NEBRASKA SCHOOL ACTIVITIES ASSOCIATION
REVIEW OF BLOOD-BORNE PATHOGEN PROCEDURES

I. Host schools are expected to designate a trained individual to properly handle situations involving blood and other body fluids which contaminate any part of the facilities being used. The facilities may include: wrestling mats, gym floor, pool area, locker room area, and any other areas being used by participants or spectators.

II. Host schools are expected to have available the necessary disposable supplies for cleaning the facilities without delay. These supplies should include: disinfectant, protective gloves, and containers labeled for hazardous waste disposal.

III. Participating schools are expected to have a trained individual to handle the cleaning of blood and other body fluids from their own athletes, and to use universal precautions when doing so.

IV. Officials shall not be involved in cleaning blood from the facilities or athletes. Officials should not handle blood and other body fluids, except in cases where emergency first-aid is needed and the official is the most qualified person to provide that first-aid, ie. EMT’s, athletic trainers, physicians, etc.

**NOTE:** These procedures should be followed during all regular season contests and during post-season tournaments.
NEBRASKA SCHOOL ACTIVITIES ASSOCIATION
REVIEW OF RESPONSIBILITIES FOR DEALING WITH BLOOD, AND OTHER BODY FLUIDS

I. SCHOOLS’ RESPONSIBILITIES
A. OSHA regulations require each school to have an exposure control plan which includes the following:
   1. Training of school employees reasonably expected to have exposure to blood, and other body fluids in properly handling blood and other body fluids, and,
   2. Protection of school employees designated as having occupational exposure by providing personal protective equipment and Hepatitis B vaccinations.

B. Nebraska School Activities Association requests that each school do the following:
   1. Have the necessary supplies available to properly handle situations where blood and other body fluids may be present,
   2. Have trained personnel available to properly handle situations where blood and other body fluids are present.

II. SPORT OFFICIALS’ RESPONSIBILITIES
A. Determine if an athlete must leave the contest due to:
   1. Bleeding, an open wound, or an excessive amount of blood on the uniform.

B. Determine when, and if, an athlete may return to participation after leaving due to bleeding or blood on the uniform.
   1. In the event of bleeding or an open wound, the athlete may return when:
      a. The bleeding is controlled,
      b. The blood is cleaned from the athlete,
      c. The wound is properly covered.
   2. In the event of blood on the uniform, the athlete may return when the portion of uniform saturated or soaked with blood has been changed.

III. LIMIT OF SPORT OFFICIALS’ RESPONSIBILITIES
A. Officials shall not handle blood and other body fluids, except in cases where emergency first-aid is needed and the official is the most qualified person to provide that first-aid, ie. EMT’s, athletic trainers, physicians, etc.

B. Officials may need a second uniform if theirs' becomes soaked or saturated with blood.

NOTE: For all athletic contests, the Nebraska School Activities Association expects the host school to accept the responsibility of properly cleaning any facilities contaminated with blood or other body fluids, and each athletic team to accept the responsibility of properly cleaning blood and other body fluids from their own athletes.
NATIONAL HIGH SCHOOL SPORTS BLOOD RULES

BASEBALL (Rule 3-1-6) A player or coach who is bleeding or who has an open wound shall be prohibited from participating further in the game until appropriate treatment has been administered. If medical care or treatment can be administered in a reasonable amount of time, the individual would not have to leave the game. The length of time that is considered reasonable is umpire judgment. The re-entry rule applies to starters. If there is any amount of blood on the uniform, it shall be changed before the individual participates again. (See Communicable Disease Procedure on page 74.)

BASKETBALL (Rule 3-3-7) A player who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the game until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to competition. Unless a time-out is requested by, and granted to, his/her team and the situation can be corrected by the end of the time-out.

FOOTBALL (Rule 3-5-10c) The official discovers a player who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the game until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to competition. Such player shall be considered an apparently injured player as in rule 3-5-10a.

   (Rule 3-5-10a) A time-out occurs when: an apparently injured player is discovered by the official while the ball is dead and the clock is stopped and for whom the ready-for-play signal is delayed, or for whom the clock is stopped. The player shall be replaced for at least one down, unless the halftime or an overtime intermission occurs. This time-out, if not charged, is an official’s time-out. (See Communicable Disease Procedure for Blood-Borne Infections in the NFHS rule book.)

SOCCER (Rule 3-3-2e, 1) An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the game until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to competition. That player shall leave the field, but may be replaced. (See Communicable Disease Procedure for Blood-Borne Infections in the NFHS rule book.)

SWIMMING (Rule 3-2-6) When it is detected that a competitor is bleeding, has an open wound, has any amount of blood on his/her suit, or has blood on his/her person, he/she shall be directed to leave the activity until the bleeding is stopped, the wound is covered, the suit and/or body is appropriately cleaned, and/or the suit is changed before returning to competition. When this occurs prior to the start of a relay race, the start shall be delayed while the competitor receives proper treatment or is replaced by another legal entry off the relay entry card. Once a relay race begins and blood is detected in the starting area or on a competitor who is not in the water (except for the fourth swimmer when in the water), the race shall be stopped. The area and competitor shall be properly treated and the race resumw after an appropriate recovery period. If the bleeding cannot be stopped, the wound is not properly covered or there is no legal substitute on the relay card, the relay team shall forfeit the race. (See Communicable Disease Procedure for Blood-Borne Infections in the NFHS rule book.)

TRACK AND FIELD & CROSS COUNTRY (Rule 4-4-3) A competitor who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person may complete the running event or field event trial. He/she shall be directed to leave the activity until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to competition. (See Appendix F, NFHS General Guidelines for Sport Hygiene, Skin Infections and Communicable diseases.)

WRESTLING (Rule 8-2-7) Any contestant who is bleeding will be charged with bleeding time. The number of time-outs for bleeding is left to the discretion of the referee. If bleeding is not controlled within a cumulative time of five (5) minutes, the match shall be terminated and the opponent shall be awarded the match by default. If bleeding occurs as a result of unsportsmanlike conduct, illegal holds/maneuvers or unnecessary roughness and the bleeding contestant uses 5 minutes of bleeding time, the injured wrestler will be the winner of the contest by default. Any cleanup necessary after bleeding has been curtailed is not counted against the maximum time limit of 5 minutes.

   (Rule 8-2-8) The match shall be stopped for any wrestler who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to be treated until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to competition. (See Communicable Disease Procedure for Blood-Borne Infections in the NFHS rule book.)
General Guidelines for Sports Hygiene, Skin Infections, and Communicable Diseases

Proper precautions are needed to minimize the potential risk of the spread of communicable disease and skin infections during athletic competition. These conditions include skin infections that occur due to skin contact with competitors and equipment. The transmission of infections such as Methicillin-Resistant Staphylococcus aureus (MRSA) and Herpes Gladiatorum, blood-borne pathogens such as HIV and Hepatitis B, and other infectious diseases such as Influenza can often be greatly reduced through proper hygiene. The NFHS SMAC has outlined and listed below some general guidelines for the prevention of the spread of these diseases.

Universal Hygiene Protocol for All Sports
- Shower immediately after every competition and practice.
- Wash all workout clothing after each practice.
- Wash personal gear (knee pads and braces) weekly.
- Do not share towels or personal hygiene products (razors) with others.
- Refrain from full body (chest, arms, abdomen) cosmetic shaving.

Infectious Skin Diseases
Strategies for reducing the potential exposure to these infectious agents include:
- Athletes must be told to notify a parent or guardian, athletic trainer and coach of any skin lesion prior to any competition or practice. An appropriate health-care professional should evaluate any skin lesion before returning to competition.
- If an outbreak occurs on a team, especially in a contact sport, all team members should be evaluated to help prevent the potential spread of the infection.
- Coaches, officials and appropriate health-care professionals must follow NFHS or state/local guidelines on "time until return to competition." Participation with a covered lesion may be considered if in accordance with NFHS, state or local guidelines and the lesion is no longer contagious.

Blood-Borne Infectious Diseases
Strategies for reducing the potential exposure to these agents include the following Universal Precautions such as:
- An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the activity (game or practice) until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to activity.
- Athletic trainers or other caregivers need to wear gloves and take other precautions to prevent blood or body fluid-splash from contaminating themselves or others.
- In the event of a blood or body fluid-splash, immediately wash contaminated skin or mucous membranes with soap and water.
- Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves when cleaning.
- Any blood exposure or bites to the skin that break the surface must be reported and immediately evaluated by an appropriate health-care professional.

Other Communicable Diseases
Means of reducing the potential exposure to these agents include:
- Appropriate vaccination of athletes, coaches, and staff as recommended by the Centers for Disease Control (CDC).
- During times of outbreaks, follow the guidelines set forth by the CDC as well as State and local Health Departments.

For more detailed information, refer to the "Infectious Disease and Blood-borne Pathogens" and "Skin Disorders" sections contained in the NFHS Sports Medicine Handbook.

Revised and Approved in 2010