

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 20th 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.

Warren B. Howe, MD
4222 Northridge Way
Bellingham, WA 98226
360.650.3400 Office
360.650.1049 Home
360.738.5395 Digital Pager

**Sports Medicine Advisory Committee
NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS**

**PHYSICIAN RELEASE FOR WRESTLER TO
PARTICIPATE WITH SKIN LESION**

Name: _____ Date of Exam: ___/___/___

Diagnosis _____

Mark Location of Lesion(s)

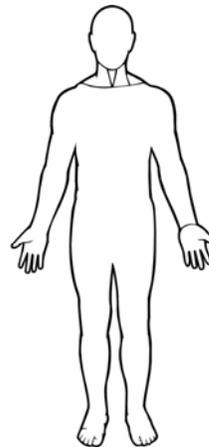
Location of Lesion(s) _____

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

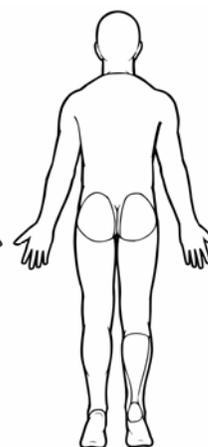
Date Treatment Started: ___ / ___ / ___

Form Expiration Date: ___ / ___ / ___

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



Front



Back

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 and 4-2-4 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 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 or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.”

“ART. 4 . . . If an 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.”

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

Bacterial diseases (impetigo, boils): Oral antibiotic for two days and no drainage, oozing, or moist lesions.

Herpetic lesions (Simplex fever blisters, Zoster, Gladiatorum): Minimum of 120 hours or a full five days of oral anti-viral treatment with no new lesions and all lesions scabbed over. Visible lesions may be present and participation may be approved so long as 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: 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: 24 hours after curettage.