

GEORGIA HIGH SCHOOL ASSOCIATION

PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____ School _____ Date of Exam: _____

Diagnosis _____

Mark Location of Lesion(s)

Location / Number of Lesion(s) _____

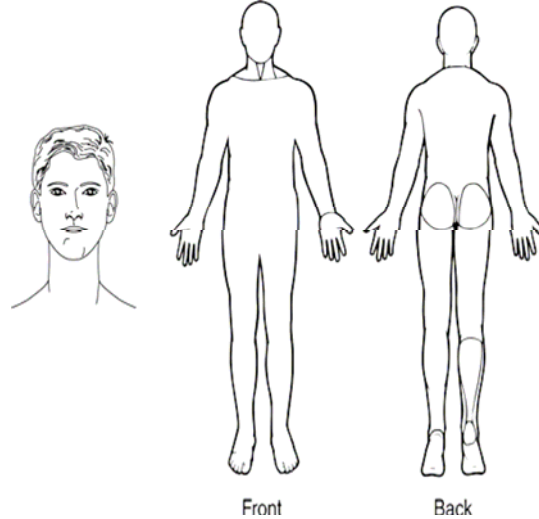
Cultured: yes _____ no _____

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

Date Treatment Started: ____ / ____ / ____

Form Expiration Date: ____ / ____ / ____
(Maximum 14 days)

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



Physician's 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 Rule 4-2-3, 4-2-4 4-2-5 and rules 9-6-4, 9-6-5 and 9-6-6.

“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, his 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 his opponent. **This document must be furnished at the weigh-in or prior to competition in 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 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 infections (impetigo, boils, MRSA):** Oral antibiotic for 3 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. If no oral treatment has been given, no visible lesions may be present.
- **Tinea lesions (ringworm scalp, skin):** Oral or topical treatment for 3 days 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.

REVISED 10/08

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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.

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

PREVENTION

1. Page 95 of the GHSA Constitution and By-Laws, item L in “General Information – wrestling” recommends 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.

GUIDELINES FOR REDUCTION OF THE SPREAD OF SKIN CONDITIONS

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The following “NFHS Points of Emphasis” are re-printed to assist coaches once a wrestler is infected:

These guidelines will help reduce the spread of communicable skin conditions.

1. Wrestlers with any signs of a communicable skin condition must be sent to a physician immediately and **MUST** be withheld from practice until a medical diagnosis and clearance is obtained.
2. Wrestlers with a suspect skin condition must have current written permission from a physician before returning to practice/competition and should have such clearance before being allowed to participate in any way. After receiving physician clearance, it is wise to cover the affected area(s) with an occlusive (water resistant) dressing, or a gauze pad with water resistant covering on at least one side until the lesion(s) is completely gone.
3. Wrestlers having lesions from a communicable skin condition on their face or neck should launder their pillowcase on a daily basis.
4. Wrestlers with any signs of a communicable skin condition should wash their hands frequently to avoid contaminating themselves or others.
5. Wrestlers with communicable skin conditions should be aware that contact they have with others during the school day, outside the wrestling room, may spread the condition to others.

BLOOD BORNE GUIDELINES – FROM NFHS

While risk of one athlete infecting another with HIV/AIDS during competition remains low, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform, it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth-guards, and other articles containing body fluids.
10. Any blood exposure or bites to the skin that break the surface must be reported and evaluated by a medical provider immediately.