

PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____

Date of Exam: ___ / ___ / ___

Mark Location AND Number of Lesion(s)

Diagnosis _____

Location AND Number of Lesion(s) _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ___ / ___ / ___

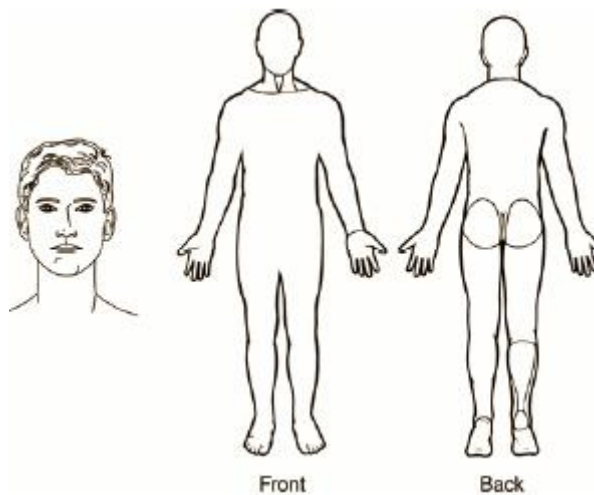
Form Expiration Date: ___ / ___ / ___ (Maximum 14 Days)

Earliest Date may return to participation: ___ / ___ / ___

Physician Signature _____ Office Phone #: _____

Physician Name (Printed or Typed) _____

Office Address _____



Note to Physicians: 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 either immediately prior to or 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 or not 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 five full 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.

GEORGIA HIGH SCHOOL ASSOCIATION

Physician Release for Wrestler to Participate with Skin Lesion(s)

The National Federation of State High School State Associations (NFHS) has developed a release form "Physical Release For Wrestler To Participate With Skin Lesion". This form may be found in your GHSA Forms Notebook. The NFHS conducted a survey among specialty, academic, public health, and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allows anyone to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

The NFHS and the GHSA do not presume to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The NFHS / GHSA do feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The NFHS / GHSA also feel that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers, and physicians that led to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING NFHS/GHSA FORM:

1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long-term consequences and are not life threatening, some do have morbidity associated with them and student athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among physicians who are signing "return to competition forms." Consistent use of these guidelines should protect wrestlers from catching a skin disease from participation and should protect them from inequalities as to who can or cannot participate.
4. Provide a basis to support physician decisions on when a wrestler can or cannot participate. This should help the physician who may face pressure from many fronts to return a youngster to competition.

SPECIAL NOTES

1. The applicable NFHS wrestling rules are included so physicians will understand that covering a contagious lesion is not an acceptable option. Covering a non-contagious lesion after adequate therapy is acceptable.
2. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation should help minimize family expense. The form **must be signed** within three (3) days (72 hours) of participation/competition.
3. The body gram clearly should identify the lesion/affected area in question. This should result in less confusion or conflict. Also including the number of lesions protects against spread after physician visit
4. If a lesion is questioned, the referee's role appropriately would be to see that the coach is required to provide a fully completed medical release form allowing the wrestler to compete.
5. Minimum NFHS/GHSA guidelines are included in this packet.

SUGGESTED GUIDELINES FOR SKIN INFECTION(S) / SKIN LESION(S)

PREVENTION

1. Page 93 of the GHSA Constitution and By-Laws, item L in “General Information – wrestling” recommendations for care of the wrestling mats.
2. Because some viruses can be transmitted through saliva, it is recommended that water bottles not be shared. (*Georgia Division of Public Health*)
3. The following “NFHS Points of Emphasis” are re-printed to assist in the prevention of skin infections/lesions:

Hygiene – Wrestler, Clothing and Mats: A major concern in wrestling is the transmission of communicable skin conditions. Many rule changes have been implemented in an effort to reduce the spread of these conditions. However, writing rules will not control or reduce the spread of communicable skin conditions. It will take every coach addressing the issue of prevention, every day. Coaches must make it unacceptable for wrestlers to share common towels, to leave school without showering after practice or competition, to wear their practice clothes home, to enter the practice room without wearing clean workout clothes and for mats not to be cleaned with a disinfectant cleaner at least once a day, etc.. Daily attention and inspections will go a long way towards reduction and control of skin disorders.

The following guidelines provide practical suggestions that will help reduce the incidence of communicable skin conditions among wrestlers.

1. Coaches must visit with wrestlers and their parents about how to recognize and prevent the most common communicable skin condition.
2. Clean wrestling mats at least once a day with a disinfectant cleaner*; preferably within one hour of practice or competition. Allow mats to air-dry before using. There is great benefit from cleaning mats before and after practice. *(Disinfectant cleaners used should state they are effective against viruses, fungi, and bacteria.
3. Do not allow any wrestler into the practice room without clean practice gear.
4. Launder all towels, practice gear, and uniforms after each use. Use detergent either containing bleach or dry all articles in a dryer at the high heat setting.
5. Wrestlers should not put dirty practice clothes in the same gym bag in which they carry clean practice clothes to school. This may contaminate the bag and, therefore, the clean clothes.
6. Headgear, shoes, and neoprene sleeves and supports should be wiped with a disinfectant cleaner after every use and allowed to air dry.
7. Do not allow wrestlers to share any item of practice gear or use common towels.
8. Require each wrestler to shower after each practice and contest, scrubbing vigorously with an antibacterial or deodorant soap. Consider providing liquid soap. If this is not possible, do not allow wrestlers to share bars of soap.
9. Wrestlers should keep their finger nails trimmed short to avoid scratching themselves or others, as any opening in the skin increases the risk of infection.
10. Wash wall mats with a disinfectant cleaner on a regular basis (1-2 times weekly)
11. Wipe weight benches with a disinfectant cleaner after each use and/or before the next day's use.
12. Open the doors to the wrestling room each night and use fans to lower the heat and humidity. Proper ventilation is very important to destroy disease-causing organisms, especially those causing fungal conditions such as ringworm.
13. Wrestlers, especially those who have experienced communicable skin conditions in the past, should boost their natural immunity to all diseases by eating healthy foods and getting adequate rest. They may also wish to take a one-a-day multivitamin.
14. Refrain from (full body) cosmetic shaving.

Communicable Disease and Skin Infection Procedures (revised 10/12)

GEORGIA HIGH SCHOOL ASSOCIATION

The following “NFHS Points of Emphasis” are re-printed to assist coaches in this important issue:

The risk for blood-borne infectious disease, such as HIV and Hepatitis B, remains low in sports and to date has not been reported. However, proper precautions are needed to minimize the potential risk of spreading these diseases. In addition to these diseases that can spread through transmission of bodily fluids only, skin infections that occur due to skin contact with competitors and equipment deserve close oversight, especially considering the emergence of the potentially more serious infection with Methicillin-Resistant Staphylococcus aureus (MRSA). (See position statement on the NFHS Website and in the third edition of the NFHS Sports Medicine Handbook.)

Universal Hygiene Protocol for All Sports

- Shower immediately after all competition and practice
- Wash all workout clothing after practice
- Wash personal gear, such as knee pads, periodically
- Don't share towels or personal hygiene products with others
- Refrain from (full body) cosmetic shaving

Infectious Skin Disease

Means of reducing the potential exposure to these agents include:

- Notify guardian, athletic trainer and coach of any lesion before competition or practice. Athlete must have a health-care provider evaluate lesion before returning to competition.
- If an outbreak occurs on a team, especially in a contact sport, consider evaluating other team members for potential spread of the infectious agent.
- Follow NFHS or state/local guidelines on “time until return to competition.” Allowance of participation with a covered lesion can occur if in accordance with NFHS, state or local guidelines and is no longer considered contagious.

Blood-borne Infectious Disease

Means of reducing the potential exposure to these agents include:

- An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the activity until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and and/or the uniform is changed before returning to competition.
- Certified athletic trainers or caregivers need to wear gloves and take other precautions to prevent blood-splash from contaminating themselves or others.
- Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves with cleaning.
- Any blood exposure or bites to the skin that break the surface must be reported and evaluated by a medical provider immediately.

For more detailed information, refer to the “Infectious Disease and Blood-borne Pathogens” and “Skin Disorders” sections contained in the NFHS Sports Medicine Handbook.