Appendix D

Skin Infections

July 1981 • Revised June 2007

Data from the NCAA Injury Surveillance System (ISS) indicate that skin infections are associated with at least 10 percent of the time-loss injuries in wrestling. It is recommended that qualified personnel, including a knowledgeable, experienced physician, examine the skin of all wrestlers before any participation.

Male student-athletes shall wear shorts and female student-athletes shall wear shorts and a sports bra during examinations.

Open wounds and infectious skin conditions that cannot be adequately protected should be considered cause for medical disqualification from practice or competition. The term "adequately protected" means that the wound or skin condition has been deemed as non-infectious and adequately medicated as per treatment criteria listed under Guidelines for Disposition of Skin Infections and is able to be covered by a securely attached bandage made of nonpermeable material that will withstand the rigors of competition. (See WA-15.)

Medical Examinations

Medical examinations must be conducted by knowledgeable physicians and/or certified athletic trainers. The presence of an experienced dermatologist is recommended. The examination should be conducted in a systematic fashion so that more than one examiner can evaluate problem cases. Provisions should be made for appropriate lighting and the necessary facilities to confirm and diagnose skin infections.

Wrestlers who are undergoing treatment for a communicable skin disease at the time of the meet or tournament shall provide written documentation to that effect from a physician. This documentation should include the wrestler's diagnosis, culture results (if possible), date and time therapy began, and the exact names of medication for treatment. The status of these individuals should be decided before the screening of the entire group. The

decision made by a physician and/or certified athletic trainer "on site" shall be considered FINAL.

Guidelines for Disposition of Skin Infections

Unless a new diagnosis occurs at the time of the medical examination conducted at the meet or tournament, the student-athlete shall provide a letter from the team physician documenting clinical diagnosis, lab and/or culture results, if relevant, and an outline of treatment to date (i.e., duration, frequency, dosages of medication).

BACTERIAL INFECTIONS (Furuncles, Carbuncles, Folliculitis, Impetigo, Cellulitis or Erysipelas, Staphylococcal disease)

1. Wrestler must have been without any new skin lesion for 48 hours before the meet or tournament.
2. Wrestler must have completed 72 hours of antibiotic therapy and have no moist, exudative or draining lesions at meet or tournament time.
3. Gram stain of exudate from questionable lesions (if available).
4. Active bacterial infections shall not be covered to allow participation. See above criteria when making decisions for participation status.

Note: An antibiotic resistant form of Staphylococcus aureus known as Methicillin-resistant Staphylococcus aureus (MRSA) is moving from acute care settings out into the community. Outbreaks have been documented in wrestling, football and fencing.

HIDRADENITIS SUPPURATIVA

1. Wrestler will be disqualified if extensive or purulent draining lesions are present.
2. Extensive or purulent draining lesions shall not be covered to allow participation.

PEDICULOSIS

Wrestler must be treated with appropriate pediculicide and re-examined for completeness of response before wrestling.

SCABIES

Wrestler must have negative scabies prep at meet or tournament time.

HERPES SIMPLEX

Primary Infection

1. Wrestler must be free of systemic symptoms of viral infection (fever, malaise, etc.).
2. Wrestler must have developed no new blisters for 72 hours before the examination.
3. Wrestler must have no moist lesions; all lesions must be dried and surmounted by a FIRM ADHERENT CRUST.
4. Wrestler must have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the meet or tournament.
5. Active herpetic infections shall not be covered to allow participation. See above criteria when making decisions for participation status.

Recurrent infection

1. Blisters must be completely dry and covered by a FIRM ADHERENT CRUST at time of competition, or wrestler shall not participate.
2. Wrestler must have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the meet or tournament.
3. Active herpetic infections shall not be covered to allow participation. See above criteria when making decisions for participation status.

Questionable Cases

1. Tzanck prep and/or HSV antigen assay (if available).
2. Wrestler’s status deferred until Tzanck prep and/or HSV assay results complete.

Wrestlers with a history of recurrent herpes labialis or herpes gladiatorum should be considered for season-long prophylaxis with Zovirax (acyclovir) or Valtrex. This decision should be made after consultation with the wrestling team physician.

HERPES ZOSTER (chicken pox)

Skin lesions must be surmounted by a FIRM ADHERENT CRUST at meet or tournament time, and have no evidence of secondary bacterial infection.

MOLLUSCUM CONTAGIOSUM

1. Lesions must be curetted or removed before the meet or tournament.
2. Solitary or localized, clustered lesions can be covered with a gas-permeable membrane such as Op-Site or Bioclusive, followed by ProWrap and stretch tape.

VERRUCAE

1. Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away before the meet or tournament.
2. Wrestlers with multiple verrucae plana or verrucae vulgaris must have the lesions "adequately covered."

TINEA INFECTIONS (ringworm)

1. A minimum of 72 hours of topical therapy is required for skin lesions. The cidal topic antifungals terbinafine or naftifine (Lamisil or Naftin) are suggested for treatment.
2. A minimum of two weeks of systemic antifungal therapy is required for scalp lesions.
3. Wrestlers with extensive and active lesions will be disqualified. Activity of treated lesions can be judged either by use of KOH preparation or a review of therapeutic regimen. Wrestlers with solitary, or closely clustered, localized lesions will be disqualified if lesions are in a body location that cannot be "adequately covered." Covering routine should include selenium sulfide washing of lesion or ketoconazole shampoo (Nizoral), followed by application of naftifine gel or cream (Naftin) or terbinafine cream (Lamisil), then gas-permeable dressing such as Op-site or Bioclusive, followed by ProWrap and stretch tape. Dressing changes should be done after each match so that lesion can air dry.
4. The disposition of tinea cases will be decided on an individual basis as determined by the examining physician and/or certified athletic trainer.

Skin infections may transmitted by both direct (person to person) and indirect (person to inanimate surface to person) contact. Infection control measures, or measures that seek to prevent the spread of disease, should be utilized to reduce the risks of disease transmission. Efforts should be make to improve wrestler hygiene practices, to utilize recommended procedures for cleaning and disinfection of surfaces, and to handle blood and other bodily fluids appropriately. Suggested measures include: promotion of hand hygiene practices; educating athletes not to pick, squeeze, or scratch skin lesions; encouraging athletes to shower after activity; educating athletes not to share protective gear, towels, razors or water bottles; ensuring recommended procedures for cleaning and disinfection of wrestling mats, all athletic equipment, locker rooms, and whirlpool tubs are closely followed; and verifying clean up of blood and other potentially infectious materials is done, according to the Occupational Health and Safety Administration (OSHA) Blood-borne Pathogens Standard #29 CFR 1910.1030.