicable diseases.

### **2. WHO DOES THIS POLICY APPLY TO?**

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- 2.1 This Policy applies to the following organisations and individuals:
  - (a) persons appointed or elected to boards of directors, executives and/or committees (including sub-committees) of ACF, Member States and Affiliated Clubs;
  - (b) officials appointed or elected by ACF, Member States and Affiliated Clubs which represent such organisations;
  - (c) coaches (including assistant coaches) who:
    - (i) are appointed and/or employed by ACF, Member States and Affiliated Clubs (whether paid or unpaid); or
    - (ii) have an agreement (whether or not in writing) with ACF, a Member State or an Affiliated Club to coach at a facility owned/hired or managed by such organisation;
  - (d) participants who enter any competition, activity or events (including camps, training sessions etc) which are held or sanctioned by ACF, a Member State or an Affiliated Club;
  - (e) Member States;
  - (f) Affiliated Clubs;
  - (g) any other person or organisation, who or which is, a member of, or affiliated to, ACF, a Member State or an Affiliated Club (including life members);

### **3. WHAT IS THE STATUS OF THIS POLICY?**

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- 3.1 This Policy is issued by the ACF Council under rule 19(3) of the ACF Constitution.
- 3.2 This Policy comes into force on 1 July 2004.
- 3.3 This Policy may be changed from time to time by the ACF Council.

#### **4. WHAT DO WORDS IN THIS POLICY MEAN?**

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- 4.1 In this Policy, words appearing with a capital shall have the meaning set out in Attachment A and Attachment A will form part of this Policy.

#### **5. RESPONSIBILITIES UNDER THE POLICY**

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- 5.1 ACF and Member States must:

- (a) adopt and comply with this Policy; and
- (b) publish, distribute and promote this Policy (and any amendments made to it from time to time) to their members in the manner required by ACF and make this Policy available for inspection, or provide a copy.

- 5.2 Affiliated Clubs must:

- (a) adopt and comply with this Policy;
- (b) publish, distribute and promote this Policy (and any amendments made to it from time to time) to their members in the manner required by ACF and make this Policy available for inspection, or provide a copy; and
- (c) make such amendments to their constitution, rules or by laws in order for this Policy to be enforceable, as required by ACF.

### **PART II – IMPLEMENTATION**

This part sets out the background and operational procedures for the control of infectious diseases.

#### **6. BACKGROUND**

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- 6.1 The Australian Calisthenic Federation (ACF) aims to maintain the highest possible standard of health protection and disease prevention in coaches and participants by adopting the principles of *Standard and Additional Precautions* - with calisthenic practices (including use of protective equipment) to prevent transmission of infection.
- 6.2 Australian Calisthenic Federation coaches, participants and administrators must adhere to “*Standard Precautions*” as the first line approach to Infection Control and “*Additional Precautions*” where Standard Precautions may be insufficient to prevent transmission of infection. This two tiered approach has been adopted by National Health Medical Research Council and Australian National Council on Acquired Immune Deficiency Syndrome (AIDS) as the term Universal Precautions is considered ambiguous.
- 6.3 “*Standard Precautions*” are practices required for the basic level of infection control, which include:
- (a) good hygiene practices, particularly washing and drying hands before and after contact;
  - (b) using protective barriers; and

- (c) handling and disposing of sharps and other contaminated or infectious waste in an appropriate manner.
- 6.4 Standard precautions are recommended for all treatment and care, regardless of perceived infectious status, and in handling blood, all other body fluids, secretions and excretions, non-intact skin and mucous membranes.
- 6.5 “*Additional Precautions*” should be used where there is an established risk of transmission of infection as in the case of measles, chickenpox, mumps, rubella and whooping cough.
- 6.6 Infectious diseases are diseases that can be spread from one source to another for example: from person to person, from children to their family members and among children to children.
- 6.7 Preventing the spread of infectious diseases is an important part of duty of care as occasional outbreaks of serious illness or infectious diseases may occur with long term effects on coaches, children and parents.
- 6.8 The following guidelines aim to provide easily accessible advice regarding healthy and safe practices and procedures, which will reduce the risk of transmission of infectious and communicable diseases.

## **7. INFECTION CONTROL OPERATIONAL PROCEDURES**

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- 7.1 Coaches and administrators have a responsibility to ensure they are aware of infection control issues and methods used for prevention of cross infection and each person must be individually responsible for their own health status.
- 7.2 Good standards of personal hygiene and hand washing practices are the most important measures in reducing the risk of transmission of Hepatitis A, Hepatitis B, and other infectious diseases. Good hygiene practices will reduce the risk from infected blood, faeces, saliva or other body fluids entering a person's blood stream through a break in the skin, or by absorption through the eyes or mouth.

## **8. OCCUPATIONAL RISKS**

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- 8.1 All persons are at risk of catching infectious diseases. Simple infection control practices such as hand washing can stop diseases spreading.
- 8.2 Immunization can also stop people from acquiring some diseases. Coaches and administrators should discuss their own history of immunizations with their doctor.

## **9. INFECTIOUS DISEASES DURING PREGNANCY**

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- 9.1 Coaches who are pregnant need to be aware that some infectious diseases can affect an unborn child.
- 9.2 The following infectious diseases can affect an unborn child:

- (a) rubella (German measles);
- (b) cytomegalovirus (CMV);
- (c) toxoplasmosis;
- (d) erythema infectiosum, also called parvovirus or fifth disease; and
- (e) chicken pox.

## **10. PRACTICES FOR INFECTION CONTROL**

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- 10.1 All spillages of blood, urine, faeces, vomit and nose or throat and eye discharges are to be treated as potentially contaminated which could lead to infectious diseases outbreaks.
- 10.2 Hand washing is the single most important contribution that people can make to prevent infection and cross infection between them and others and vice versa. Before commencing classes, coaches should always wash their hands thoroughly for at least 10-15 seconds in detergent (soap) and water. Paper towelling should be used to dry hands thoroughly, and to turn taps off.
- 10.3 Cover any broken skin with a water tight dressing.
- 10.4 Wear protective disposable gloves when cleaning any spillages of blood, urine, faeces, body fluids, or vomit.
- 10.5 New disposable gloves should be used for each child or adult and coaches should wash their hands **before** and **after** using gloves.
- 10.6 Wash hands thoroughly after wiping children's runny noses, saliva from mouths, and wash children's hands and face if covered in their own bodyfluids.
- 10.7 Never put your hands in areas where you can't see (use a mirror).
- 10.8 Coaches and administrators need to be aware that in circumstances where they are at greater risk, a facial mask and gloves should be worn.
- 10.9 Intact skin which has been in contact with blood or body substances should be bathed or showered as soon as possible.
- 10.10 Use only approved sharps containers for the safe disposal of syringes and needles, scalpel blades, etc., which are supplied by the individual participants who require these items (i.e. Diabetics).
- 10.11 Use warm water and detergent, wear disposable gloves to clean up any blood or body substances.
- 10.12 The Laerdal mask should be used by *trained persons* while giving mouth to mouth resuscitation.
- 10.13 The Resusci Face Shield is a disposable protection for mouth-to-mouth resuscitation. It's convenient size will fit into wallets, pockets, small handbags and first aid kits.

## **11. TOILET TRAINING WITH YOUNG PARTICIPANTS**

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- 11.1 Help the participant use the toilet.
- 11.2 Help the participant wash their hands.
- 11.3 Wash your own hands.

## **12. OCCUPATIONAL EXPOSURE**

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- 12.1 Occupational exposure is defined as an exposure which puts the worker at risk of becoming infected with a disease causing germ while performing their duties, for example:
  - (a) Hepatitis B;
  - (b) Hepatitis C;
  - (c) HIV; and/or
  - (d) any blood borne infection.

## **13. SPLASH EXPOSURE TO BLOOD AND BODY SUBSTANCES**

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- 13.1 *If blood or body substances contact the skin*, irrespective of whether there are cuts or abrasions, wash the area well, for 10-15 seconds, under running water with soap. Dry thoroughly with paper toweling.
- 13.2 *If the eyes are contaminated*, rinse the area gently but thoroughly with water or normal saline while the eyes are open.
- 13.3 *If blood or body substances gets into the mouth*, spit it out and rinse the mouth with water several times.

## **14. NEEDLESTICK AND/OR SHARPS INJURY**

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- 14.1 Disease causing germs can be transmitted by needlestick/sharps injury. The ACF promotes coach and administrator awareness of potential hazards/dangerous situations involving the handling of needlestick/sharps instruments.
- 14.2 Participants are responsible for providing their own needle syringe packs and an approved clearly labeled puncture resistant sharps' container to dispose of used needles and syringes.
- 14.3 Sharps containers must conform with Australian Standard AS 4031.
- 14.4 To prevent (sharps) needlestick injury, needles should not be recapped, bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand unless using a safe needle cover system.
- 14.5 The person generating a sharp is responsible for correct disposal.

- 14.6 Sharps items must never be left on bench tops, placed in paper bins, left unprotected or discarded incorrectly.
- 14.7 Sharps containers must be disposed of through an authorised infectious waste outlet.

### **PART III - IDENTIFYING AND TREATING PARTICULAR MEDICAL CONDITIONS**

#### **15. TREATMENT OF CHILDREN WITH CHRONIC AILMENTS:**

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- 15.1 The duty of care which a coach owes to a participant requires affirmative action during an emergency. The four most common medical conditions affecting children are asthma, epilepsy, diabetes and severe allergic reactions. Each requires particular action until qualified medical assistance is obtained.
- 15.2 No medication is to be administered to a participant without the written consent of the parent/guardian.
- 15.3 Parent/guardian permission should be sought up front for the child to be treated by a medical practitioner, other than their usual/nominated one, or to be taken to hospital, in the event of an emergency.

#### **16. ASTHMA**

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- 16.1 Asthma, its symptoms and signs, the measures that can be taken to assist sufferers and the source of further information is explained below.
- 16.2 Asthma is a very common condition in which there is intermittent narrowing of the airways. This produces the symptoms of wheezing, coughing and shortness of breath.
- 16.3 Exposure to one or more of several 'trigger' factors can cause the airways to narrow in asthmatic subjects. The most common triggering or precipitation factors are exercise, allergies, change in weather conditions and respiratory infections. Exercise induced asthma symptoms can be prevented by taking appropriate medication before exercise begins. Exercise asthma can be relieved by stopping the child's activity and administering bronchodilator medication.
- 16.4 Asthmatic children should not be discouraged from participating in activities, unless there are specific recommendations from parents and/or guardians to this effect.

#### **17. EPILEPSY**

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- 17.1 Epilepsy, its symptoms and signs, the measures that can be taken to assist sufferers and the source of further information is explained below.
- 17.2 Epilepsy is a condition in which there is intermittent disturbance in the electrical activity of the brain leading to transient episodes of loss of consciousness, with or without associated involuntary movements. Often the cause of epilepsy is not known, but it may follow brain damage from a variety of causes, eg. injury. There are two types of epilepsy, Petit Mal and Grand Mal.
- 17.3 In Petit Mal, a child has a short period of lack of awareness of his/her surroundings. During this time the child may appear droopy and/or sleepy and subsequently will

resume whatever was being done before the episode occurred. In Grand Mal, five phases may be distinguished: the aura or warning; the cry; the tonic or stiff stage; the clonic or stage of involuntary movements; the post-ictal or after stage during which the child is drowsy and confused. Once a Grand Mal episode starts, it runs its course and there is little that can be done, except for the important action of lying the child on one side, tilting the head backwards, and making sure that the air passage is clear.

- 17.4 Children with epilepsy invariably require medication which, if taken regularly, enables them to lead a virtually normal life. Consequently, most coaches are unlikely to see many epileptic seizures.

## **18. DIABETES:**

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- 18.1 Diabetes, its symptoms and signs, the measures that can be taken to assist sufferers and the source of further information is explained below.
- 18.2 Diabetes is a condition in which the metabolism of carbohydrate is inadequate due to an absolute or relative lack of insulin, a hormone produced by the pancreas. The cause is not entirely understood, but diabetes tends to run in families. Children and adolescents with diabetes invariably require injections of insulin.
- 18.3 Coma is a complication of diabetes and may be due to too little sugar, ie, too much insulin (hypoglycaemia) or too much sugar, ie too little insulin (hyperglycaemia). Hyperglycaemic coma usually develops over a day or two and treatment in hospital is necessary. Hypoglycaemic coma develops rapidly and can be prevented by giving sugar immediately. A diabetic child who complains of headache, nausea, vomiting, who begins to sweat or becomes drowsy may be deteriorating into a hypoglycaemic coma and should be given sugar in forms of sweets or sweetened drinks.

## **19. SEVERE ALLERGIES:**

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- 19.1 Severe allergies can be caused by bee venom or substances found in various foods. Coaching personnel should be familiar with the special needs of such participants should an emergency arise.

## **20. INFORMATION FROM PARENTS/GUARDIANS:**

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- 20.1 The ACF recommends that all calisthenic clubs seek information from parents and/or guardians at the time of registration of participants with regard to the above conditions.
- 20.2 This information should be sought annually and maintained in writing.
- 20.3 Parents and/or guardians should provide the relevant information and authority to support the care of the child within the calisthenic environment.

## ATTACHMENT A - POLICY DEFINITIONS

“**ACF**” means the Australian Calisthenic Federation Inc, the national governing body for calisthenics in Australia.

“**ACF Constitution**” means the constitution of ACF as amended from time to time.

“**Affiliated Club**” means a club (whether incorporated, unincorporated or otherwise) which is a member of a Member State.

“**Australian Sports Commission**” means the Australian government body known as the Australian Sports Commission.

“**Contacts**” are people who have been close to the infected person, animal or contaminated place and are exposed to an infectious disease.

“**Infectious Agent**” is an organism (e.g. a virus, bacteria) that is capable of producing infection or infectious disease.

“**Infectious Disease**” is an illness in a person, or animal which is transmitted from one person or animal to another, by:

- contact with bodily discharges, such as saliva;
- indirectly, via substances or inanimate objects, such as contaminated drinking glasses, objects or water; and/or
- via vectors, such as flies, mosquitoes, ticks, or other insects.

“**Member State**” has the same meaning as in the ACF Constitution.

“**Policy**” and “**this Policy**” means this Infection Control Policy.

“**Risk Assessment**” means the identification, analysis and assessment of injury, illness or disease risk present in a task or at a calisthenic venue, which could affect coaches, participants or visitors.

“**Sharps**” means objects or devices having acute rigid corners, edges, points or protuberances capable of cutting or penetrating the skin e.g. hypodermic needles, intravenous sets, pipettes, broken glass, scalpels and blades.