



SURF LIFE SAVING AUSTRALIA POLICY STATEMENT COMMUNICABLE DISEASES

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INTRODUCTION

A communicable disease is one which can be transferred from one person to another through transfer of body fluids or through close personal contacts.

Surf Lifesavers/Lifeguards as health care workers may be exposed to and potentially catch a communicable disease whilst performing training, rescue or first aid duties.

They may also transmit their own communicable disease to patients or other lifesaving colleagues.

Some of these diseases are preventable through immunization programs.

Correct disinfection of equipment and the use of barrier protective gear will minimize the risks of disease transmission.

Exclusion of Surf Lifesavers/Lifeguards from high risk activities at times when they are potentially infective will reduce transmission risk.

2. RESPONSIBILITIES OF ADMINISTRATORS

- i) At national, state, branch and club level, there needs to be a high level of awareness of the potential problems of cross infection but also a strong sense of realism and perspective.
- ii) Immunisation, in particular, hepatitis B and tetanus must be emphasised. The aim is to have all active lifesavers/lifeguards immunised.
- iii) Officials must set a good example by their actions, their knowledge and in the conduct of classes and examinations.
- iv) First aid officers must be appointed wherever first aid facilities are provided – for example, clubs, pools, carnivals, special events etc. This officer must be a suitably qualified person, able to assume responsibility for all aspects of first aid, including all facets of cross-infection.

3. PREVENTION OF CONTRACTING AN INFECTIOUS DISEASE

3.1 General

- i) All practical Surf Life Saving awards must include instruction on cross-infection risks relevant to that award.
- ii) Universal precautions require that lifesavers/lifeguards assume that every patient is potentially infectious. Infection control efforts must focus on preventing exposure to

blood. Prevention should extend to taking precautions against contact with other body substances such as vomit, saliva, urine, etc.

- iii) Intimate sexual contact is another mode of disease transmission of disease, preventable through use of barrier prophylactics eg condoms.
- iv) Women lifesavers/lifeguards who are, or think that they might be pregnant, should take care in administering first aid and be aware of any possible risk to their foetus. This is especially important where body substances are involved. The onus is on the lifesaver concerned to act in a responsible manner.
- v) All clubs providing first aid should appoint a First Aid Officer whose duties include ensuring that proper body substance precautions are taken at all times and that full records are kept.

3.2 Immunization

Lifesavers/Lifeguards may be exposed to and transmit vaccine preventable diseases. Maintenance of immunity against these diseases helps prevent spread to and from patients and colleagues.

Lifesavers/Lifeguards should be encouraged to visit their family doctor for appropriate vaccines before or shortly after starting any lifesaving duties that would put them at risk of disease transmission.

Surf Life Saving Australia's recommendations:

- Diphtheria/tetanus
 - All lifesavers/lifeguards should have received at least three vaccine doses (usually given in childhood).
 - Booster dose recommended for those aged 50+.
- Hepatitis B
 - This vaccine is strongly recommended for all lifesavers/lifeguards performing first aid or patrolling duties.
 - Vaccinated lifesavers/lifeguards should have their immune status checked (blood test) if not done previously.
 - Those not immunized should attend their family doctor to arrange injection schedule.
 - A small number of people do not develop an immune response to the vaccine (discovered with the follow up blood test). These people should see their family doctor and be given a hepatitis B immunoglobulin injection within 72 hours of any potential blood or body fluid exposure.
- Hepatitis C
 - No vaccine available.
 - Universal barrier precautions essential for personal protection
- HIV/AIDS
 - No vaccine available
 - Universal barrier precautions essential for personal protection

- Hepatitis A
 - Transmitted through faecal-oral route (eg poor hand washing then food contact)
 - Could be considered by lifesavers/lifeguards staying in close communal bunkroom accommodation.

- Meningococcal
 - Transmitted through saliva and close personal contact.
 - Could be considered by lifesavers/lifeguards staying in close communal bunkroom accommodation.

3.3 First Aid

- i) Lifesavers/lifeguards who have known cuts or other small wounds on their hands should avoid administering first aid involving contact with body substances of the patient.

- ii) Protective attire should always be worn except for simple procedures not involving body substances. For lifesavers/lifeguards, this will mean using gloves but there may be circumstances where mask and protective glasses should also be worn. In certain cases it may be safer and more appropriate to wait for an ambulance or a doctor.

- iii) Lifesavers/lifeguards will not usually use needles or other sharp items of equipment in the course of their duties. Needles may however be found near life saving facilities. Should this happen, needles should be handled as per the protocols described in the SLSA sharps policy. It is usually the responsibility of ambulance personnel to dispose of any sharps they use within the lifesaving facilities.

- iv) Patient clothing contaminated with blood or other body substances must be removed as soon as practical but this may often be left to the ambulance officers. Protective gear must be worn when handling contaminated clothing. A supply of impermeable plastic bags should be available for the disposal of contaminated clothing and debris.

- v) Linen contaminated with body substances must be stored in impermeable bags until cleaned. It must be washed with detergent in hot water (at least 71 degrees C for 25 minutes).

- vi) For general surface disinfection of blood or body substances, after cleaning has been completed, the recommended solution is household bleach. Surfaces should be cleaned as per the guidelines described in the SLSA policy on Disinfection of Equipment.

3.4 Resuscitation

The chance of transmission of HIV or hepatitis B to healthcare workers through performance of expired air resuscitation is extremely remote.

Therefore, while mouth to mouth resuscitation should never be delayed: -

- i. Lifesavers/lifeguards should keep masks and gloves as close as possible to their areas of responsibility.
- ii. In clearing the patient's airway, the lifesaver must take care not to scratch their own skin on the patient's teeth. Clearing of the airway should always be done under direct vision. Gloves should be worn if possible.
- iii. Because of inevitable contact with the patient's saliva and often vomitus, gloves should be worn as soon as they are available during expired air resuscitation.
- iv. Lifesavers/lifeguards should change to a method which involves the use of a mask as soon as possible.
- v. In cases where resuscitation has been performed, efforts should be made to determine the health status of the patient after admission to hospital. Considerations of privacy may prevent information being provided but the effort should be made through the medical resources of the club or the association. Lifesavers/lifeguards have the right to know whether they have placed their own health at risk through their actions. In cases where the patient has died, the police or coroner will often be able to provide information. In some cases, the lifesaver's personal doctor may have access to this information on a confidential basis.
- vi. Lifesavers/lifeguards who have performed resuscitation or been exposed to a patient's body substances should consult their personal doctor within one to two days to be advised on whether they require and health checks or treatment.
- vii. All resuscitation equipment should be maintained, accessible and readily available.
- viii. All active lifesavers/lifeguards should be competent in the performance of mouth to mask resuscitation.

4. OCCUPATIONAL EXPOSURE TO BLOOD/BODY FLUIDS

Types of incidents which may pose a risk to surf lifesavers/lifeguards:-

- Contamination of cuts/abrasions with blood and /or body fluids.
- Contamination of mucous membranes (eyes or mouth) with blood and/or body fluids.
- Needle sticks or cuts with contaminated sharp objects.

Action to be taken:-

- i) Skin – clean the area with warm soapy water and antiseptic eg betadine. Avoid squeezing.
Mucous membranes (eye, mouth) – wash/irrigate with water or saline.
- ii) Report the incident to appropriate club officials and record in an Incident Log Book. If possible, note name and contact details of the source person.

- iii) Exposed person should go within 24 – 36 hours to their doctor or local hospital for treatment and counselling.
- iv) Dispose of needles as per the SLSA Sharps Policy

5. SURF LIFESAVERS/LIFEGUARDS WITH INFECTIOUS DISEASES

Lifesavers/lifeguards with infectious diseases may pose a risk of passing on those infections to patients or other lifesaving colleagues. The rights and responsibilities of the lifesaver, the association, lifesaving colleagues and patients should all be taken into account.

5.1 Association's responsibilities

- i) The SLSA will provide an environment where discrimination against lifesavers/lifeguards on the basis of infectious disease is not acceptable. No lifesaver should be disadvantaged or discriminated against solely because they have an infectious disease.
- ii) As with all illnesses, a lifesaver with an infectious disease will be considered individually, dependent on the course of the infection, its likely infectivity, the lifesaver's medical fitness and availability for appropriate work. Only in special circumstances will a lifesaver be redeployed or have their duties modified.

5.2 Lifesaver's/Lifeguard's responsibilities

- i) Persons with serious communicable diseases such as HIV or hepatitis C or carrier status may be or wish to be members of lifesaving organisations.
- ii) Lifesavers/lifeguards whose lifestyle puts them at risk of acquiring chronic infectious diseases that may pose a risk to patients or other lifesavers/lifeguards should seek medical advice, have appropriate investigations and avail themselves to counselling.
- iii) Lifesavers/lifeguards have an ethical responsibility to notify the SLSA if their infection status poses a risk to patients or lifesaving colleagues.
- iv) Those who choose NOT to notify a person in authority within the SLSA of their infective or potentially infective status must bear full responsibility for their actions as defined by law.
- vi) Those who choose to notify a responsible authority within the association are assured of maximum confidentiality. It is suggested that an appropriate person for notification in the first instance is the state medical officer.
- vii) If necessary, the state or national medical officer will communicate with the physician responsible for the medical care of the affected member and define the areas of duty which do not put either the member or the bathing public at risk. This communication will only occur after due consultation with the lifesaver concerned and after having obtained his/her written permission.
- viii) All lifesavers/lifeguards have a responsibility to follow medical advice and treatment of any infection, to practise a high standard of hygiene and to follow the Communicable Diseases policy of the SLSA.

5.3 Cross infection during first aid/resuscitation training

At the commencement of training sessions, it is advisable that members be informed of the facts on cross-infection. They should be asked that if any of them suffer from a communicable disorder, this information be given to the appropriate authority on a strictly confidential basis so that suitable arrangements can be made to avoid transmission of the condition to other trainees.

5.3.1 Infections of short duration

- i) Most infections are of brief duration. Throat infections, diarrhoea, coldsores and the childhood infectious diseases are some examples. Trainees with such conditions should be warned of the risks of transmitting their illness to others during hands-on sessions with either manikins or other members of the class.
- ii) It will often be possible for them to delay their training to a later date or to re-arrange curriculum so that affected candidates learn their theory while they are infectious. If this is not possible, they should be restricted to manikin practice with their own face piece, on a single manikin, with a minimum of training partners. Transmission of such infections is often via hands rather than saliva or coughed droplets.
- iii) German measles (rubella) is very dangerous during pregnancy

5.3.2 Infections of long duration

Examples of this group of conditions are:-

- a) Known positive blood test for HIV
 - b) Known positive blood test for hepatitis B or C
 - c) Known carrier status for typhoid
- i) Provided that the rules on manikin decontamination and care are strictly followed, the most recent scientific evidence is that the risk of spread of HIV or hepatitis B or C is negligible during supervised manikin practice. Persons with these conditions should not be precluded from being taught resuscitation.
 - ii) When practising on a student partner during training, clearing the airway of foreign material by putting the fingers into the mouth should be simulated or simply watched as an instructor demonstration.
 - iii) Mouth to mouth and mouth to mask techniques of resuscitation should be practised on the manikin and not on other members of the class.
 - iv) The older types of manikins without separate face pieces and disposable bag systems are difficult to decontaminate and should not be used if class members have known infections.

5.3.3 Precautions for all classes

- i) If more than one manikin is used in a training class, trainees should be assigned to one manikin to limit the potential for cross infection.

- ii) The use of manikins with individual face or mouth nose pieces along with disposable lung bags or airway tubes is strongly recommended as they reduce the risks of cross infections if manufacturer recommendations are followed.
- iii) At the start of the class, each trainees should be issued with his own face or mouth nose piece for use during the entire session. If mouth to mask is being taught, then ideally there should be a mask for each trainee.
- iv) When practising on a student partner, clearing the airway of foreign material should be simulated rather the actually putting fingers into the mouth.
- v) All persons responsible for CPR training should be familiar with the need for personal hygiene and for the cleaning, disinfection and maintenance of training manikins and accessories.

Disinfection of training manikins and accessories is described in the SLSA Disinfection of Equipment Policy.