



World ParaVolley (WPV) Protocol for Blood Control

This document details the protocol for blood control at all World ParaVolley events.

1. Purpose

To ensure the safety of all players and prevention of blood-borne disease transmission (e.g., HIV, hepatitis B/C) when bleeding or blood contamination occurs during a volleyball match or practice.

2. Immediate Response ('Blood Rule')

If a player is bleeding or has blood on their uniform or body:

- Stop play immediately. The referee should whistle to stop play as soon as blood is noticed on a player, the floor, or the equipment.
- Remove the player from the court. The player must leave the playing area immediately. The coach or medical staff attends to the player off the court.

3. Medical / First Aid Procedure

Step	Action	Notes
1. Wear gloves	The first responder (coach, trainer, or official) must put on disposable gloves before contact.	Done to prevent blood-borne disease transmission.
2. Control the bleeding	Apply direct pressure to the area with sterile gauze or a clean cloth. Maintain pressure until bleeding stops.	If bleeding continues, add more dressing – do not remove the first layer.
3. Clean the area	Once bleeding is controlled, gently clean the area around the wound with antiseptic or soap and water.	Do not use harsh chemicals directly in the wound.
4. Cover the wound	Use a sterile adhesive bandage or dressing. Secure it so it will not reopen during play.	Adhesive wraps or sport tape can reinforce wound coverage.



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Step	Action	Notes
5. Change or clean contaminated gear.	Any blood on uniforms, knee pads, or the floor or equipment must be removed before resuming play.	Use disinfectant or a solution of 1 part bleach to 10 parts water.
6. Dispose safely	Discard gloves, gauze, and wipes in a biohazard bag or sealed plastic bag.	Wash hands thoroughly afterwards.

4. Uniform and Equipment Cleaning

- a. All team uniforms soiled with blood must be either replaced or cleaned prior to the athlete resuming competition. Uniforms are to be cleaned until the stain is completely removed.
- b. If a small blood stain (< 5 cm²) can be completely wiped away or treated with disinfectant, the uniform may be used.
- c. If blood is soaked through or cannot be quickly removed, the uniform must be changed.
- d. The court surface must be cleaned with disinfectant or diluted bleach solution (1:10) before play resumes.
- e. Any shared equipment (e.g., balls) with visible blood must be disinfected or replaced before the equipment may be returned to use.

5. Substitution Procedure

Legal Substitution:

If possible, a legal substitution would be used. The bleeding player may return to the set once the bleeding has been stopped, and the wound has been cleaned and covered providing the return is legal.

Exceptional Substitution:

If a legal substitution is not possible then the referee would authorize an exceptional substitution. The injured player cannot return for the remainder of that set. The injured player may play in subsequent sets providing the bleeding has stopped and the wound has been cleaned and covered.

Recovery Time:

If a blood-injured player cannot be substituted legally or exceptionally, the player is given a three-minute recovery time to stop the bleeding and to cover the affected area. This may only occur once for the same player in the match. If the bleeding cannot be stopped, their team is declared incomplete.



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6. Return-to-Play Criteria

A player may re-enter the match only if all the following are true:

- a. Active bleeding has completely stopped.
- b. The wound is securely covered with a clean dressing that will not reopen.
- c. No blood is visible on the uniform, skin, or equipment.
- d. The player has been medically cleared (by coach, trainer, and authorized event official).

7. Emergency Escalation

Call for emergency care if:

- a. Bleeding is heavy or pulsatile or cannot be controlled after several minutes.
- b. The wound is deep, gaping, or near the eye, throat, or joints.
- c. The player shows signs of shock (pale, clammy, weak pulse, dizziness).
- d. The player feels faint or cannot continue safely.

8. Preventive Practices

- a. Encourage players to cover existing cuts or abrasions with bandages before play.
- b. Keep a blood control kit (gloves, gauze, disinfectant, bandages) at the scorer's table or player's bench.
- c. Ensure floor cleaning supplies and disinfectant are available courtside.
- d. Wash hands thoroughly after every intervention, even if gloves were used.

9. Summary (Quick Reference):

- a. Stop play and isolate the player.
- b. Put on gloves and control the bleeding.
- c. Clean and cover the wound.
- d. Change or clean bloody gear/uniform.
- e. Disinfect court/equipment.
- f. Replace player (if necessary).
- g. Return only when cleared and blood-free.