



AUSTRALIA & NEW ZEALAND POLICE GAMES FEDERATION

Policies

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AUSTRALIA & NEW ZEALAND POLICE GAMES FEDERATION

ELIGIBILITY POLICY

POLICY No.1

POLICY GUIDELINES ON PARTICIPANT ELIGIBILITY

The purpose of this Eligibility Policy is to provide a model for Australia and New Zealand Police Games Federation (ANZPGF) to use and adapt for their circumstances and purposes.

The Eligibility Policy will assist ANZPGF to make clear:

- the responsibilities of the host agency;
- what agencies and personnel are eligible and;
- procedures for handling requests outside the current eligible agencies.

Eligibility Policy

1 RATIONALE AND PURPOSE

- (a) The Australia and New Zealand Police Games Federation (ANZPGF) is committed to fair and safe play in Sport.
- (b) This Eligibility Policy aims to provide a clear understanding of which agencies and services are eligible to compete.
- (c) Eligibility to participate is at the discretion of the Australia & New Zealand Police Games Federation (ANZPGF).

2 ELIGIBLE: Agencies

- (a)
 - (ii) The ANZPGF reserves the right to refuse entries from any agency.

3 ELIGIBLE: Personnel

- (a) Fulltime / Part-time (Sworn and Unsworn) of the following agencies

Customs Services
State Police Services
National Police Services
Corrections/Prison Services
Defence (Military Police/Fire/Ambulance) **only**
Crime Commission
Sheriff's Office
Environment / Resources / Primary Industries / Parks
Service
Air Marshall's / Aviation Security
Public Safety Business Agency (PSBA - QLD)

- (b) Full / Part-time and Volunteers with at LEAST 12 months service of the following agencies

Accident & Emergency Nurses **only**
Border Protection
State/National/City Fire Services
State and National Ambulance Services
Royal Life Saving Society Organisations
Surf Life Saving Australia
St John Ambulance
State Emergency Service
Country/Rural Fire Service
Coast Guard
Royal Flying Doctor Service
TripleZero

- (c) The ANZPGF reserves the right to refuse entries from any person.
- (d) Other Emergency Service personnel can make application to the ANZPGF Eligibility Sub-Committee for consideration of their eligibility.

4 **INELIGIBLE: Personnel / Team**

If a person attempts to enter or enters when he/she does not qualify, that person is immediately disqualified from competition. If any competitor or coach enters another person that does not qualify for entry, that competitor or coach who submitted the entry shall be immediately disqualified. If it is discovered that a team member has entered and does not qualify for entry that team is immediately disqualified from competition.

5 **AGE LIMIT**

Competitors must be 18 years or over at the time of the Games.

6 **RETIRED / SEPARATED PERSONNEL**

Retired employees and separated employees with **10 or more years of service** from any of the below listed eligible agencies are eligible to compete and must provide proof of such service.

Customs Services

State Police Services

National Police Services

Corrections/Prison Services

Defence (Military Police/Fire/Ambulance) **only**

Crime Commission

Sheriff's Office

Environment / Resources / Primary Industries / Parks Service

Air Marshall's / Aviation Security

Public Safety Business Agency (PSBA - QLD)

Accident & Emergency Nurses **only**

Border Protection

State/National/City Fire Services

State and National Ambulance Services

Royal Life Saving Society Organisations

Surf Life Saving Australia

St John Ambulance

State Emergency Service

Country/Rural Fire Service

Coast Guard

Royal Flying Doctor Service

TripleZero

AUTHORITY

ANZPGF Eligibility sub-committee

Date Approved:

16th October 2016

Review History

Date	Action	Signed

DRAFT



AUSTRALIA & NEW ZEALAND POLICE GAMES FEDERATION

MEMBER PROTECTION POLICY

POLICY No.2

POLICY GUIDELINES ON ABUSE, DISCRIMINATION & HARASSMENT

The purpose of this Member Protection Policy is to provide a model for Australia and New Zealand Police Games Federation (ANZPGF) to use and adapt for their circumstances and purposes.

It has been produced to address a range of potential undesirable behaviours. Some of these behaviours are unlawful. Some are not unlawful but will not be tolerated by the ANZPGF.

The Member Protection Policy will assist ANZPGF to make clear:

- the responsibilities and expected standard of behaviour of members, service providers, employees and volunteers;
- disciplinary action that will occur if there is a breach of the policy
- procedures for handling alleged incidents of abuse, discrimination and harassment.

PART A

Member Protection Policy

1 RATIONALE AND PURPOSE

- (a) The ANZPGF is committed to fair and safe play in Sport.
- (b) The ANZPGF is committed to providing a sport and work environment free of discrimination and harassment (sexual or otherwise), where individuals are treated with respect and dignity, and where members are protected from abuse. The ANZPGF will not tolerate behaviour which constitutes abuse, discrimination or harassment under any circumstances and will take disciplinary action against anyone who breaches the Member Protection Policy.

- (c) This Member Protection Policy aims to provide the best possible environment in which ANZPGF members, service providers and volunteers, can discharge their responsibilities to ensure the peak performance of all teams, competitions and programs.

2 **CODE OF CONDUCT:** Understanding Responsibilities - Encouraging Appropriate Behaviours

(a) **General Responsibilities**

ANZPGF expects all members, service providers and volunteers will abide by the following. With regard to abuse, discrimination and harassment such members will:

- (i) not knowingly discriminate against, abuse, harass, ridicule or embarrass anyone covered by this Code of Conduct;
- (ii) be fair, considerate and honest in all dealings with others;
- (iii) treat all persons with respect, dignity and proper regard for their rights and obligations;
- (iv) respect the privacy of other persons;
- (v) act at all times in a fair and sporting manner and in such a way as to ensure good relations within and between teams and other organisations;
- (vi) not engage inappropriate sledging during competition;
- (vii) refrain from any form of victimisation towards others;
- (viii) conduct themselves in a proper manner to the complete satisfaction of the ANZPGF and its members, so as not to bring themselves, ANZPGF or members into public disrepute or censure;
- (ix) not promote, or pass on, exchange or publish information whereby that information may be of a confidential, offensive, scandalous, unsubstantiated or derisive type;
- (x) understand the possible consequences of breaching the ANZPGF Member Protection Policy;
- (xi) immediately report any breaches of the ANZPGF Member Protection Policy.

The following *specific guidelines* should also be followed.

(b) **ANZPGF Responsibilities**

ANZPGF will ensure that:

- (i) the ANZPGF aims to provide and promote an environment free from abuse, discrimination and harassment in relation to its functions, its membership eligibility and its provision of goods and services if appropriate;
- (ii) the ANZPGF develops, distributes and implements the Member Protection Policy, and promotes the use of the complaints procedure contained within;
- (iii) the ANZPGF is responsible for taking all reasonable steps to prevent abuse, discrimination and harassment ensuring its position is widely known through all levels of the organisation's activities;
- (iv) appropriate procedures are identified to handle abuse, discrimination, harassment and other complaints;
- (v) complaints shall be treated in an impartial, sensitive, fair, timely and confidential manner;
- (vi) abuse, discrimination and sexual harassment reporting shall be encouraged, to those who manage and implement the policy.
- (vii) Widespread awareness and understanding of the issues are provided, and the policy and procedures are monitored and reviewed regularly.

(c) Member's Responsibilities

Member's will:

- (i) agree to abide by the Code of Conduct;
- (ii) understand what is meant by the terms abuse, discrimination, harassment, intimate relations and other terms set out in Appendices 1 to 3 express this understanding in their behaviour towards all people to whom this Code of Conduct applies;
- (iii) any unlawful discrimination—including jokes, innuendo or sledging—based upon age, sex, race, physical or intellectual impairment, sexuality, marital status or pregnancy (or any other ground of discrimination covered by Federal / State / Territory anti-discrimination legislation) will not be tolerated;
- (iv) be aware of members' special requirements, with the intention of reasonably accommodating them;
- (v) not unreasonably exclude or treat less favourably any member from activities on the basis his or her race, sex, age, marital status, sexuality, pregnancy or intellectual or physical impairment;

- (vi) respond to members concerns or allegations of breaches of this Policy;
- (vii) report suspect breaches of this Policy to the ANZPGF.
- (viii) All persons who are members of the ANZPGF shall at all times act in a sporting manner, having regard to principles of fairness and common courtesy.
- (ix) understand what is meant by the terms abuse, discrimination, harassment and other terms set out in the Appendices 1 to 3, and express this understanding in their behaviour towards all people to whom this Code of Conduct applies
- (x) co-operate with their fellow members;
- (xi) control their temper;
- (xii) respect the rights dignity and worth of all members regardless of their ability, gender or cultural background;
- (xiii) refrain from making bullying, derogatory or demeaning remarks about other people;
- (xiv) refrain from making racist or sexist jokes, or jokes about sexual preferences;
- (xv) refrain from using anti gay, anti women or racist slurs to taunt someone or to motivate better performance;
- (xvi) not allow offensive pictures or graffiti to be visible;
- (xvii) refrain from looking at or touching anyone in ways that make them feel uncomfortable;
- (xviii) refrain from making uninvited sexual comments that offend, intimidate or humiliate;
- (xix) not discriminate against, abuse or harass anyone else;
- (xx) respond to members concerns or allegations of breaches of this Policy;
- (xxi) report suspect breaches of this Policy.

3 DISCIPLINARY ACTION

- (a) Disciplinary action will be taken by the ANZPGF against anyone who is found to be in breach of this Member Protection Policy.
- (b) Disciplinary action will also be taken against anyone who victimises or retaliates against a person who has complained of abuse, discrimination or sexual harassment.

- (c) The discipline will depend upon the severity of the case, and may involve an apology, counselling, expulsion or any other forms of action deemed appropriate by the ANZPGF.

4 CONFIDENTIALITY

The ANZPGF and State Delegates responsible for implementing this Member Protection Policy will keep confidential the names and details related to abuse, discrimination and/or harassment complaints, unless disclosure is necessary as part of the disciplinary or corrective process.

5 COMPLAINT PROCEDURES

The ANZPGF will undertake to develop appropriate complaint procedures to deal with any complaints about breaches of this Member Protection Policy promptly, seriously, sensitively and confidentially.

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PART B

Procedures For Handling Allegations Of Discrimination & Harassment

The ANZPGF undertakes to deal with any complaints brought to us concerning a breach of this Member Protection Policy sensitively, promptly and respecting the privacy rights of individuals concerned.

Should a complaint arise, the ANZPGF encourages the complainant to consider the following options:

1. PROCEDURAL STEPS

- (a) The complainant may wish to approach the person(s) causing the problem—and ask them to stop the behaviour.
- (b) If the behaviour continues—or if it is not reasonable to approach the person—contact either a
 - State Team Manager (if available)
 - State Delegate
 - Board memberfor advice and support on procedures (including police advice if such notification is required).
- (c) If the complainant chooses to proceed, the complaint must be received by the ANZPGF in writing, a designated ANZPGF State Delegate or Board Member who has received appropriate training in receiving and handling complaints will then investigate the complaint and determine whether to investigate the complaint, or refer the matter to the appropriate authorities. (I believe Member is too broad under our constitution)
- (d) The purpose of investigation is to establish whether discrimination or harassment occurred and, if so, what action should be taken to resolve the matter. If the complainant requests the ANZPGF to investigate the complaint, the designated investigator's role is to:
 - inform the alleged harasser, and interview both parties separately
 - confidentially and impartially keep accurate records of the process
 - attempt mediation/conciliation where appropriate
 - achieve resolution and follow-up.
- (e) If no resolution is achieved, the ANZPGF Member will give all records to the ANZPGF Board of Directors, who will determine the appropriate course of action.
- (f) If the complainant chooses not to pursue or to withdraw the complaint, the ANZPGF nevertheless has a legal responsibility to maintain a harassment-free sporting environment. The ANZPGF Member must

therefore determine whether the alleged harassment is serious enough to warrant an investigation by the ANZPGF.

- (g) If the complaint is not resolved, the complainant may put a written complaint to an external organisation for mediation and/or arbitration (eg the Federal / International / State / Territory Equal Opportunity Commission or anti discrimination agency, Australian Sports Commission or State Department of Sport and Recreation). This may be done with the support of the relevant State Delegate or/and the ANZPGF Board of Directors.

2. RIGHT TO APPEAL

Both parties to a complaint have the right to appeal the decision and seek the recommendation of a panel if the matters of procedure, bias, or fairness are called into question. An appeals panel, made up of members *other* than those who formed the original review panel, should handle formal appeals.

3. EXTERNAL ACTION

Both complainant and alleged harasser may pursue advice or action from an external authority at any stage of the complaint procedure. The relevant Federal / State / Territory equal opportunity or anti discrimination agency is the authority responsible for receiving complaints of unlawful discrimination or sexual harassment.

APPENDIX 1: DEFINITIONS

Discrimination

In Australia there are international, state, territory and federal laws which protect people from certain forms of unlawful treatment, including discrimination because of your race, sex, sexuality, pregnancy, impairment, age, or marital status, in key areas of public life.

Discrimination can be direct or indirect.

A Direct Discrimination

Direct discrimination is treating a person less favourably than another person on the basis of race, sex, age, marital status, sexuality, pregnancy and impairment in the same or similar circumstances.

Example:

A football association states that it will only consider granting transfers for players to go to another club if they are over 21 years of age. This practice directly discriminates against players under the age of 21.

B Indirect Discrimination

Indirect discrimination is imposing a requirement, condition or practice that is the same for everyone, but which has an *unequal* or *disproportionate* effect or result on particular groups. Unless this type of requirement is reasonable in all

circumstances, it is likely to be indirect discrimination—even if there was never any intention to discriminate.

Example:

A piece of equipment in a gymnasium is adjusted to a height that would make it useable only by people whose height was at least 173cm. This could lead to indirect discrimination against women, as the height would mean that women would have more difficulty using the equipment than men.

Victimisation

Victimisation means subjecting a person or threatening to subject a person to any detriment or unfair treatment because that person has or intends to pursue their right (under anti-discrimination laws) to make a complaint or support another person in making a complaint.

Example:

A member of a club is threatened with non-renewal of membership after he/she states their intention to go to an equal opportunity agency to lodge a complaint of sexual harassment.

Harassment

Harassment can be unwelcome verbal or written comments, conduct, or gestures directed toward one or more people; the harasser knows or should reasonably be expected to know that this behaviour is insulting, intimidating, humiliating, malicious, degrading or offensive.

Harassment is a form of unfair discrimination. It can be an offence under State and Federal anti-discrimination laws, and in some cases criminal law.

Examples of harassment include:

- *written, verbal or physical abuse or threats*
- *unwelcome physical contact,*
- *the display of offensive materials,*
- *unwelcome sexual comments, jokes and propositions,*
- *homophobic comments and/or behaviours*
- *jokes or comments directed at a person's body, looks, age, race, disability, sexuality, marital status, pregnancy*

Harassment may be a single incident or repeated. It may be explicit or implicit, verbal or non-verbal, and it may include promises or threats in return for sexual favours. Although the intent may vary, if it is unwelcome and the effect is to offend, humiliate or intimidate, then the behaviour must stop.

[Associations are encouraged to include examples specific to their sport.]

Jokes and behaviours that are genuinely enjoyed and consented to by everyone present are not harassment. However, it is important to be aware that some people may silently tolerate behaviour they find offensive—especially if they hold a subordinate position relative to the group or individual engaging in the behaviour.

Sexual Harassment

Sexual harassment is unwelcome sexual behaviour, which makes the victim feel offended, intimidated or humiliated—and it is reasonable in the circumstances to feel that way.

Example:

Members of a team of rugby players continue to taunt a fellow worker about his homosexuality; even after it is clear that he finds the jokes offensive.

Disability

Disability refers to the total or partial loss of any function or part of the body (for example, faulty vision, speech impediment or hearing loss); the malfunction of any part of the body; the malformation or disfigurement of any part of the body; the presence of an organism which may cause disease (for example, HIV, hepatitis); permanent or temporary loss or imperfect development of mental faculties (except where attributable to mental illness) resulting in reduced intellectual capacity; a disorder or malfunction that results in a person learning differently from others; a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.

The term disability covers physical, intellectual and psychiatric conditions.

Example:

Ann suffered from carpal tunnel syndrome in her right hand. This meant that she could only play bowls with the use of a particular bowling aid. Fellow bowling club members claimed that this gave her an unfair advantage in competition; however, she argued that any attempt to play without the aid would subject her to discrimination on the basis of her disability.

Race Discrimination

The race of a person means the nationality, country or origin, colour or ancestry of the person or of any other person with whom he or she resides or associates.

Racial Discrimination

Racial discrimination involves a distinction, exclusion, restriction or preference based on race which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of any human right or fundamental freedom in the political, economic, social, cultural or any other field of public life.

Example:

A footballer complained of being subjected to regular racist comments during training and of not being selected in the A's despite his ability. He was told that his inclusion might lead to team disharmony.

Sexuality

Discrimination on the basis of sexuality means treating a person less favourably because of their heterosexuality, homosexuality, bisexuality or transsexuality.

Examples:

Nick works as a barman at his local football club. He complains that co-workers constantly ridicule him about his sexuality.

Bruce complains that he is not selected in the team because other teammates state they refuse to play with a homosexual.

Pregnancy

Discriminating against a woman because she is pregnant is unlawful.

Example:

The night after announcing she was pregnant, Gail was dropped from the swimming team—even though she was only ten weeks into her term and her doctor told her that her health was fine.

Age Discrimination

Age discrimination means treating a person unfairly because of their age.

Age discrimination often arises because of stereotypes and incorrect assumptions about people's abilities, based on how old or young they are. It can occur against people of any age, and deny them the opportunity for full participation.

Example:

Anna, 35, passed all fitness and entry requirements for a State netball team, but was not considered for selection by the coach, who told her: "You're not going to last too long. All the best players are much younger than you. I don't think you'll fit in."

Exceptions may occur.

APPENDIX 2: EXCEPTIONS/EXEMPTIONS

International, State and Federal equal opportunity laws contain exceptions that allow certain kinds of lawful discrimination, for practical and commonsense reasons. Equal opportunity courts can also grant exemptions from equal opportunity laws, to allow Associations to lawfully discriminate in certain circumstances. For more information about this, Associations should contact their State/Territory equal opportunity or anti discrimination agencies. Exceptions include:

Disability

Organisers of a sporting activity may restrict the participation of people with a genuine or particular disability. For example, it would be lawful for the organisers of a national selection trials or para-Olympic team to restrict the participation in those events to persons with a general or particular disability.

Sex

People of one sex may be excluded from participating in a competitive sporting activity in which the strength, stamina or physique of competitors is relevant.

Age

It is unlawful to select officials or coaches for sporting activities on the basis of age alone, if that person can effectively undertake the task. For example, if a sport set a minimum age for coaching or officiating duties or for attending an accredited coaching course, it would have to demonstrate that the age limit is necessary because the position requires a certain level of maturity, experience in the sport or professional qualification that would not be held by someone under 16.

Pregnancy

Anti discrimination laws around Australia have made discrimination on the ground of pregnancy unlawful and this includes participation in sport. It could therefore be unlawful for a club or association to prevent a woman from playing her chosen sport while pregnant.

The decision of whether or not a pregnant woman should continue playing and for how long should be hers to make in consultation with her doctor and her club.

Under some circumstances exceptions may apply to pregnant employees or volunteers.

HIV/AIDS

It is only lawful to discriminate on the basis of a person's HIV/AIDS status where the discrimination is reasonably necessary to protect the health and safety of other persons. However, this exception only rarely applies.

Example:

A basketballer informed his coach that he had been diagnosed as HIV positive. Upon hearing this, the coach dropped the player from the team. There was no assessment made in relation to the player's ability to compete effectively, and necessary precautions to protect both his health and safety and other player's health and safety.

**APPENDIX 3: IMPLEMENTING THE
MEMBER PROTECTION POLICY:
TAKING REASONABLE STEPS**

Reasonable steps to be taken to prevent inappropriate behaviour and having policies and procedures for dealing with inappropriate behaviour should it occur includes:

Ensuring that board or management committees understands and endorses the Member Protection Policy.

Ensuring that the Member Protection Policy is communicated to all members, service providers and employees, including volunteers. You may do this through an official launch of the Policy, newsletters, noticeboards and computer networks, as well as in personnel manuals and in coaching, volunteer and other handbooks.

Assigning responsibility for the Member Protection Policy's circulation and review to a specific position.

Appointing a member from each International / State and Territory or other appropriate people to receive and handle complaints on behalf of the ANZPGF. On appointment of this person it is important that appropriate training is provided in receiving and handling complaints. For information on such training contact the Australian Sports Commission or your local Department for Sport and Recreation.

Making sure members, service providers and volunteers know who to go to regarding queries and complaints around behaviours involving abuse, discrimination or harassment.

Ensuring your club or association have developed clear procedures for dealing with abuse, discrimination and harassment and that if a complaint arises it is dealt with promptly, sensitively and in a confidential manner.

AUTHORITY

Date Approved:

16th October 2016

Review History

Date	Action	Signed
4 TH August 2016	Reviewed	D.Finlay (Director Administration)



AUSTRALIA & NEW ZEALAND POLICE GAMES FEDERATION

CONCUSSION POLICY

POLICY No.5

GUIDANCE ON MANAGEMENT OF CONCUSSION AT POLICE AND EMERGENCY SERVICES GAMES

Remember Concussion = Traumatic brain injury

- May be from direct or indirect trauma but results in some abnormal brain function.
- Concussion can lead to permanent brain injury.
- Only 10-20% of cases of concussion in Australian football include loss of consciousness
- Concussion should not be ignored as there is a higher risk of further injury, repeat concussion and complications if the person returns to sport before recovered fully.
- It is important to recognise concussion and keep the player from further training and competition until recovered.

Suspect concussion if there is loss of consciousness, if a player is lying on the ground or is slow to get back up after a collision, if the player is unsteady on their feet or uncoordinated, if they are holding their head, if they are dazed or look confused. **IF ANY OF THESE THINGS ARE NOTED, ASSUME CONCUSSION UNTIL THEY ARE ASSESSED MEDICALLY.**

Symptoms include headache, blurred vision, nausea, balance problems, confusion, memory changes, and inability to think clearly and process information. Amnesia, poor concentration, drowsiness or fatigue may be present. They may have neck pain, vomiting, change in behaviour, irritability, weakness in the arms. **IF THEY HAVE ANY OF THESE SYMPTOMS, ASSUME CONCUSSION.**

Perform a simple test which focuses on testing recent memory and orientation, **ANY ABNORMALITY, ASSUME CONCUSSION:** -

- Ask them if they know where they are? – include the name of the stadium, address
- Who scored last in the game?
- Which half are they playing?
- Who their team played in their last game?
- What the final score was in their last game?

IF YOU SUSPECT CONCUSSION, EVEN IF MILD, THE PLAYER NEEDS TO BE REMOVED FROM PLAY AND ASSESSED MEDICALLY. THEY CANNOT RETURN TO PLAY UNTIL MEDICAL ASSESSMENT IS COMPLETED.

If there has been loss of consciousness, evidence of reduced consciousness, sleepiness, disorientation or confusion, they need to be taken by ambulance immediately to hospital for observation.

In milder cases, with suspected concussion but normal conscious state and no evidence of symptoms or abnormal memory or orientation, they can be referred to a local general practitioner but they should never be allowed to go alone and must always be accompanied by another person and are not fit to drive.

AUTHORITY

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21st October 2016

Review History

Date	Action	Signed
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DRAFT



AUSTRALIA & NEW ZEALAND POLICE GAMES FEDERATION

SPORT/EVENT CANCELLATION POLICY

POLICY No.8

POLICY GUIDELINES FOR THE CANCELLING OF SPORT/EVENTS

The purpose of this Policy is to provide a model for Australia and New Zealand Police Games Federation (ANZPGF) and the AP&ES Games Host to use and adapt for the purpose of cancelling a Sport/Event.

PROCESS FOR CANCELLING A SPORT/EVENT

Any sport or event may be cancelled by the AP&ES Games Host and advise the ANZPGF accordingly. The AP&ES Games Host shall initiate steps to notify all affected entrants and return appropriate fees. If an event is cancelled by the AP&ES Games Host and an alternative event is not available, entrants will be notified at least two weeks prior to any competition and the entry fees refunded.

AUTHORITY

ANZPGF Eligibility sub-committee

Date Approved:

4th November 2018

Review History

Date	Action	Signed



AUSTRALIA & NEW ZEALAND POLICE GAMES FEDERATION

INVITATIONAL COUNTRIES POLICY

POLICY No.9

POLICY GUIDELINES ON INVITATIONS TO COUNTRIES TO COMPETE

The purpose of this Invitational Countries Policy is to provide a model for Australia and New Zealand Police Games Federation (ANZPGF) and AP&ES Games Hosts to use and adapt for their circumstances and purposes.

The Policy will assist ANZPGF and Games Hosts to make clear:

- the responsibilities of the host agency;
- procedures for handling requests outside the current eligible agencies and countries.

Invitational Countries Policy

1 RATIONALE AND PURPOSE

- (a) The Australia and New Zealand Police Games Federation (ANZPGF) is committed to fair and safe play in Sport.
- (b) This Policy aims to provide a clear understanding of the process to take for hosts to invite countries not currently eligible to participate.
- (c) Countries invited to participate is at the approval of the Australia & New Zealand Police Games Federation (ANZPGF) Director of Operations.
- (d) Invitation is for current Host games only and does not automatically apply the invitational country to be eligible for future hosts.
- (e) Games Hosts wishing to invite non eligible countries to participate must send a request in writing to the Australia & New Zealand Police Games Federation (ANZPGF) Director of Operations with the following information along with a draft of the invitational letter;
 - Countries to be invited and rationale

- Targeted Agencies in that Country
 - Number capped amount of invited participants
- (e) The ANZPGF reserves the right to refuse requests for countries to be invited to compete who are currently not an eligible country.
- (f) All approved invitational participants will be eligible for a Games medal.

AUTHORITY

ANZPGF Eligibility sub-committee

Date Approved:

4th November 2018

Review History

Date	Action	Signed

BLOOD RULES, OK!

*Protect yourself in sport and play...
Be Blood Aware!*

- *INFECTIONS*
- *TRANSMISSION*
- *PREVENTION*
- *RISK*
- *DISCRIMINATION*

INFECTIOUS DISEASES IN SPORT

Microscopic organisms, live in, on and around us all the time - viruses, bacteria, fungi and tiny parasites. When they (a) exist in sufficient quantities, (b) are able to spread from someone or something (like food or animals) and (c) enter your body, they can cause disease. Some may be transmitted during play, some through social activities after the game. The way they are passed on from person to person varies and some are more serious than others, particularly if left untreated.

Of particular concern are the serious blood-borne viruses - HIV, hepatitis B and hepatitis C - which have the potential to be spread whenever there is blood present.

Transmission

People can be exposed to infection through participation in sport in a variety of ways:

- Through blood to blood contact via broken skin and open wounds. Of most concern are the blood-borne viruses such as HIV and hepatitis C.
- Through contact between a person's broken skin, mouth, eyes and other mucous membranes with another person's infected body fluid (blood, saliva, semen and vaginal fluids). A number of serious infections are possible such as hepatitis B, meningococcal disease and many of the sexually transmissible infections.
- Through exposure of the skin to another person's infected skin or body fluids. This may be via direct body to body contact or indirectly through the use of shared equipment (eg wrestling mats), clothing (eg jumpers, socks) and other surfaces that remain moist for a period of time (shower floors, rub down benches). These usually involve fungal skin infections such as tinea, viral infections such as warts, or parasites such as scabies.
- Through ingestion of contaminated food and drinks. If people handling food don't wash their hands properly, hepatitis A or a number of other infectious diseases, such as those which cause gastroenteritis, can be passed on.
- By breathing in airborne droplets of saliva or sputum when an infectious person coughs, sneezes or spits. The common cold and the flu are easily passed on from person to person in this way.

Risk

The risk of being infectedd with a blood-borne virus through participation in sport is very low, however infection is possible. The risk can be minimised even further by following Blood Rules. If you have concerns about your risk of having been infected with a blood-borne virus, we recommend you consult your doctor or visit your local community health service.

Discrimination

State and Commonwealth anti-discrimination legislation makes it unlawful to discriminate against a person on the basis of their disability or impairment in many areas of public life, including sport and club membership. As well as physical, sensory, intellectual and psychiatric impairment, disability is also defined as the presence in the body of an organism (such as HIV or one of the hepatitises) which may cause a disease.

While divulging HIV or hepatitis status is not required under law, there may be circumstances when a player might consider telling a coach or sports trainer about their condition. People are legally entitled to have this information remain confidential and other people are not entitled to access such information without the consent of the person in question.

While the *Disability Discrimination Act 1992* is applied consistently across Australia, specific provisions related to disability discrimination in sport and clubs vary under each state and territory's equal opportunity laws.

STOP THE SPREAD OF INFECTION IN SPORT & PLAY ... BE BLOOD AWARE

Get immunised against hepatitis A & B

Immunisation is an effective and inexpensive means of significantly reducing your risk of influenza, hepatitis A and hepatitis B (strongly recommended for contact sports).

Put Blood Rules into action

- ***stop the blood***
- ***dress the wound***
- ***clean up the blood***

All sports, at both professional and amateur levels, should implement blood rules:

- A player who is bleeding or has blood on their clothing must immediately leave the playing field or court and seek medical attention.
- The bleeding must be stopped, the wound dressed and blood on the player's body or cleaned off before they return to the game.
- Play must cease until all blood on the ground or equipment is cleaned up.

Use gloves when handling blood or anything with blood on it

You should treat all blood and body fluids as though they are potentially infectious. When spills of blood or other body fluids happen, as far as is possible:

- avoid direct contact with blood or body fluids;
- cover any cuts on your hands/body with an appropriate dressing; and
- wear latex gloves.

Keep clean, use your own stuff

Don't share clothing, razors, towels, face washers, nail clippers, drink bottles, mouth guards, medication inhalers or any other personal equipment which may have blood, saliva or other body fluids present. These fluids can be present in very minute quantities and not visible to the human eye, but still harbour enough germs to spread infection from one person to another.

Use condoms every time you have sex

Condoms used with water based lubricant greatly reduce the chance of an infection being passed from one person to another during genital, anal or oral sex. A dam, or Lollye (a thin square of latex rubber which is held over the vaginal or anal area during oral sex), can be used if a person has cuts or sores in or around the mouth. If you have trouble buying one, a condom carefully cut down one side can be used instead.

If you inject, use a new needle & syringe every time

If you're injecting drugs, it's important that you do so in ways that reduce your risk of infection from blood-borne viruses. This means making sure that needles, syringes, swabs, tourniquets and other injecting equipment are used once only, and your hands and all injecting equipment are clean. Injecting equipment should never be shared.

WHERE TO GO FOR FURTHER INFORMATION

If you have been involved in an incident (through sporting or other contact) where you are concerned that you may have become infected with a blood-borne virus or any other serious infection it is important to seek immediate medical advice, with your own doctor, local community health service or hospital. Below is a list of other organisations and sources of further information to contact if you want to know more about issues raised in this booklet or the video *Blood Rules, OK*.

GENERAL

Lifeline (for anyone about any issue).....	13 1114
Sports Medicine Australia	02 6251 6944
www.ausport.gov.au	
Australian National Council on AIDS, Hepatitis C and Related Diseases	1800 022 863
www.ancahrd.org	

HIV/AIDS

Australian Federation of AIDS Organisations	02 9281 1999
www.afao.org.au	
Australasian Society for HIV Medicine.....	02 9368 2700
National AIDS/HIV Counsellors Association.....	03 9899 1728
National Association of People Living with HIV/AIDS	02 9281 0555
www.napwa.org.au	
Multicultural HIV/AIDS Education and Support Service.....	02 9515 3098

HEPC

Australian Hepatitis Council	02 6232 4257
www.hepatitisaustralia.com	
AIDS Hepatitis and Sexual Health Line Inc.	03 9347 6133
www.aidshep.org.au	

ANTI-DISCRIMINATION & HUMAN RIGHTS

Human Rights and Equal Opportunity Commission.....	02 9284 9600
www.hreoc.gov.au	
NSW NSW Anti-Discrimination Board.....	02 9268 5555
www.lawlink.nsw.gov.au/adb	
QLD Anti-Discrimination Commission of Queensland	1300 130 670
www.adcq.qld.gov.au	
VIC Equal Opportunity Commission of Victoria	03 9281 7111
www.eoc.vic.gov.au	
NT Northern Territory Anti-Discrimination Commission	1800 813 846
www.nt.gov.au/adc/index800.html	
SA South Australia Equal Opportunity Commission	1800 188 163
www.eoc.sa.gov.au/public	
WA Western Australia Equal Opportunity Commission.....	1800 198 149
www.equalopportunity.wa.gov.au	

SEXUAL HEALTH CLINICS

ACT	Canberra Sexual Health Centre .....	.02 6244 2184
NSW	Sydney Sexual Health Centre .....	.02 9382 7440
NT	Clinic 34 .....	.08 8922 8007
QLD	Sexual Health Clinic .....	.07 3227 7091
SA	Clinic 275 .....	.08 8226 6025
TAS	Sexual Health Branch .....	.03 6233 3557
VIC	Melbourne Sexual Health Centre .....	.03 9347 0244
WA	Royal Perth Communicable Diseases .....	.08 9244 2178

INTRAVENOUS DRUG USE

(Peer based drug user organisations)

Australian IV League.....	.02 6281 7853
www.aivl.org.au	
ACT Capital Injectors Network .....	.02 6281 7851/2
NSW NSW Users and AIDS Association .....	.02 9369 3455
NT Northern Territory AIDS Council or .....	.08 8941 1711
AIDS Council of Central Australia.....	.08 8953 1118
QLD QLD Intravenous AIDS Association.....	.07 3252 5390
SA SAVIVE.....	.08 8362 9299
TAS Tasmanian Users Health & Support League .....	.03 6224 0416
VIC VIVAIDS.....	.03 9381 2211
WA WA Substance Users Association .....	.08 9227 7866

This pamphlet is part of an *Blood Rules, OK* educational resource kit.

Other resources which form part of the kit are:

- *Blood Rules, OK*. a 25-minute video produced by the ABC. The video is designed to show to groups of sports participants.
- *Blood Rules, OK. Protect yourself in sport and play.... be Blood Aware!* Booklet which accompanies the video and which explores issues in more depth. Contains fact sheets and references to useful web-sites.
- *Blood Rules, OK. Protect yourself in sport and play.... be Blood Aware!* Poster for display in club rooms.

Copies of the educational resources kit can be obtained by contacting:

Sports Medicine Australia.....	.02 6251 6944
Australian Sports Trainers Association.....	.03 9727 1048
Sport Education .....	.02 6214 1550
Australian Society of Sports Administrators .....	.03 9593 2811

National and State Sporting Organisations. Please refer to the relevant organisation for your sport. See the Australian Sports Directory: <http://www.ausport.gov.au>

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Australian
Institute for
Primary Care

2010



BLOOD RULES, OK!

*Protect yourself in sport and play...
Be Blood Aware!*

- **INFECTIONS**
- **TRANSMISSION**
- **PREVENTION**
- **RISK**
- **DISCRIMINATION**

*Information about infectious diseases in sport
for players, coaches, trainers, first aid
personnel, officials and club administrators.*

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Disclaimer

Medicine is an ever-changing science. New research and clinical experience lead to new knowledge and changes in treatment and prevention strategies. The writers, editors and publishers of this work have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in medical sciences, the writers, editors, nor the publisher warrant that the information contained herein is in every respect accurate or complete. Readers are encouraged to confirm the information contained herein with other sources.

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INTRODUCTION

Why do I need to be Blood Aware?

Although we usually think of sport as healthy activity, people have become much more aware and concerned about the transmission of diseases through participation in sport.

A number of blood-borne viruses have the potential to be transmitted during sporting contact. The more serious ones, HIV, hepatitis B and hepatitis C, can greatly affect your health. Even the more common infectious diseases such as colds and the flu may be spread during the close contact of sport and while not usually as serious, these illnesses will reduce your competitiveness and enjoyment of the game.

"It doesn't matter if you are an elite athlete or if its the local footy game just down the street, you'll have to know how to deal with the Blood Rule because you never know what viruses people have."

Dr. Ron McCoy
HIV & Hepatitis Specialist
Blood Rules, OK Video

Individuals and sporting clubs have the responsibility of playing their part in preventing the spread of infection through participation in sport. Players, officials, coaches, sports trainers and first aiders can be blood aware by following some simple guidelines and encouraging each other to do likewise. Clubs can be blood aware by adopting an infectious disease policy, providing information such as the pamphlet in the *Blood Rules, OK* kit to players, and maintaining a safe and clean environment for players and spectators alike.

In the light of HIV and other blood-borne viruses, attitudes to blood on the field or court have changed considerably in the past ten to twenty years. This booklet has been written to help people understand blood-borne viruses and other infectious diseases, how they are transmitted and what actions can be taken to prevent their spread through participation in sport.

We're not a contact sport!

Most people associate 'blood rules' with contact sports where the risk of collision and injury, and therefore blood spills, are greatest. However, all sports from time to time involve injury, and the playing field is only one area in which the risk of infection needs to be reduced.

"It's not the sport, it's the blood we should be concerned about."

Dr. Ron McCoy
HIV & Hepatitis Specialist
Blood Rules, OK Video

The social aspect of people's involvement in a sporting club may also expose them to infectious diseases that can be passed on through sexual activity and injecting drug use.

We don't attract people like that!

With the number of people who attend on match days - players, officials and spectators - or other events run by your club, it's possible that someone has a blood-borne virus. With some blood-borne viruses, a person with the virus may show few, if any, signs of infection for many years. Indeed, many people don't even know they have the sorts of viruses we're going to discuss in this booklet.

However, not knowing doesn't mean that the virus can't be transmitted. The best way to deal with the risks involved is to simply adopt preventative measures many of which are described later in this booklet.

We only have juniors!

Sure, some blood-borne viruses are more common in adults than children, but that doesn't make it impossible for children to be infected. Babies and children who are infected with hepatitis B, for example, can have the virus and show no symptoms.

We only have older players!

It's true that some sports mostly attract older adults, but being older is no guarantee of being free of the risk of infection.

How do I use this booklet?

You can use this book on its own or as an extra source of information when presenting or watching the video "*Blood Rules, OK*". The booklet follows a similar format to the video. If you are responsible for presenting the video to others, you may like to pause the video at key points (times from beginning of opening scene are given) and discuss these with the group referring to the relevant chapters, one to five in the booklet. Information about how to obtain a copy of the video is contained on page 26 of this booklet.

There are eight chapters in this booklet...

Chapter 1 [1min:44sec]

Infections and How They're Transmitted, describes the most significant infectious diseases, blood-borne viruses, and how they are transmitted from person to person. Other infectious diseases that can be transmitted through close personal contact including sexual contact are briefly listed, with full descriptions contained in the Fact Sheets in Chapter 7.

Chapter 2 [5min:22sec]

Prevention on the Field outlines the ways in which people can best prevent the spread of blood-borne viruses and other infections on the playing field and in club facilities.

Chapter 3 [11min:48sec]

Discrimination and Exclusion of Players gives information to assist sporting clubs and associations an understanding of their rights and responsibilities in the event of it becoming known that a player or member is infected with a blood-borne virus. It also describes the rights of people who have a blood-borne virus in the context of their participation in sport.

Chapter 4 [14min:37sec & 20min:40sec]

Risk of Infection Through Sport provides information about the risk of infection by a blood-borne virus through participation in sport.

Chapter 5 [17min:30sec]

Prevention off the Field describes the steps people can take to reduce the risk of transmission of blood-borne viruses through sexual activity and use of injecting equipment. While these behaviours do not necessarily occur within the sporting context, they present the greatest risk of infection through the social side of your club or association.

Chapter 6

Becoming a "Blood Aware" Club has been written to encourage and guide sporting organisations to adopt policies and practices which protect the health of all participants.

Chapter 7

Fact Sheets provides more detailed information about the infectious diseases mentioned only briefly in the first chapter of the booklet. If you are worried about your health we strongly recommend you contact your doctor or local community health centre.

Chapter 8

Where to Go for Further Information lists some useful sources of information if you want to find out more about a particular topic, if you have concerns which you would like to discuss confidentially, or where to obtain copies of the educational resource kit *Blood Rules, OK*.



INFECTIONS AND HOW THEY'RE TRANSMITTED

Blood-Borne Viruses

Viruses, like other microscopic organisms, live in, on and around us all the time. When they (a) exist in sufficient quantities, (b) are able to spread from someone or something (like food or animals) and (c) enter your body, they can cause disease. When our bodies are under stress, for example during periods of intensive training for competition, we are more susceptible to illness caused by these tiny germs.

Blood-borne viruses are those which are transmitted from one person's blood to another person's blood stream.

Hepatitis

Hepatitis means inflammation of the liver. The liver is responsible for filtering the blood and breaking down food and poisons in the body. Viral hepatitis (often simply called hepatitis) refers to a number of different viruses which affect the liver and can potentially cause fever, vomiting, jaundice (where the eyes and skin go yellow) or sometimes permanent liver damage, even cancer. Sometimes people with hepatitis have no obvious symptoms but may still be able to infect others. The most significant types of hepatitis are A, B & C and these are described below.

Several new types of hepatitis have been discovered in recent years (hepatitis D, E, & G), and it is possible that more strains will be identified in the future. Other forms of hepatitis (non-viral) can be caused by alcohol or drug abuse (including steroids).

Hepatitis A

Hepatitis A is passed on through contaminated food or water, or through oral contact indirectly with infected faeces (poo). This is why it's important to always wash your hands after going to the toilet and immediately prior to handling food.

In older children and adults the symptoms include fever, nausea, abdominal discomfort, dark urine, and yellow skin and eyes (called jaundice). Many people with hepatitis A show few or no symptoms, particularly children less than three years old.

Hepatitis A is not a chronic (prolonged) infection and people who've had hepatitis A cannot be reinfected. An effective vaccine is available.

Recommended fact sheets

http://www.health.gov.au/hfs/pubhth/strateg/hiv_hepc/hepc/index.htm

<http://www.hepatitisaustralia.com>

Hepatitis B

Hepatitis B is highly infectious - about 100 times more infectious than HIV. In Australia, most hepatitis B infections occur in adolescents and young adults. It is transmitted via body fluids (blood, semen, vaginal fluid, saliva or breast milk) from one person into another. Hepatitis B can be passed on during vaginal or anal sex, through sharing injecting equipment or body piercing and tattooing with improperly cleaned and sterilised equipment. Even sharing toothbrushes, razors, nail files, nail scissors or other personal equipment where small traces of blood may be present can be risky.

Symptoms of hepatitis B include loss of appetite, nausea, vomiting, pain in the abdomen and/or joints, fever and jaundice. Normally these symptoms disappear in a few weeks.

Some people who are infected with hepatitis B do not get ill and some show no symptoms at all. A small number, about 10% who look and feel well, will still be able to transmit the virus to others. Babies and children with hepatitis B are more likely than adults to be able to do this. An effective vaccine is available.

There have been a number of reported cases of hepatitis B being spread through sporting activities. These were mainly due to poor infection control measures in the past when the risks of infection through blood contact were not widely known. An increasing number of sports are encouraging players, coaches, officials, trainers, and first-aiders to be vaccinated against hepatitis B.

Hepatitis C

Hepatitis C is a blood-borne virus and is the most commonly reported notifiable infectious disease in Australia, with an estimated one in a hundred people infected. (Notifiable diseases are those that doctors must report to State or Territory Health Departments). In Australia, hepatitis C is most commonly transmitted through the sharing of contaminated needles, syringes and other injecting equipment by people who inject drugs.

Hepatitis C can also be spread by using body piercing and tattooing equipment which has not been properly cleaned and sterilised, as well as by sharing toothbrushes, razors, nail files, nail scissors or other personal equipment where small traces of blood may be present. Sexual transmission of hepatitis C is unlikely.

People with hepatitis C may initially show only mild, flu-like symptoms, or no symptoms at all. Symptoms that do appear include dark urine, signs of jaundice, nausea and tiredness.

Once infected with hepatitis C, over 70% of people will not clear the virus from their bodies, and as a result may be capable of transmitting the virus to others. No vaccine is available.

Human Immunodeficiency Virus (HIV)

Human immunodeficiency virus (HIV) is the blood-borne virus that can lead to AIDS (Acquired Immune Deficiency Syndrome). HIV can be passed on through anal or vaginal sex without a condom, through sharing equipment used for injecting drugs, from an infected mother to her baby during pregnancy, birth or breast feeding, and much less commonly, through oral sex where a person has cuts or sores in their mouth.

Some years after an HIV infection, a person's immune system can become so weak that it can no longer fight off infections, and this is when the person is said to have developed AIDS. A person with HIV gradually loses immune function along with certain immune cells, called CD4 T-lymphocytes.

HIV infection is detected by a blood test to see whether there are HIV antibodies present in the bloodstream (the body develops antibodies to fight HIV). In most people, if antibodies are present they can be detected within three months of infection.

Some of the common symptoms and physical signs of AIDS are also common to a number of other illnesses, and can include: recurrent fevers, chills and night sweats; extreme and constant tiredness; a persistent or dry cough; diarrhoea; decreased appetite; rapid weight loss, swollen lymph glands, white spots or unusual marks in the mouth, and purplish raised or flat marks or bumps on the skin.

About 50% of people with HIV will develop AIDS within 10 years, and close to 70% within 15 years. No vaccine is available for HIV and there is no cure for AIDS. There are a number of drug therapies that can delay the progression of HIV infection to AIDS.

Recommended fact sheets

http://www.health.gov.au/hfs/pubhth/strateg/hiv_hepc/hepc/index.htm

<http://www.hepatitisaustralia.com>

Other Infections

There are a number of other infectious diseases, caused by viruses, bacteria, fungi and tiny parasites that can have an effect on the health and performance of people participating in sport. Some may be transmitted during play, some through social activities after the game. The way in which they are passed on from person to person varies and some are more serious than others, particularly if left untreated. The fact sheets in the last chapter provides information about each of the following:

Bacterial Infections

- **Chlamydia, Pelvic Inflammatory Disease (PID) and Non-specific urethritis (NSU)**
- **Gonorrhoea**
- **Scrupox**

Viral Infections

- Influenza
- Genital Warts (HPV)
- Genital Herpes (HSV-1 and HSV-2)

Fungal Infections

- Tinea
- Thrush

Parasitic Infections

- Pubic Lice
- Scabies

How infections can spread through sport

People can be exposed to infection through participation in sport in a variety of ways:

- Through blood to blood contact via broken skin and open wounds. Of most concern are the serious blood-borne viruses such as HIV and hepatitis C.
- Through contact between a person's broken skin, mouth, eyes and other mucous membranes with another person's infected body fluid (blood, saliva, semen and vaginal fluids). A number of serious infections are possible, including those which are sexually transmitted.
- Through exposure of the skin to another person's infected skin or body fluids. This may be via direct body to body contact or indirectly through the use of shared equipment (eg wrestling mats), clothing (eg jumpers, socks) and other surfaces that remain moist for a period of time (shower floors, rub down benches). These usually involve fungal skin infections such as tinea, viral infections such as warts, or parasites such as scabies.
- Through ingestion of contaminated food and drinks. If people handling food don't wash their hands properly, hepatitis A or a number of other infectious diseases, such as those which cause gastroenteritis, can be passed on.
- By breathing in airborne droplets of saliva or sputum when an infectious person coughs, sneezes or spits. The common cold and the flu are easily passed on from person to person in this way.

Further useful information about a range of infectious diseases can be found at the Department of Human Services Victoria public health website, including some multi-language information:

<http://www.dhs.vic.gov.au/phb>

Get Immunised

Immunisation is an effective and inexpensive way of significantly reducing your risk of:

- hepatitis A
- hepatitis B (strongly recommended for contact sports); and
- influenza.

Some issues to discuss with your doctor about immunisation include:

- whether the vaccine you will be having is to be administered in doses over a period of time (eg hepatitis B);
- if there are normal physical responses following immunisation which may affect your performance in the short-term;
- if there might be a delay between when the vaccine is administered and when it's fully effective;
- whether the immunisation is for life or needs to be administered at regular intervals to keep up the immunity levels (eg influenza, for which a new vaccination is required each winter);
- whether it is possible that a vaccination does not lead to full immunity; and
- whether you have an existing medical condition that may preclude a vaccine being administered.

If you're planning to compete overseas or have an end of season trip which takes you out of Australia, it is wise to be immunised for infectious diseases that are prevalent in other countries. Seek advice from your medical practitioner well in advance of your trip.

Implement Blood Rules

All sports, at both professional and amateur levels, should implement blood rules:

- A player who is bleeding or has blood on their clothing must immediately leave the playing field or court and seek medical attention.
- The bleeding must be stopped, the wound dressed and blood on the player's body or clothing cleaned off before they return to the game.
- Play must cease until all blood on the ground or equipment is cleaned up.

Assume all Blood is Potentially Infectious

You should treat all blood and body fluids as though they are potentially infectious. When spills of blood or other body fluids happen:

- avoid direct contact with blood or body fluids;
- cover any cuts on your hands with a Band Aid;
- wear gloves.

If blood or other body fluids spill onto you or someone else or if contact has been made with an open wound, broken skin or mucous membranes (mouth, eyes, genitals) the following precautions are recommended:

- wash the area of contact thoroughly with soap and warm water;
- if the blood contacted your mouth or eyes, rinse very well with water;
- see your own doctor as soon as possible.

Once bleeding has stopped and you've cleaned up any blood or body fluids which found their way onto you or others, it's important to disinfect the area where the spill occurred. When doing this:

- wear gloves;
- place a paper towel over the spill and carefully mop it up;
- clean the surface with warm water and detergent or soap;
- disinfect the area by wiping with bleach (use a bleach containing 5.25% sodium hypochlorite) and dry with a clean paper towel; and
- when finished, remove gloves and put them along with the used paper towels in a sealed plastic bag and place in rubbish bin.

Don't Share Your Stuff

Adoption of strict personal hygiene measures is an important way to control the spread of blood-borne viruses and other infectious organisms.

"I won't share drinks. I won't share towels. If you're serious about your sport you won't put yourself at risk.."

Sarah "Sweetpea" Murphy
Kickboxer
Blood Rules, OK Video

Don't share clothing, razors, towels, face washers, nail clippers, drink bottles, mouth guards or any other personal equipment which may have blood, saliva or other body fluids present.

These fluids can be present in very minute quantities not visible to the human eye, but still harbour enough infectious organisms to spread infection from one person to another.

DISCRIMINATION AND EXCLUSION OF PLAYERS

State and Commonwealth anti-discrimination legislation makes it unlawful to discriminate against a person on the basis of their disability or impairment in many areas of public life, including sport, club membership, employment and the provision of goods and services.

The definition of a disability is very broad and includes physical, sensory, intellectual and psychiatric impairment. A disability is also defined as the presence in the body of an organism (such as HIV or one of the hepatitises) which may cause disease.

Consequently, under State and Commonwealth law, it is prohibited to discriminate against a person because he or she:

- is living with an infectious disease;
 - is thought to be living with an infectious disease;
 - may have an infectious disease in the future;
 - is an associate of someone who has (or is presumed to have) infectious disease; or
 - is a carer of someone who has an infectious disease.
- The same laws apply to the hepatitises and other blood-borne viruses.

We discriminate against a person when we treat or propose to treat them less favourably on the basis of an attribute or personal characteristic protected by law (such as their sex, race or disability including HIV status) than someone who does not have that attribute in the same or similar circumstances. This is *direct* discrimination.

Sometimes discrimination can be *indirect*. This occurs when an *unreasonable* requirement, condition or practise that is applied to everyone (and therefore appears neutral), in fact has a disproportionately negative impact on people with particular infections. In other words, some people may find it difficult to comply with an unreasonable requirement or policy because of an attribute protected by law (for example, because they have a blood-borne virus).

Discrimination can occur in many ways. For example, in sport it would be discrimination if we refused to allow someone to participate in a sporting team or to act as an official because they were carrying a blood-borne virus such as hepatitis C or HIV when they were able to effectively participate.

It is also discrimination to refuse membership of a public sporting club or to restrict the benefits of membership for someone on the basis of their actual or presumed HIV status (or other blood-borne viral infection).

Nevertheless, in some instances, the law permits measures which are genuinely necessary to protect the health and safety of others. However, because of the limited ways in which HIV is transmitted and the universal precautions that should be in place for everyone, restrictions on equal opportunity for people living with HIV will rarely be necessary.

While divulging HIV or hepatitis status is not required under law, there may be circumstances (for example, if concerned about their health) when a player might consider telling a coach or trainer about their condition.

But remember, people who are HIV positive or who are living with other blood-borne viruses are legally entitled to have this information remain confidential, and other people are not entitled to access such information without the consent of the person in question. The fact that they may trust some people with this information does not mean that others have a right to be told. If proper precautions are being taken and blood rules are applied, there is, in fact, no need for others to know. Importantly, there is no medical or public health justification for mandatory testing or screening for HIV positive players.

While the *Disability Discrimination Act 1992* is applied consistently across Australia, specific provisions related to disability discrimination in sport and clubs vary under each State and Territory's equal opportunity law. For example, whether or not a particular club would fall within the provisions of the law varies from State to State. We recommend you talk to your local equal opportunity organisation to find out more about the specific provisions that apply in your state or territory in regard to sport, clubs and other related activities. Links to each of these can be found via the Human Rights and Equal Opportunities Commission website at: <http://www.hreoc.gov.au/>

A useful website for people aged under 18 years is produced by the National Children's and Youth Law Centre and presented on a state by state basis:
<http://www.lawstuff.org.au>

RISK OF INFECTION THROUGH SPORT

The risk of being infected by one of the serious blood-borne viruses through participation in sport is very low.

"The chances [of being infected by HIV through sport] have been estimated to be 1 in 125 million. Your chances of getting killed driving to the football stadium are infinitely greater....."

Professor John Dwyer
Immunologist [ABC News]
Blood Rules, OK Video

By adopting an Infectious Diseases Policy and implementing Blood Rules and other preventive strategies consistently in your club, the risks are even lower.

Most contact with other people doesn't lead to us catching an infection. In order for an infection to be transmitted from one person to another *all* of the following must occur:

- the organism (virus, bacteria, fungi or parasite) must be in or on a person's body and still be able to be transmitted;
- the organism must leave the body of the person who has the virus;
- the organism must be able to survive in the environment;
- the organism must find its way onto or into another person; and
- the organism must be in sufficient quantity to infect that person.

Our body's immune system can fight many infections and it usually wins the battle. However, when it is weakened in some way or the infectious organism is strong enough or in sufficient quantity, our immune system may not be able to fight off these infections. Adequate nutrition, water intake and rest are important to help maintain a healthy immune system. Where it is available, immunisation can help our body's immune system to overcome an infection.

Infectious organisms don't always last long outside the body. Hepatitis B can survive for up to 3 weeks in dry blood and remain transmissible. While under some circumstances HIV can survive outside of the body for days, generally it will only survive for a matter of minutes. This is why nearly all people who become infected by a blood-borne virus do so through behaviours or means which pass the virus directly from one person's body to another's: sharing infected drug injecting equipment; unprotected vaginal, or anal sex; or transmission from mother to child in utero, during or soon after birth. In the past, the people most at risk of becoming infected with a blood-borne virus were those receiving transfusions of blood or blood products for treatment of an existing medical condition - such as haemophilia, kidney disease - or for trauma patients. With improvements in the screening of donated blood in Australia, the group at highest risk of infection with blood-borne viruses is with people who inject drugs.

Further information about risk can be found in Bulletin #1 on the new ANCAHRD website. <http://www.ancahrd.org>

If you want further information or have concerns about your risk of having been infected with a blood-borne virus, we strongly recommend you consult your doctor or visit your local community health service.

The AIDS, Hepatitis and Sexual Health Line Inc. provides information and counselling by telephone (03 9347 6133) and e-mail. Go to their website at: <http://www.aidshep.org.au>

Safer Sex

Sport provides a place for meeting many people, including sexual partners. For some people, having sex is how they unwind after sport.

Of course, it's OK not to have sex, but when you do choose to be sexually active, then having safe sex is important.

"If you're going to be involved in sexual activities then it's important to protect yourself... and protect your partner."

Andrew Gaze
Melbourne Tigers & Boomers Captain, Five-time Olympian
Blood Rules, OK Video

It's possible to have sex in ways that avoid getting or passing on a blood-borne virus and most sexually transmissible infections. As indicated previously, the methods of infection vary for each sexually transmissible infection, but genital, or anal sex are risky if you don't have safe sex.

If you are having sex, condoms used with water based lubricant greatly reduce the chance of an infection being passed from one person to another during genital, anal or oral sex. Although oral sex is considered a low risk activity for both partners, any cuts or sores in or around the mouth, may make the transmission of infectious organisms possible. A dam (or Lollye), a thin square of latex rubber which is held over the vaginal or anal area during oral sex, can be used. If you have trouble buying one (usually available from a chemist or sexual health centre) then a condom carefully cut down one side can be used instead.

Other safe sex practices include:

- kissing;
- cuddling or stroking;
- body-to-body rubbing or erotic massage;
- masturbation (touching your own genitals); and
- mutual masturbation (touching each other's genitals).

Recommended sexual health websites for young people can be found at:

<http://www.health.qld.gov.au/sexhealth/youth> (Queensland Health)

<http://www.sxetc.org> (an international website for teens by teens produced by the School of Social Work, State University of New Jersey)

Safer Drug Use

If you're injecting drugs, it's important that you do so in ways that reduce your risk of exposure to HIV, hepatitis B, hepatitis C and other infections. This means making sure that needles and syringes are used once only, that your hands, and other injecting equipment and surfaces used for mixing up are clean.

Injecting equipment should never be shared. If you share equipment used for injecting drugs (needles, syringes, spoons, swabs, tourniquets, filters or water) you risk exposure to, or potentially spreading blood-borne viruses. If injecting others or helping others to inject, care should be taken to avoid getting any splashes of their blood on you and if this does happen, to clean it up with warm soapy water as soon as possible.

When you have finished, dispose of your needles and syringes so that they can't be re-used or stepped on by others. Some council and club facilities have a specially designed disposal bin which you should use. If you use a needle and syringe program (NSP) you can return your used gear in a sharps container which is provided by the NSP. If neither of these options are available, you can put your sharps in a strong plastic bottle with a screw top and return this to the NSP or put it into an ordinary bin.

Stepping on a used needle can be a very frightening experience for anyone, and although the risks are actually quite low, it's better to prevent these situations from occurring if possible.

To locate your closest NSP, contact the organisation in your state listed at the back of this booklet in the *Where to Go for Further Information* section.

Recommended web page about safer drug use can be found at:

<http://www.accessinfo.org.au/safe2.htm> (Access Information Centre at the Alfred)

BECOMING A "BLOOD AWARE" CLUB

Develop an Infectious Diseases Policy

"Blood rules" exist in many sports, but mostly these relate only to what happens on the playing field. For a sporting organisation to be truly blood aware, policies and practice need to extend to all aspects of the club's operation.

Many sports have already developed infectious diseases policies, so if you need to develop one, you may be able to adapt an existing one. You might like to look at the guidelines which have been developed by **Sports Medicine Australia** (<http://www.smasa.asn.au> or <http://www.sport.net.au/smawa>).

Blood Rules in Action

Blood rules seek to prevent the transmission of infectious diseases such as hepatitis B, hepatitis C and HIV during body contact and collision sports. They have been designed to protect the injured player, team mates, the opposition and sporting officials.

Simply put, a blood rule dictates that any player who is bleeding must leave the playing area for immediate attention from a medical or first aid officer. The player is not allowed to continue playing until the bleeding has stopped, the wound dressed and there is no blood remaining on clothing or visible on the skin. Any clothing or equipment that has been contaminated must also be cleaned or replaced before play continues.

If bleeding re-occurs, the individual concerned must again leave the playing area until bleeding ceases. Where it is not possible to control the bleeding and securely cover the wound, the person involved must cease active participation in the game.

Because all traces of blood need to be cleaned up before a person can continue playing he/she may be off the field or court for some time. Your club might want to consider having interchange players if teams do not already have some.

Sports First Aid Practice

Sporting organisations should ensure that:

- individuals with a current first aid certificate are present at training and competitions;
- a complete first aid kit is always available, including a supply of gloves;
- protective eye wear and resuscitation bags or disposable mouth-to-mouth devices should also be available;
- there is access to a telephone to contact emergency services if necessary; and
- relevant people (ie coaches, first aiders, officials) know the location of the nearest hospital emergency centre.

Sports first aid officers or anyone else responsible for treating bleeding people or handling blood contaminated materials should:

- wear disposable latex gloves. Gloves offer two way protection for both the person wearing the gloves and the person being treated. Not wearing gloves places first aid staff at risk of infection from sites such as under or around fingernails where skin tears are common;
- use a new set of gloves to treat each person, and dispose of immediately after use; and
- wash hands with soap and water as soon as possible after gloves are removed.

As hepatitis B can live in water, fresh water should be used to clean the wounds of each injured person.

In an emergency (eg on the field prior to medical attention) a towel can be used to cover the wound until the player is moved to a location where gloves are available.

Further information about first aid and training courses can be obtained from Sports Medicine Australia (see Chapter 8 for contact information).

MAINTAIN A CLEAN ENVIRONMENT

Dressing rooms

Dressing rooms should be clean and tidy, with particular attention paid to hand-basins, toilets, showers, spas and saunas. Adequate soap, paper towels, brooms, rubbish bins and where possible units for disposal of needles and syringes and disinfectants should be available at all times.

All equipment and surfaces which have blood on them should be treated as potentially infectious. Household bleach (1part bleach, containing 5.25% sodium hypochlorite - to 9 parts water) can be used to wash down contaminated areas.

Playing areas

Playing surfaces on which blood has been spilt should be washed until all visible blood has gone, then disinfected with bleach and water for at least 30 seconds. The area can then be wiped dry with a disposable cloth or allowed to dry in the air.

Sand pits can be a source of infection and need to be well maintained and kept clean. Prior to use they should be checked for foreign objects, such as glass or used syringes, which may be fully or partially covered by sand. Good drainage is essential and the sand should be raked often. When not in use, keep sand pits securely covered. Sand that has become contaminated with human or animal faeces, blood, urine or other body fluids should be removed. Use a shovel and dispose of the sand in a plastic bag.

Clothing

There should be sufficient uniforms for all players (including any on interchange benches). In contact sports, complying with a blood rule might require a team to have extra clothing available, such as spare football jumpers. Even if there's no blood on clothing, other infections can be spread by sharing clothing. For example, tinea can be spread by wearing another person's unwashed socks.

All clothing, towels, sheets, face washers etc which have been contaminated with blood should be soaked in bleach (use one part of household bleach to nine parts water) for 30 minutes before rinsing off bleach. For coloured items which will not tolerate bleach, soak in disinfectant for 30 minutes and then wash at a high temperature on a long cycle.

It's not always possible to wash bloodied clothes, towels etc. straight away, particularly if you're at a game. To manage this, some sporting clubs have a special bag in which all bloodied clothes can be placed so they can be safely transported to a laundry.

Syringe Disposal Bins

If your club facilities do not already provide a safe means for the disposal of syringes, you should consider doing so. Whether we like it or not, people use drugs. Unfortunately, public buildings, particularly toilets, are often the site of discarded needles and syringes. Many councils have a strategy in place for the installation of syringe disposal bins in their municipality. Contact your local council's public health department or needle and syringe program for further information.

Reduce the Risk of Injury

Because blood-borne viruses can only be transmitted from one person to another on the field if the skin is broken, efforts to keep down the level of injury also play a role in preventing their transmission. Reducing injury within your club has the other obvious advantages, both for the individual and the team, of reducing insurance claims, retaining good players on your side and keeping people physically healthy.

Some factors which have been associated with sports injuries include poor coach and sports trainer education, poor ground conditions, poor sporting equipment and lack of safety equipment.

The following actions are recommended for sporting organisations to reduce the risk of injury:

- promote participation in training and safety programs;
- encourage fair play. If things get out of control, play can become reckless and dangerous;
- goal posts, boundary fences, television cameras or other potential obstacles to players should be covered with soft material; and
- use line markers rather than ropes to indicate the boundaries of playing areas.

Individuals can reduce their own risk of injury very easily by:

- wearing appropriate protective gear, including mouth guards; and
- drinking adequate water. Dehydration can have a significant detrimental effect on your concentration level, making you more clumsy and less able to accurately judge distances.

Encourage Behaviour which Reduces Risk of Infection

Get Immunised for Hepatitis A & B

It is recommended that all participants (players and game officials) in contact sports who play under adult rules be vaccinated against hepatitis A & B. However, as this provides no protection against other blood-borne viruses such as HIV and hepatitis C, vaccination against hepatitis A & B is not an excuse for relaxing hygiene standards.

Use Protective Gear

Wearing appropriate protective gear such as helmets, padding and full-length clothing reduces skin exposure to scratching, splitting and grazing in addition to preventing the specific injuries the gear is designed for. Safety equipment should fit well or it may be less effective than it should be.

Practise Safe Sex

Because people may have sexual encounters with others they meet through sporting organisations, clubs may wish to:

- make condoms available (freely or for sale) in discrete venues such as toilets;
- encourage those who are sexually active to engage in safe sex practices; and
- promote the idea that it's okay for individuals not to have sex if they don't want to, and that this doesn't imply any lack of 'team loyalty'.

FACT SHEETS

Bacterial Infections

Meningococcal Disease

Meningococcal disease is a rare but very serious illness caused by a number of different groups of meningococcus bacteria causing meningitis (inflammation of the membranes covering the brain and spinal cord) or septicaemia (blood poisoning). The infection is difficult to spread but may be passed on from person to person by sharing saliva, for example by mouth kissing or sharing drink bottles. Children aged under five and young people aged 15 to 24 years are most at risk. A person with meningococcal disease will become very ill and will probably feel sicker than they have ever felt before. The signs and symptoms of meningitis include: fever, vomiting, neck stiffness, headache, joint pains, dislike of bright lights. In septicaemia, a rash of red-purple pinpoint spots or larger bruises anywhere on the body will be present. Young children may not complain of symptoms, so fever, pallor (pale skin), vomiting lethargy and rash are important signs. The infection can develop very quickly, and can be fatal in about 10% of cases, however if it is diagnosed early enough and the right antibiotics given quickly, most people make a complete recovery.

Chlamydia, Pelvic Inflammatory Disease (PID) and Non-specific urethritis (NSU)

Chlamydia infection is a common sexually transmissible infection caused by the bacterium *Chlamydia trachomatis*. If chlamydia infects the cervix in women it can cause pelvic inflammatory disease (PID), which untreated, may lead to infertility or permanent pelvic pain. The infection often produces no symptoms at first. For women, symptoms may include an unusual vaginal discharge or a burning sensation during urination. If left untreated, PID may develop, causing symptoms such as lower abdominal pain and tenderness, deep pain during sexual intercourse, heavy and painful period, and fever. In men, chlamydia usually affects the urethra and is called non-specific urethritis (NSU). The infection may have no symptoms or may cause a white or clear discharge from the penis and stinging during urination. In both men and women, chlamydia infection may also occur in the throat or anus, where it usually causes no symptoms. Chlamydia infection can be treated with antibiotics but can easily be prevented by using condoms during sex.

Gonorrhoea

Gonorrhoea is also a common sexually transmissible infection. The bacterium, *Neisseria gonorrhoea*, commonly infects the genital areas, but may also infect the anus or throat. In men, the symptoms of gonorrhoea are usually a pus-like, white or yellow discharge from the penis and a burning sensation when urinating. Sometimes there is no discharge, and in a small percentage of men, there are no symptoms at all. In women, the infection may lack specific symptoms, although sometimes there may be an unusual discharge from the vagina or pain when urinating and bleeding associated with vaginal intercourse. If left untreated it can lead to infertility in both women and men. Gonorrhoea infection can be treated with antibiotics.

Scruppox

Scruppox is a broad term referring to a range of contagious skin infections which can be transmitted through skin-to-skin contact sports such as rugby, wrestling, boxing and judo. These include impetigo, a bacterial infection, and herpes which is described below. Symptoms may include blisters, weeping or crusty sores on the skin. These can be very contagious and you should not participate in contact sport until they have cleared up. Medical attention should be sought so a correct diagnosis can be made prior to treatment.

Viral Infections

Influenza

Influenza, or 'the flu', is more than a bad cold. It is caused by a highly contagious virus which is spread by coughs and sneezes, and can easily 'wipe out' whole teams of players at a time. There are three types of flu virus - A, B and C. Influenza A is more likely to be responsible for epidemics (infection in large numbers of people in a population). The flu typically involves high fever, chills and sweating, muscle and joint pain, weakness, headache and dry cough, and can last a week to 10 days. Some people are 'at risk' of complications from the flu. Immunisation for influenza is available and needs to be renewed every year.

Genital Warts (HPV)

Genital and anal warts are caused by the human papilloma virus (HPV) and can be transmitted through sexual contact of any kind not just penetrative sex. Warts may or may not be visible, and there is no blood test or swab test for HPV infection, so many people have the virus unknowingly. This is why HPV spreads easily among sexually active people. Usually women learn they are infected only when they have a routine pap smear and there are changes detected in the cells of the cervix. If left untreated, these changes can lead to cervical cancer. Men may only learn they have HPV infection if their partner is diagnosed in this way. While there is no cure for HPV infection, there are a variety of treatments to remove the visible warts.

Genital Herpes (HSV-1 and HSV-2)

Genital herpes is a common condition that is easily spread through sexual contact. It is caused by infection with one of two kinds of the herpes simplex virus, types 1 and 2 (HSV-1 and HSV-2). These viruses also cause cold sores on the mouth. Infection comes via direct contact with blisters or ulcers, not necessarily during penetrative sex, so HSV can be spread by any kind of sex or, in some circumstances non-sexual touching of affected areas. Very rarely, herpes can be spread to the eyes or to cuts or abrasions in the skin. There is no cure for HSV infection, however in recent years an anti-viral drug has become available to relieve the symptoms.

FACT SHEETS (CONT.)

Fungal Infections

Tinea

Tinea is a fungal infection of the skin which, like all fungi, thrives in warm, moist conditions. 'Athletes Foot' and 'Jock Itch' refer to fungal infections on the feet and groin areas respectively. Fungal infections are spread through skin-to-skin contact, or indirectly through towels, clothes or even floors. The fungi firstly eat dead skin cells and then, when these are gone, live skin cells. The infection causes itching and stinging, a red scaly rash, and cracking, splitting and peeling of the skin. The best way to prevent getting tinea is to always use your own towel and dry your skin thoroughly after showering, particularly between the toes and skinfolds, wear cotton underwear and socks if possible, and wearing thongs in communal locker rooms and showers. Anti-fungal treatments are available from chemists and should go hand in hand with personal hygiene measures.

Thrush

Thrush is a fungal infection in women which affects the vulva and/or vagina. It can be spread through sexual contact as well as through the means described for tinea, above. Prevention and treatment is similar to that for tinea.

Parasitic Infections

Pubic Lice

Also known as 'crabs', lice are small, flat, light brown insects that cling to, and lay their eggs (called nits) on, pubic hair. Lice suck blood for nourishment which can cause small red areas or sores, and itching. Lice can be passed on through close skin-to-skin contact including sexual activity, and via shared bedding, towels or clothes. Lice may or may not be visible, but people with lice complain of itching. Scratching may cause open sores that can become infected. People with pubic lice may be at risk of other sexually transmitted infections and should consider seeing their doctor or sexual health specialist. Treatment involves the use of special lotions and shampoos which are available from a chemist without a prescription, and washing all contaminated clothing etc in hot water.

Scabies

The scabies mite is a tiny spider-like creature which makes a shallow burrow in the skin to lay its eggs. Scabies can be passed on during sex and through non-sexual contact in family groups or institutions. New mites hatch from the eggs and can be spread to other parts of the body by scratching. Red, itching bumps or blisters on the skin are an allergic reaction to the mite. Infestations usually occur around the genital or waist area on the body, and on the wrists, hands and in between fingers. Scabies can be spread and is treated in much the same way as pubic lice.

WHERE TO GO FOR FURTHER INFORMATION

If you have been involved in an incident (through sporting or other contact) where you are concerned that you may have become infected with a blood-borne virus or any other serious infection, it is important to seek medical advice, from your own doctor, or local community health service.

Below is a list of other organisations and sources of further information to contact if you want to know more about issues raised in this booklet or the video *Blood Rules, OK*.

GENERAL

Lifeline (for anyone about any issue)	13 1114	
Sports Medicine Australia	02 6251 6944	www.ausport.gov.au
Australian National Council on AIDS, Hepatitis C and Related Diseases	1800 022 863	www.ancahrd.org

HIV/AIDS

Australian Federation of AIDS Organisations	02 9281 1999	www.afao.org.au
Australian Society for HIV Medicine	02 9368 2700	
National AIDS/HIV Counsellors Association	03 9899 1728	
National Association of People Living with HIV/AIDS	02 9281 0555	www.napwa.org.au
Multicultural HIV/AIDS Education and Support Service	02 9515 3098	

HEPC

Australian Hepatitis Council	02 6232 4257	www.hepatitisaustralia.com
AIDS Hepatitis and Sexual Health Line Inc.	03 9347 6133	www.aidshep.org.au

ANTI-DISCRIMINATION & HUMAN RIGHTS

Human Rights and Equal Opportunity Commission	02 9284 9600	www.hreoc.gov.au
NSW NSW Anti-Discrimination Board	02 9268 5555	www.lawlink.nsw.gov.au/adb
QLD Anti-Discrimination Commission of Queensland	1300 130 670	www.adcq.qld.gov.au
VIC Equal Opportunity Commission of Victoria	03 9281 7111	www.eoc.vic.gov.au
NT Northern Territory Anti-Discrimination Commission ..	1800 813 846	www.nt.gov.au/adc/index800.html
SA South Australia Equal Opportunity Commission	1800 188 163	www.eoc.sa.gov.au/public
WA Western Australia Equal Opportunity Commission ...	1800 198 149	www.equalopportunity.wa.gov.au

SEXUAL HEALTH CLINICS

ACT Canberra Sexual Health Centre	02 6244 2184	SA Clinic 275	08 8226 6025
NSW Sydney Sexual Health Centre	02 9382 7440	TAS Sexual Health Branch	03 6233 3557
NT Clinic 34	08 8922 8007	VIC Melbourne Sexual Health Centre	03 9347 0244
QLD Sexual Health Clinic	07 3227 7091	WA Royal Perth Communicable Diseases ..	08 9244 2178

INTRAVENOUS DRUG USE (Peer based drug user organisations)

Australian IV League	02 6281 7853	www.aivl.org.au
ACT Capital Injectors Network	02 6281 7851/2	
NSW NSW Users and AIDS Association	02 9369 3455	
NT Northern Territory AIDS Council or	08 8941 1711	
AIDS Council of Central Australia	08 8953 1118	
QLD QLD Intravenous AIDS Association	07 3252 5390	
SA SAVIVE	08 8362 9299	
TAS Tasmanian Users Health & Support League	03 6224 0416	
VIC VIVAIDS	03 9381 2211	
WA WA Substance Users Association	08 9227 7866	

Copies of the education kit can be obtained by contacting:

Sports Medicine Australia02 6251 6944 Sport Education.....02 6214 1550

Australian Sports Trainers Association03 9727 1048 Australian Society of Sports Administrators ..03 9593 2811

National and State Sporting Organisations.

Please refer to the relevant organisation for your sport. See the Australian Sports Directory: <http://www.ausport.gov.au>

Australian Institute for Primary Care, Mr Russell Renhard
Level 5 Health Sciences Building 2, La Trobe University, Bundoora, Victoria, 3083
Telephone: (03) 9479 3700 Email: aipc@latrobe.edu.au

The Australian Institute for Primary Care manages and delivers innovative health promotion projects, consultancy, training and facilitation services for organisations and people working in socially sensitive and difficult human service areas.

Other resources which form part of the educational kit are:

- *Blood Rules, OK.* a 25-minute video produced by the ABC. The video is designed to show to groups of sports participants.
- *Blood Rules, OK. Protect yourself in sport and play.... be Blood Aware!* Poster for display in club rooms.
- *Blood Rules, OK. Protect yourself in sport and play.... be Blood Aware!* Pamphlet for distribution to individuals which contains key messages from the video and this booklet and *Where to go for Further Information.*

