



EMMAUS HIGH SCHOOL DEPARTMENT OF ATHLETICS

EAST PENN SCHOOL DISTRICT/OAA SKIN INFECTION POLICY

*The East Penn School District/OAA Skin Infection Policy follows in accordance with the Skin Infection Guidelines provided by the **Pennsylvania Interscholastic Athletic Association (PIAA)** sports medicine handbook, the **National Federation of State High School Associations (NFHS)** sports medicine committee, and the **National Athletic Training Association (NATA)** position statement on Infectious Skin Disease.*

Skin infections in athletes are **EXTREMELY** common. Recognition of these diseases by certified athletic trainers who represent the first line of defense against the spread of these infections to other team members, is absolutely essential.

The nature of athletics lends to an environment that may increase the risk of skin infection. A student-athlete's **stressed immune system, close contact** with other individuals and surfaces and **trauma to the skin** resulting in small cuts, scrapes and abrasions all contribute to the student-athlete's increased risk.

The most common skin infections include **fungal infections, viral infections** (herpes, simplex and molluscum contagiosum) and **bacterial infections** (impetigo, folliculitis, furuncles, carbuncles and MRSA (methicillin-resistant *staphylococcus aureus*)).

POLICY GUIDELINES

Prevention:

1. Health care practitioners and athletes should follow good hand hygiene practices.
2. Athletes should shower after every completion and follow good overall hygiene practices.
3. Practice gear, undergarments, outerwear and uniforms must be laundered daily. Other equipment such as knee pads, head gear should be laundered/cleaned according to the manufacturer's recommendations.
3. Athletes must be discouraged from sharing towels, athletic gear, disposable razors, and hair clippers.
4. Athletes should promptly report all abrasions, cuts, and skin lesions to an athletic trainer for proper cleansing, treatment, and dressing.
5. Athletic Facilities should be cleaned and sanitized on a daily basis if practical.

Referral: any questionable skin lesion shall be referred for a physician’s evaluation and diagnosis.

Physician’s Diagnosis: should be based on history and characteristics of the appearance of lesion(s). The physician ***should obtain specimens for culture and antimicrobial susceptibility*** from questionable lesions.

Physician’s Treatment: should involve appropriate fungicide, anti-viral therapy or antibiotic therapy as determined by diagnosis. Culture/sensitivity of suspicious lesions will help dictate treatment.

Return to Competition: physician’s must ***complete the NFHS form in its entirety***, including

1. Number of lesions diagnosis
2. Medication(s) with date of first treatment
3. Date athlete may return to play

The following table should be utilized when determining the earliest date the athlete may return to competition. The table outlines the **MINIMUM** criteria for treating some of the most common infections, as set forth by the **N FHS/PIAA**.

MINIMUM Criteria for Return to Play

CONDITION	RETURN TO PLAY
<i>Bacterial Diseases (impetigo, boils)</i>	No moist lesions (lesion must be covered by a firm, adherent crust) No new lesions at least 48 hours Oral antibiotic for three days New lesions or draining after 72 hours, treat at MRSA
<i>MRSA</i>	Lesions need to be treated with oral antibiotic for a minimum of 10 days or until all are scabbed over
<i>Herpes Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum)</i>	No moist lesions (lesion must be covered by a firm, adherent crust) No new lesions at least 48 hours Free of systemic symptoms (fever, malaise, swollen lymph nodes, etc) Minimum of 120 hours (full 5 days) oral antiviral therapy or 14 day therapy if first infection.
<i>Tinea Lesions</i>	72 hours of oral or topical therapy for skin 14 days of oral or topical therapy for scalp
<i>Scabies, Head Lice</i>	24 hours of appropriate topical management
<i>Conjunctivitis (Pink Eye)</i>	24 hours of topical or oral therapy with no discharge

