



## 1.0 Infection Prevention and Control Policy

<b>Policy Number:</b>	PE - 001
<b>Policy Created Date:</b>	18 March 2020
<b>Approved by:</b>	Board of Directors
<b>Last Reviewed</b>	
<b>Next Review:</b>	March 2021

### 1.1 Policy Statement

There is no single solution to infection prevention and control. In an emergency, the safety protection of life is paramount.

### 1.2 Rationale

HUFC has a duty of care to prevent its participants from contracting an infectious disease due to exposure whilst in their care.

### 1.3 Background

#### 1.3.1 What is an infection?

The invasion and multiplication of microorganisms such as bacteria, [viruses](#), and parasites that are not normally present within the body. An infection may cause no symptoms and be subclinical, or it may cause symptoms and be clinically apparent.

An infection may remain localized, or it may spread through the blood or lymphatic vessels to become systemic (body wide). Microorganisms that live naturally in the body are not considered infections. For example, bacteria that normally live within the mouth and intestine are not infections.

#### 1.3.2 Infection prevention and control

Infections are common in children and often lead to illness. Children first enter early childhood education and care services at a time when their immune systems are still developing. They may not have been exposed to many common germs that cause infections and they may be too young to be vaccinated against some diseases.

The way that children play in care services means that diseases can quickly spread in a variety of ways. This fact sheet provides you with information on what causes disease and how diseases spread.



### 1.3.3 What causes infection?

Microscopic living things (known as germs) are all around us. Some of these germs can cause disease in people. There are four major types of germs:

#### ***Bacteria***

Bacteria are found almost everywhere, including in and on the human body. Most bacteria live in close contact with us and our environment without causing any harm. However, some bacteria can infect the body and cause disease. Examples of bacterial diseases include streptococcal sore throat, pertussis (whooping cough) and meningococcal disease.

#### ***Viruses***

Viruses can only grow and reproduce inside other living cells, called their host. Most viruses cannot survive very long outside their host cell. When viruses enter our bodies, they can multiply and cause illness. Viruses cause diseases such as the common cold, gastroenteritis, varicella (chicken pox), measles and influenza (the flu).

#### ***Fungi***

Fungi are a group of organisms that includes yeasts, moulds and mushrooms. They prefer to live in damp, warm places. Many fungi—such as edible mushrooms and baker’s yeast—are not dangerous, but some can cause disease. Examples of fungal diseases include tinea corporis (ringworm), tinea pedis (athlete’s foot) and candida (thrush).

#### ***Protozoa***

Protozoa are microscopic living things that thrive on moisture and often spread diseases through water. Some protozoa cause intestinal infections that lead to diarrhoea, nausea and stomach upsets. Examples include Cryptosporidium and Giardia, which can spread through contaminated drinking water.

### 1.3.4 How do infections spread?

The chain of infection refers to the way in which germs spread. All the steps in the chain need to occur for germs to spread from one person to another. By breaking the chain, you can prevent and control infections. Infections spread by:

1. The germ has a source, a person picks up germs directly from an infected person, or from the environment.
2. The germ spreads from the source. There are three main ways germs can be spread. These are by infected droplets (from a person or animal) being spread in the air, by germs in body fluids such as saliva, faeces, blood or urine contaminating a surface (contact) or by tiny particles spread into the air (airborne). Germs can survive on hands and on objects such as toys, door handles and bench tops.
3. The germ infects another person. When the germ has reached the next person, it may enter the body through the mouth, nose, ears, eyes, genitals, or broken or grazed skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person’s immunity.



### 1.3.5 Germs can spread in different ways

Infections occur when an infectious agent is passed from a source, for example, an ill person, or infected organic material such as food, to another person. Infections can be transmitted by:

- Direct contact, such as skin to skin contact with bodily fluids
- Indirect contact such as sharing contaminated personal items
- Ingesting infected food
- Airborne spores such as mould

#### **Droplet**

Germs are spread when an infectious person coughs or sneezes. The tiny droplets are spread into the air and onto surrounding surfaces. A sneeze can spread droplets as far as two metres away. Droplets can be breathed in directly by another person.

#### **Airborne**

The germs are in even smaller particles than droplets. These particles are spread when an infectious person breathes, talks, coughs or sneezes. The particles can be carried on air currents and through ventilation or air conditioning systems.

#### **Contact**

Surfaces such as benches, tables, door handles, toys, bedding and toilets can be contaminated when a person with an infectious disease touches them, or coughs or sneezes on them. If a person touches a contaminated surface and then touches their mouth, eyes, nose or broken skin, they can become infected.

## 1.4 Procedure

### 1.4.1 How can you stop infection?

There are many things you can do at home to stop the spread of infection:

- Perform hand hygiene
- Keep up to date with your immunisation
- Remember cough and sneeze etiquette
- Clean surfaces regularly
- Keep unwell children at home as much as possible. These are explained in the brochures:
- Breaking the chain of infection

### 1.4.2 Minimising Risk

We all have an obligation to take all reasonable measures to protect their own health and safety and anyone who may be affected by their acts.

Any incident involving exposure to blood or bodily fluids, which involves a break in the surface of the skin, through which infectious body fluids may have entered will require appropriate first aid measures to be taken.



### 1.4.3 Standard Precautions

Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, blood fluids, non-intact skin (including rashes) and mucus membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

### 1.4.4 Hand Hygiene

Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics.

It involves five simple and effective steps **Wet, Lather, Scrub, Rinse, Dry**

Follow these five steps every time:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

Regular handwashing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others. It’s quick, it’s simple, and it can keep us all from getting sick. Handwashing is a win for everyone, except the germs.

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before and after** caring for someone at home who is sick with vomiting or diarrhea
- **Before and after** treating a cut or wound
- **After** using the toilet
- **After** changing a diaper
- **After** cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** touching garbage

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based [hand sanitizer](#) that



contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

**Sanitizers can quickly reduce the number of germs on hands in many situations.**

**However:**

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

#### **1.4.5 Personal Protective Equipment (PPE)**

For communicable disease exposure, PPE is specialized clothing or equipment used to prevent contact with hazardous substances. Its use is an integral part of infection control and prevention measures that protect workers from exposure to blood, body fluids, and other potentially infectious materials.

PPE such as gowns, gloves, masks, and goggles provide physical barriers that prevent the hands, skin, clothing, eyes, nose, and mouth from coming in contact with infectious agents. PPE is used to reduce transmission of communicable diseases when other measures such as engineering controls and work practices cannot completely eliminate exposure.

##### ***Gloves***

Clean, disposable gloves are worn during direct contact with blood/body fluids, mucous membranes, non-intact skin, or any other potentially infectious material.

##### ***Gowns***

Isolation gowns are used as part of standard and contact precautions to protect clothing and arms of health care workers. When used for standard precautions, gowns are worn only if contact with blood/body fluids is expected. Fluid resistant gowns should be used when splashes or sprays of blood/body fluids are expected. Wash hands immediately after removing all PPE.

##### ***Respiratory Protection***

Respiratory masks are used to protect the mouth and nose from splashes or sprays of blood/body fluids, or respiratory secretions, and to place on coughing patients to reduce dissemination of respiratory secretions. They may have either ear loops or ties and can be either pleated or made of moulded material.



### 1.4.6 Body Fluid Spills

#### *What are body fluids and substances?*

- Blood
- Saliva
- Mucous
- Vomit
- Faeces
- Urine
- Eye and ear secretions
- Semen
- Vaginal secretions
- Perspiration

Some body fluids and substances pose a higher risk of transmitting infection than others. For example, perspiration has a low risk of transmitting disease, but body fluids generally have more risk.

- Gloves should be used when contact with body fluids
- Personal Protective Equipment (PPE) should be used to minimise the risk of contact with body fluids
- PPE must be discarded after use
- PPE should not be shared
- Large body spills may be soaked up with absorbent granules
- Solid materials should be removed with a scrapper and placed in a bag which can be securely tied for disposal

### 1.5 Club Guidelines

Sports participation provides an opportunity for the transmission of infectious disease to both participants and staff.

Infections can be acquired from close physical contact, sharing facilities and equipment. Outbreaks of skin infections have been increasingly reported in clubs in particular those associated with contact sports.

An athlete's skin can develop moisture related skin damage from sweating, providing an ideal environment for microorganisms. In competitive sports skin trauma can facilitate the introduction of infection.

There is therefore a need to acknowledge the role of sports participation in the origin of some infections to ensure appropriate prevention and control measures. The premises management, staff, trainers and sports club members share responsibility and are required to work together to ensure prevention and control of infection.



### 1.5.1 Control procedures

Heidelberg United Football Club (HUFC) acknowledges its role in dealing with the issue of Infectious Diseases within Australian Football. As such, the following Control Procedures must be adhered to:

- “Active Bleeding” means the existence of an injury or wound, which continues to bleed. Active Bleeding does not include minor bleeding from a graze or scratch, which has abated and can be readily removed from a Player or any part of his uniform.
- A Player must not remain on the Playing surface for so long as he or she is Actively Bleeding;
- The Club or Team must not allow any of its Players to remain on the Playing Surface for so long as the Player is Actively Bleeding;
- The Club or Team must ensure that any doctor, trainer and any other person treating Players of a Team wears protective gloves and a face mask.
- The Club or Team must ensure that all dressing rooms and other areas occupied by the Team prior to, during or immediately following the completion of any Match are kept clean.
- All surfaces, equipment and areas must be cleansed and disinfected immediately after each match or training.
- Players do not urinate other than in a toilet.
- All Players must maintain a high standard of personal hygiene.
- All Players must have their own labelled water bottle.
- Towels are not to be shared.
- Spitting is prohibited.
- Effective steps of hand hygiene to be maintained (wet, lather, scrub, rinse, dry)
- Personal Protective Equipment to be worn to minimise risk of infection transmission

### 1.5.2 Infectious Disease Outbreaks and Precautions

Epidemics of infectious diseases are occurring more often, and spreading faster and further than ever, in many different regions of the world. The background factors of this threat are biological, environmental and lifestyle changes, among others.

A potentially fatal combination of newly-discovered diseases, and the re-emergence of many long-established ones, demands urgent responses in all countries. Planning and preparation for epidemic prevention and control are essential. HUFC has a Business Continuity Plan in place.

### 1.5.3 Limiting Opportunities for Exposure & Spread

HUFC will put in place to safeguard our Members, Families, Players, Volunteers and Staff?

- Increased focus on hygiene activities
- Increased education and communication



- Limiting exposure, risk-avoiding close contact and reconsidering public and community events and outings
- Following public health recommendations regarding self-isolation based on risk factors

#### ***What are the risks?***

- Measures are implemented too late
- Lack of compliance from Members, Families, Players, Volunteers and Staff (due to capacity or willingness)
- Government directives do not adequately support our population

#### ***What documentation does HUFC need to have?***

- Operational plan
- Crisis Management Team
- Up-to-date support plans
- Emergency plans
- Who to contact in case of an outbreak at the Club

#### ***HUFC will do a Risk Assessment to consider the following:***

- Do we need to consider cancelling all community and group events?
- Do we need to cancel all training?
- What is the directive given for Match days?
- Do we need to restrict access to the Club rooms?
- How will we provide information to Members, Families, Players, Volunteers and Staff in a way they will understand, particularly regarding compliance with additional hygiene and social distancing measures?
- How do we reassure Members, Families, Players, Volunteers and Staff who might be feeling anxious?
- What is our plan for regular communication with families?
- What is our best mechanism for communication? E.g. Social media, email, phone or SMS?
- Do we need to increase cleaning frequency?

### **1.5.4 Quarantine and Enforced Locked Down**

#### ***When does this phase start?***

- Government/public health directive
- Infection within the service
- Significant spread within similar community groups





### ***What are the risks?***

- Measures are implemented too late
- Lack of compliance from Members, Families, Players, Volunteers and Staff (due to capacity or willingness)

### ***What documentation does HUFC need to have?***

- Operational plan
- Crisis Management Team
- Up-to-date support plans
- Emergency plans
- Lockdown protocol

### ***HUFC will consider the following:***

- How will we communicate lock-down and quarantine procedures to our Members, Families, Players, Volunteers and Staff?
- How do we provide updates to our Members, Families, Players, Volunteers and Staff?
- When staff are required to work from home, will this be in the same roles and with the same salaries?
- What impact with this have on our Club's finances if revenue drops?
- What online communication tools can we utilise to stay connected with our Members, Families, Players, Volunteers, Staff and the broader community?

## **1.5.5 Recovery**

### ***Who is responsible for Recovery?***

HUFC's Business recovery team

### ***When does this phase start?***

Official advice regarding end of quarantine and enforced lock down?

### ***What are the key activities HUFC will need to look at?***

- Planning for the Club's re-opening
- Strategies to maintain vigilance to minimise 'second wave'
- Emotional support for Members, Families, Players, Volunteers and Staff
- Calculating the financial "start-up" costs and how these will be met

### ***What are the risks?***

- Members, Families, Players, Volunteers and Staff may be reluctant to reengage
- The Club may no longer be financially viable

### ***What documentation does HUFC need to have?***

Recovery Plan



***HUFC will consider the following:***

- What criteria will be used to determine who commences first?
- How will staggered starts be communicated if relevant?
- What is the financial position of the Club?
- How quickly will the Club be able to return to 'normal'?
- How will the Club review and debrief its response?
- How will learnings be recorded for future events?
- How have Members, Families, Players, Volunteers and Staff fared emotionally during quarantine?
- What supports will be put in place in the short and medium-term?

**1.6 Resources**

- [www.health.gov.au](http://www.health.gov.au)
- [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au)