



Guidelines for Skin Infections in Contact Sports

Skin infections can be transmitted by both direct contact (person-to-person) and indirect contact (contact with items in the environment). While most skin infections are transmitted through direct skin-to-skin contact, indirect contact via shared equipment, towels, or poor hygiene can also contribute to transmission. The risk of transmission is higher in sports involving substantial direct skin-to-skin contact, such as wrestling and football. Prevention and control measures should be used to reduce the risk of disease transmission among student athletes. Schools should promote proper hygiene and wound care practices, educate athletes and athletics staff, and ensure procedures for cleaning and disinfection of hard surfaces, along with following exclusion recommendations.

Skin conditions can include viral, bacterial, fungal or parasitic infections. While most skin infections are not required to be reported in New Jersey; schools, including athletic directors, must report outbreaks and suspected outbreaks of any illness to their [local health department](#).

All athletes should:

- Maintain good personal hygiene and shower immediately after every sporting event and practice, using liquid soap instead of a shared bar soap.
- Wash hands often with soap and water. Alcohol-based gel can be used if hands are not visibly soiled. Handwashing is especially crucial before and after sporting events or practices.
- Avoid sharing towels, personal hygiene products (soap, razors, clippers), athletic gear, or water bottles with others.
- Wash workout clothing after each practice, using hot water and a high heat setting for drying.
- Wash towels after each use, using hot water with detergent (and bleach if possible), and dry on high heat setting.
- Clean and/or wash all personal gear (knee pads, head gear, braces, etc.) and gym bags at least weekly.
- Refrain from full body and/or cosmetic shaving of head, chest, arms, legs, abdomen, and groin to avoid breaks or cuts in the skin.
- Regularly check the skin and promptly report any lesions or sores to parents, the school nurse, coach, or athletic director.
- Avoid touching, picking or squeezing skin sores.
- Cover new, uninfected wounds, such as abrasions or lacerations with a semi-occlusive (air can penetrate in and out) or occlusive (air or fluids cannot penetrate in or out) dressing until healing is complete.
- Refrain from using whirlpools and common tubs if open wounds, scrapes, or scratches are present.
- Cover coughs and sneezes in the bend of the elbow instead of the hand.
- Stay home from school and athletic participation for any new cough, diarrhea, vomiting, or fever.



Athletic programs should:

- Promote good hand hygiene among athletes, coaches and officials, ensuring that supplies are readily available.
- Educate athletes and parents on prevention strategies (e.g., personal hygiene, laundering, cleaning gear, reporting skin infections).
- Develop and implement cleaning and disinfection protocols for all shared equipment (e.g., mats, weightroom equipment, benches).
- Be able to identify signs and symptoms of common skin infections in athletes.
- Refer suspected cases of skin infections to a healthcare provider (HCP) for evaluation before participating in contact sports.
- Enforce the New Jersey Department of Health (NJDOH) exclusion recommendations for diagnosed skin infections and other infectious conditions.
- Ensure students, coaching staff and medical staff are current on all required vaccinations to help reduce transmission of other infectious diseases.

Cleaning and Disinfection

Athletic programs should review cleaning procedures and schedules with the janitorial/environmental services staff, focusing on high- touch areas and surfaces that come into direct contact with people's bare skin. Best practices include:

- Cleaning with detergent-based cleaners or Environmental Protection Agency (EPA)-registered detergents/disinfectants that will remove Methicillin-resistant Staphylococcus aureus (MRSA) from surfaces (see the [list of EPA-registered products effective against MRSA](#), List H).
- Using all products according to manufacturer recommendations for amount, contact time, and dilution to make sure they are used safely and correctly.
- Cleaning and disinfecting locker rooms and shower areas daily.
- Cleaning shared equipment after each use and allow to dry prior to reuse.
- Following the equipment manufacturers' instructions for cleaning gear such as helmets, to avoid any damage from cleaners.
- Clean and disinfect mats and other high use equipment after every practice and several times a day throughout a tournament.
- Repairing or discarding equipment with damaged surfaces that cannot be adequately cleaned (e.g., exposed foam).



Outbreaks

- Outbreaks (any unusual increase in cases) and suspected outbreaks must be reported immediately to the [local health department](#) (LHD).
- A [line list](#) of individuals with skin conditions should be updated daily or as directed by the LHD for the duration of the outbreak.
- Athletic programs should implement and re-evaluate control measures recommended by the LHD.
- Environmental cleaning and disinfection procedures should be reviewed, monitored, and increased in frequency, paying special attention to high-touch areas (e.g., mats, locker rooms, benches).
- All members of the athletic team should be screened by appropriate program staff to identify additional cases.
- Symptomatic athletes should be excluded from participation and referred to a healthcare provider (HCP) who should be informed of the outbreak.

General Exclusion

If sport-specific guidelines do not exist, in general, athletes with open wounds and infectious skin conditions should be excluded if wounds cannot be properly covered during participation. Even if covering is feasible, any athlete with a concerning lesion, sore, or rash should be excluded from participation until evaluated by a HCP.

The term “properly covered” means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the activity. If wounds can be properly covered, athletes should be educated on performing hand hygiene before and after changing bandages and disposing of used bandages in the trash.

A HCP might exclude an athlete if the activity poses a risk to the health of the athlete (such as injury to the infected area), even though the infection can be properly covered.

Athletes with active infections or open wounds should not use whirlpools, therapy pools, and other water facilities like swimming pools until infections and wounds are healed.



References

1. New Jersey State Interscholastic Athletic Association <https://www.njsiaa.org/> ; [Wrestling Skin Lesion Form](#)
2. National Federation For High School Sports; [General Guidelines for Sports Hygiene, Skin Infections and Communicable Diseases](#) ; [Sports-Related Skin Infections Position Statement and Guidelines](#)
3. NJDOH Communicable Disease Service <https://www.nj.gov/health/cd/>; [Strategies for the Prevention of MRSA in Schools: Policy, Infection Prevention, & Education Recommendations](#); [School Health](#) – Line list template, General Guidelines For The Control Of Outbreaks In School And Child Care Settings, School Exclusion List
4. Centers for Disease, Control and Prevention <https://www.cdc.gov/>; [MRSA For Coaches and Athletic Directors](#); [Athletic Facilities](#)

The following chart displays some minimum treatment guidelines before return to wrestling. Consideration may be given to a particular sport regarding risk of transmission, but these guidelines should be adhered to in sports where skin-to-skin contact is frequent and unavoidable.

All athletes with suspected skin infections must be immediately excluded from participating in sporting events or practice and referred to a HCP for evaluation.

Skin Condition	Symptoms	Return to Participation	Guidelines for Exposed Athletes
Herpes Gladiatorum (“Mat Herpes”)	<u>First Episode:</u> Before blisters appear, a sore throat, swollen lymph nodes, fever, or tingling on the skin may be present. Blisters usually appear in clusters on the face, arms, legs, or trunk, and may burn or be painful or itchy. Athletes should seek medical attention immediately for blisters in or around the eyes. <u>Recurrent Episodes:</u> Signs and symptoms are similar to first episode, but usually milder. Blisters involve a smaller area of skin and do not last as long.	<u>First Episode:</u> - Athletes should be treated and excluded from practice/competition for a minimum of 10 days; 14 days if fever and swollen lymph nodes are present. <u>Recurrent Episodes:</u> - Athletes should be treated and excluded for a minimum of 120 hours or 5 full days. <u>Regardless of treatment</u>, the infected athlete may not return until: - All lesions are well-healed with well-adhered scabs without drainage or weeping fluids AND - There has been no new vesicle formation in the preceding 72 hours, AND - There are no swollen lymph nodes near the affected area. Prophylactic oral antivirals for the remainder of the season should be considered for primary and secondary infections. Active lesions cannot be covered to allow participation.	Athletes with direct skin to skin contact of the infected individual during the three days prior to the eruptions must be excluded from any contact activity for eight days and be examined daily by a knowledgeable coach/trainer or appropriate health-care professional for suspicious skin lesions. All team members should be carefully screened daily for similar infections. Other teams may need to be notified if members had skin-to-skin contact with a confirmed case of herpes gladiatorum.

Skin Condition	Symptoms	Return to Participation	Guidelines for Exposed Athletes
Bacterial Infections, e.g., Staphylococcal, MRSA (methicillin resistant Staphylococcus aureus) Streptococcal, Impetigo, and Folliculitis	Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be red, swollen, painful, warm to the touch, full of pus or other drainage (abscess). Fever may be present. While these infections may be secondary to a variety of bacteria, methicillin-resistant Staphylococcus aureus (MRSA) infections are of greatest concern.	To be considered “non-contagious”, all lesions must be scabbed over with no oozing or discharge. Oral antibiotics for 72 hours are considered a minimum treatment to achieve that status. Return may be considered: • After 72 hours of treatment AND • There have been no new lesions in the preceding 48 hours AND • All lesions are well-healed with well-adhered scabs without drainage or weeping fluids. At this time the involved site may be covered with a bio-occlusive dressing until complete resolution. If new lesions continue to develop or drain after 72 hours, MRSA should be considered. Lesions due to active bacterial infections cannot be covered to allow participation.	During the time when a student has been identified with any of these infections, increased screening should occur. All team members should be carefully screened daily for similar infections.
Tinea Infections, (Ringworm of the scalp, body and groin)	<u>Body:</u> red, circular patches with raised edges and central clearing. <u>Scalp:</u> redness or patchy areas of dandruff-like scaling with or without hair loss.	<u>Body:</u> • Athlete should be treated with topical antifungals for a minimum of 72 hours prior to participation. • Once lesion is no longer considered contagious, it may be covered with a bio-occlusive dressing. <u>Scalp:</u> • With scalp involvement, the infection is more difficult to treat and requires 14 days of treatment. • Shedding of fungal spores can persist well beyond two weeks, therefore, washing the scalp before practice with ketoconazole 1% shampoo until lesions are gone will help to reduce transmission of spores.	All team members should be carefully screened daily for similar infections.

Skin Condition	Symptoms	Return to Participation	Guidelines for Exposed Athletes
		Groin: Treatment with a topical antifungal until resolution is usually adequate. As lesion is covered by the uniform no exclusion from participation is indicated. Athletes with persistent lesions should be referred to their HCP as they may require oral anti-fungal medications.	
Molluscum Contagiosum	Small perfectly round, waxy lesions generally appearing on the body and shoulders.	Participation can occur immediately after treatment, provided sites are covered with a bio-occlusive dressing.	All team members should be carefully screened daily for similar infections.
Herpes Simplex HSV-1 (cold sore, fever blister), Varicella/Zoster (shingles)	Fever blisters (cold sores) are HSV1 infections around the mouth and lips. Contact with fluid from a shingles lesion can cause varicella (chickenpox) in an individual who has never had chickenpox or the varicella vaccine.	Some cases of herpes are mild and may not need treatment. However, athletes should not practice, play, or compete until a medical provider determines that the lesions are no longer considered contagious. - Primary outbreaks of shingles and cold sores should be treated for 10-14 days. - Recurrent outbreaks require a minimum of 120 hours (5 full days) of treatment. Infectious lesions cannot be covered to allow participation.	All team members should be carefully screened daily for similar infections.