

# What Should A Wrestling Coach Do About Infections?

The sport of wrestling is faced with an immense and serious problem that literally threatens the very survival of the sport we teach, promote and love. That problem is infection. Infection is not the only serious issue we face, but unlike the others it is one that will result in outside regulation, legal sanctions and perhaps even outright banning of the sport unless the coaching fraternity takes specific steps to deal with it effectively. The public has been sensitized to the serious infectious diseases of the late 20<sup>th</sup> century, HIV and AIDS, Herpes, “Flesh-eating bacteria”, and hepatitis to name just a few. All of these have the common thread that they are spread by close contact between healthy and infected human tissue or blood, and the contact that occurs in wrestling is just about the closest that occurs in any sport. One case of HIV traced definitively to wrestling, a cluster of cases of severe bacterial infection proved to have been spread on the mat, or a widespread community outbreak of Herpes simplex infection traced to a wrestling tournament may be all that is necessary to eliminate the sport from our schools and eventually from our society. If our sport is to survive this problem, each coach must take personal responsibility for controlling infection where it starts with each individual wrestler and each wrestling team.

There are several steps that coaches must take to combat infection and its spread

1. **Learn all you can about infection as it relates to wrestling.** Attend meetings and clinics that discuss it. Talk with your team physician or family doctor about it. Inquire at your county health department for information about how infection spreads and how it can be controlled.
2. **Require excellent personal hygiene of your wrestlers.** This includes requiring thorough showering with antibacterial soap immediately before and after every practice, daily laundering of practice gear and uniforms, prohibition of sharing of personal clothing and equipment, and encouraging wrestlers to report illness or skin lesions promptly.
3. **Require high standards of cleanliness in practice and competitors areas.** This includes keeping mats in good repair, cleaning mats with appropriate germicide before and after practice or competition, and proper handling of blood and body fluid soiling when it occurs.
4. **Recognize that infection can occur in your wrestlers despite your best efforts.** Detection requires daily inspection of the skin surface of each wrestler for sores and infections. Wrestlers should be encouraged to report signs of infection (skin or systemic) in themselves or teammates, and such reports, must be taken seriously.
5. **Deal appropriately with infection when it occurs.** Infected wrestlers must not practice or compete. They should consult a physician to determine diagnosis and have treatment started as quickly as possible. They should not return to practice or competition until cleared to do so by knowledgeable medical authorities. Be sure to obtain written confirmation of clearance from medical authority, including diagnosis, exact treatment administered, dates of treatment, and medical authority’s signature. Carry written clearances to away matches and tournaments.
6. **Encourage and support steps taken to minimize spread of infection.** Insist that referees at tournaments and dual matches inspect wrestlers for skin infections and enforce rules requiring disqualification of infected persons. Encourage tournament managers to try to have a physician in attendance at weigh-in to evaluate suspicious skin lesions for contagiousness. Interpret the rules regarding infection control to wrestlers, parents and other concerned people, stressing their importance to both public health and the continuation of the sport of wrestling. Avoid the temptation to belittle responsible officials’ efforts to control infection. Rather, support their actions in dealing with what is often a very difficult and emotion-laden situation.
7. **Encourage and support your fellow coaches in their efforts to control infection.** Understand that coaches should be applauded rather than criticized for reporting infection. If a potential infection on your team is pointed out to you by another coach, be appreciative and grateful, rather than angry and/or vindictive. Discuss infection control with other coaches and experts at meetings and clinics, and share tips and procedures that can help to control contagion.

If, for the sake of this sport, we can all work together, putting individual or even team considerations aside at least on this one issue, infection can be controlled, and need not be a feared complication for those who compete in the great sport of wrestling.

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National Federation of State High School Associations  
Sports Medicine Advisory Committee

PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: \_\_\_\_\_

Date of Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis \_\_\_\_\_

Mark Location AND Number of Lesion(s)

Location AND Number of Lesion(s) \_\_\_\_\_

Medication(s) used to treat lesion(s): \_\_\_\_\_

Date Treatment Started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Form Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

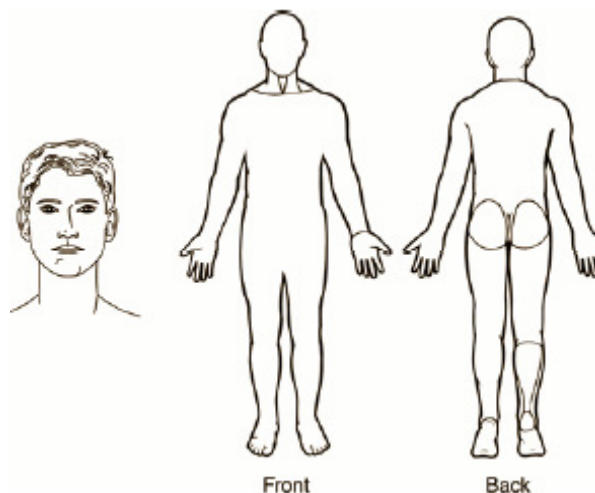
Earliest Date may return to participation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider Signature \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Physician Name (Printed or Typed) \_\_\_\_\_

(M.D. or D.O.)

Office Address \_\_\_\_\_



**Note to Providers:** Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rules 4-2-3, 4-2-4 and 4-2-5 which states:

*"ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated on-site meet physician is present and is able to examine the wrestler immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."*

*"ART. 4 . . . If a designated on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician's release form for a wrestler to participate with a particular skin condition."*

*"ART. 5 . . . A contestant may have documentation from a physician only indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation."*

Once a lesion is not considered contagious, it may be covered to allow participation.

Below are some treatment guidelines that suggest **MINIMUM TREATMENT** before return to wrestling:

**Bacterial Diseases (impetigo, boils):** To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, CA-MRSA (Community Associated Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

**Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum):** To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours or full five days of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

**Tinea Lesions (ringworm scalp, skin):** Oral or topical treatment for 72 hours on skin and 14 days on scalp.

**Scabies, Head Lice:** 24 hours after appropriate topical management.

**Conjunctivitis (Pink Eye):** 24 hours of topical or oral medication and no discharge.

**Molluscum Contagiosum:** 24 hours after curettage.

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