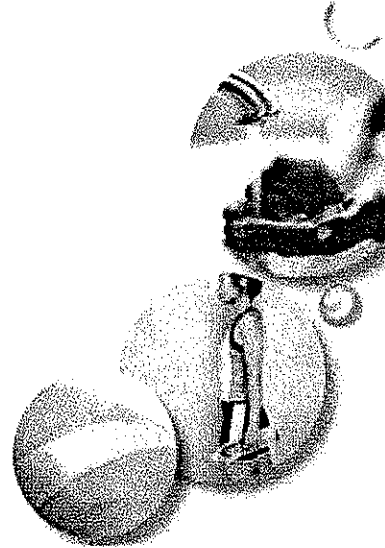




## DIAA Recommendations for Management of Rash Illnesses/Skin Lesions in Sports

1. Initial screening
2. Culture Collection /  
Treatment
3. Reporting
4. Exclusion and return
5. Rescreening process for  
culture-confirmed MRSA
6. Prevention strategies



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### 1. Initial Screening

- All athletes/sports team members that participate in close skin-to-skin contact, shall be assessed daily for the presence of rash illnesses and/or skin lesions. This can be conducted by the coach or other staff member. Any individual that exhibits a rash illness and/or skin lesion should be referred to the school nurse, wellness center nurse practitioner, team physician, athletic trainer, or primary care physician (hence called "qualified healthcare provider". (Note:



- Skin checks of these team members must be completed on a weekly basis by one of the qualified healthcare providers (see above). The form must be completed and given to the coach. The coach must present the form to the official prior to competition. It is strongly recommended that this be done within 12 hours of a competition (Friday for Saturday matches). Additional checks must be completed prior to a practice that follows out-of-state competition, to assure potential contamination does not spread in-state.
- If any athlete is found to have a skin lesion, treatment should be started immediately (see NFHS Sports Medicine Handbook for more information). School nurses and athletic trainers should refer the athlete to the team physician, Wellness Center nurse practitioner or personal physician. Nurse practitioners should begin medical intervention accordingly.
- ANY lesion suspected of being a MRSA infection shall be treated as a **potential MRSA** infection until proven otherwise. ALL draining wounds shall be treated as a **potential MRSA** infection until proven otherwise. ANY skin lesion that is not clearing within 48 hours shall be treated as a **potential MRSA** infection until proven otherwise. ANY skin lesion to an athlete, who has a teammate with potential MRSA, shall be treated as a **potential MRSA** infection until proven otherwise. ANY skin lesion to an athlete, whose team wrestled another team within the previous week having an athlete who tested positive for MRSA, shall be treated as a **potential MRSA** infection until proven otherwise.
- **Potential MRSA** infections shall be separated from all direct physical contact with other students, and referred to the school's qualified healthcare provider. The wound must remain covered and the dressing should be changed at least twice a day. The physician or nurse practitioner shall perform a culture and susceptibility test to determine what type of infection the athlete has and what medication will be most effective with the fewest side effects. The State laboratory or a personal laboratory maybe used. **UNTIL THE RESULTS OF THE CULTURE ARE OBTAINED, THE LESION SHALL BE TREATED AS IF IT WAS A MRSA INFECTION** with medical/drug intervention currently recommended by leading authorities in infectious disease and discussed later in this protocol. If the results are negative for MRSA, the medication



and medical intervention can be modified at that time.

- Schools are encouraged to have a qualified healthcare provider present at wrestling weigh-ins to assure all teams are adhering to this skin lesion management protocol. Any athlete with ANY skin lesion must present himself to the official during weigh-ins, (and each day thereafter if a tournament) for clearance prior to competition. Failure to comply will result in immediate disqualification and a one match suspension of the athlete. Second infraction will result in a two match suspension, etc.

## 2. Culture collection / Treatment

- **Collection of culture:**

- Utilize standard precautions for collecting and handling all specimens.
- Whenever possible, collect culture specimens prior to administration of antimicrobial agents.
- Deliver all specimens to the laboratory as soon as possible after collection. Specimens for bacterial culture should be transported at room temperature.
- Specimens should be contained in tightly sealed, leak proof containers and transported in sealable, leak proof plastic bags.
- Abscess – Tissue or aspirates are always superior to swab specimens. Remove surface exudates by wiping with sterile saline or 70% alcohol. Aspirate with needle and syringe. For superficial ulcers, cleanse surface with sterile saline and collect material from below the surface. Cleanse rubber stopper of transport device with alcohol; push needle through septum and inject all abscess material on top of agar. If a swab is used, pass the swab deep into the base of the lesion to firmly sample the fresh border. Specimens should be received at the laboratory as soon as possible.
- Superficial ulcers – Cleanse surface with sterile saline and collect material from below the surface. Cleanse



rubber stopper of transport device with alcohol; push needle through the septum and inject all abscess material on top of agar. If a swab must be used, pass the swab deep into the base of the lesion to firmly sample the fresh border. Specimens should be received at the laboratory as soon as possible.

- Other dermal lesion – Obtain either a small biopsy of skin or drainage from the infected site after debriding the surface and cleansing with sterile saline. Cleanse rubber stopper of transport device with alcohol; push needle through the septum and inject all abscess material on top of agar. If a swab must be used, pass the swab deep into the base of the lesion to firmly sample the fresh border. Specimens should be received at the laboratory as soon as possible.
- Further questions may be referred to the Division of Public Health Laboratory (Microbiology department): 302-223-1520.

- **Antimicrobial therapy:**

- MRSA bacteria are resistant to many types of antibiotics and it is important to make sure that a culture from the infected area is obtained.
- Laboratories can do sensitivity testing to find out which antibiotics will be effective in killing the bacteria. This will ensure that the correct antibiotic is given for the treatment of the infection.
- Trimethoprim/Sulfamethoxazole (TMP-SMX) is considered the drug of choice. Recommended dosage: 160mg/800mg twice daily x 10-14 days.
- For individuals with sulfa allergies, Doxycycline/minocycline 100mg twice daily x 10-14 days is an acceptable alternative.
- Rifampin is used as adjunctive therapy (with TMP-SMX or Doxycycline), but does have the potential for significant toxicity and drug interactions.



### 3. Reporting

- Besides weekly reports as noted above, the DIAA skin lesion form must be completed by a physician or Wellness Center nurse practitioner on any and all skin lesions requiring intervention. Potential MRSA infections shall be reported to the DIAA. Proven MRSA infections shall be reported to the DIAA, Department of Public Health, and opposing team's athletic director if interscholastic wrestling occurred within the previous 1 week period. Failure to report by the coach or athletic director, to the DIAA and opposing school, may result in disqualification in the state tournament. Failure to report to the Department of Public Health by the physician or nurse practitioner constitutes a practice violation.
- By communicable disease regulation, MRSA is reportable to DPH. Primary care physicians, Wellness Center providers and school nurses are all obligated to report under this regulation (888-295-5156).
- School nurses are responsible for conducting passive/active surveillance for the presence of any communicable disease and report unusual findings to DPH Epidemiology (888-295-5156). This includes suspected outbreaks among athletic teams, etc.

### 4. Exclusion and Return

- No athlete with a skin lesion, including a potential MRSA infection, may return to practice or competition until cleared by the school physician, their personal physician, or school's nurse practitioner. Clearance for participation must be documented on the DIAA Skin Lesion form. The DIAA Skin Lesion form must be completed by one of these three authorized providers, and handed into the coach and/or athletic trainer before activity is resumed. This includes, but is not limited to, practices/games/matches involving person-to-person contact and use of any shared athletic equipment (i.e., weight room equipment, wrestling mats, and protective gear).
- Any time two or more athletes from any one school are suspected of having a potential MRSA infection, competition



shall be postponed. Competitions maybe postponed with less than two infections if the DIAA Sports Medicine Committee, working in conjunction with the Delaware Division of Public Health, feel that competition would potentially result in an unsafe environment. Teams with multiple outbreaks may be required to have nose cultures to determine if there are any carriers. Carriers may be required to receive medical intervention in order to continue to participate.

- If MRSA is culture-confirmed, *at a minimum*, the athlete/sports team member should be excluded for 72 hours after antimicrobial therapy was begun. However, clinical assessment is paramount to determine if the participant's return is appropriate for his/her specific sport. As a general rule, participant's who have culture-confirmed MRSA should be excluded until their rash/skin lesion is fully dry and healed.
- If the healthcare practitioner chooses *not* to culture the rash and/or skin lesion because it is not a "potential MRSA lesion", the participant should not return until their rash/skin lesion is fully dry and healed.

## 5. Rescreening Process for Culture-confirmed MRSA

- Any participant with culture-confirmed MRSA shall be rescreened by the school nurse, ATC, and/or Wellness Center provider (if available) **prior to** returning to sporting activities. The Wellness Center nurse practitioner, school nurse, or athletic trainer must co-sign and date the DIAA skin lesion form indicating that such clearance has occurred.
- This screening shall occur whether or not the participant has received a note from his/her Primary Care Provider stating he/she may return.
- As a general rule, participant's who have culture-confirmed MRSA shall be excluded until their rash/skin lesion is fully dry and healed.



## 6. Prevention Strategies

### ● Personal Hygiene:

- Handwashing is the single most important behavior in preventing infectious disease. Encourage frequent hand washing with warm water/soap during the course of practices/games/matches.
- When hand-washing facilities are not readily available, provide alcohol-based sanitizers and encourage frequent use.
- Do not share personal care items (i.e., towels, soap, razors, and water bottles). This includes sideline towels and drinking reservoirs
- Encourage all participants to shower as soon as possible after direct contact sports using a clean, dry towel.
- Do not share any topical preparations (i.e., ointments, salves, antibiotic creams)
- Laundry: Wash towels, uniforms, etc. and any other soiled items using hot water, ordinary detergent, and dry on the hottest cycle after each use. Prewash or rinse any item that has been contaminated with body fluids. Laundry should be contained in an impervious container or sealed plastic bag for transport home.

### ● Environmental Sanitation:

- Establish and enforce routine cleaning schedules for all athletic areas or equipment (i.e., shared protective gear, weight rooms, locker rooms, wrestling mats, etc.)
- Locker rooms and weight rooms should be cleansed at least once weekly using a commercial phenol-containing disinfectant, or a fresh mixture of 1:100 bleach solution (1 tablespoon bleach in one quart of water).
- If a single case of MRSA is diagnosed, cleaning should be increased to at least twice weekly.
- Shared athletic equipment (i.e., wrestling mats, protective gear, etc.) should be cleansed after each use using a commercial phenol-containing disinfectant, or a fresh mixture of 1:100 bleach solution (1 tablespoon bleach in one quart of water).