

# Skin Infections in Schools: Prevention and Control Recommendations

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# SKIN INFECTIONS

- The skin always has some amount of bacteria, fungus, and viruses living on it.
- Skin infections occur when there are **breaks in the skin** and the organisms have uncontrolled growth.

# Background

- “Staph” commonly found on the skin or in the nose of healthy people.
- Approx. 25% to 30% of the population are colonized w/staph bacteria (carry w/o becoming ill).
- Over the years staph bacteria has become resistant to various antibiotics – (MRSA) – 1% of population colonized

# Problem Skin Lesions

- Always worry about lesions that have an irregular border.
- Worry about raised skin lesions.
- Worry about “wet’ or “moist” lesions.

# Transmission - Risk Factors

- Direct skin-to-skin contact w/colonized or infected person (non-intact skins entry point)
- Sharing contaminated personal items (i.e. towels, razors, soap, clothing)
- Poor personal hygiene
- Direct contact with contaminated surfaces
- Crowded settings

## Of skin disorders surveyed, which are most commonly transmitted through high school wrestlers

- 30% of all H.S. Wrestlers skin infection (3% aware)
- 1 in 4 will have flu-like S&S prior to outbreak
- Ringworm 83.8 %
- Impetigo 6.8
- Dermatitis 3.4
- Skin infection 3.4
- Herpes zoster 1.7
- National Athletic Trainers' Association

# Skin Infections - Highlights

- Bacteria (can be cured)
  - Staph including MRSA & Impetigo
- Fungal (can be cured)
  - Ringworm
- Viral (can't be cured but can be treated)
  - Herpes

# RINGWORM

- Highly contagious - Fungal Condition
- DQ: Active Lesion, Cannot cover adequately
- Return: Minimum 3 days topical therapy  
Minimum 2 weeks for scalp lesions





# Herpes Simplex

- Highly Contagious - Viral condition
- D.Q.: Moist active lesions present
- Return: No S&S for 3 days, Minimum medication for 5 days



# IMPETIGO

- Can develop on any exposed skin surface after skin-to-skin contact in sports.
- Topical medication may be used with the possible addition of oral antibiotics.
- Athlete may return to competition after five days of therapy if the lesions have become crusted.



# MRSA



# How is MRSA treated?

- By a healthcare provider who may:
  - Drain the infection and/or
  - Give the correct antibiotic and/or
  - Help reduce the amount of bacteria on the skin.



# General Treatment of Bacterial Infections with Antibiotics

- You need to take the right medicine. Antibiotics are not all the same.
- Even if you start to feel better, you need to take all of the pills, to help the infection go away. Taking a few pills will not kill all of the bacteria, and make the ones that remain stronger.

# Treatment with Antibiotics (cont.)

- Go back to the doctor if you are taking your antibiotics and are not getting better after two or three days of treatment. You may need a different kind of antibiotic.



# Strategies: Prevention & Recognition of MRSA

- Policy
- Infection Control
- Education/Increased Awareness



# POLICY

- The coach, school nurse or physician take an active role in evaluating students who complain of painful skin lesions.
- Develop an active surveillance for skin lesions for sports teams with direct contact to expedite referral for medical evaluation.
- When MRSA infection is suspected, athletes should immediately be referred to primary care provider for evaluation and treatment. Follow-up should include written verification of treatment plan.
- If MRSA is diagnosed, interview student/parents to investigate of other cases among teammates, etc.



# INFECTION CONTROL

- Any student with draining skin lesion or confirmed MRSA skin infection, the following infection control measures should include:

- ◆ Keep the wound covered.



- ◆ Practice Good Basic Hygiene.



- ◆ Prohibit students from sharing personal items.



- ◆ Laundering soiled clothing appropriately.

- ◆ Clean environmental surfaces



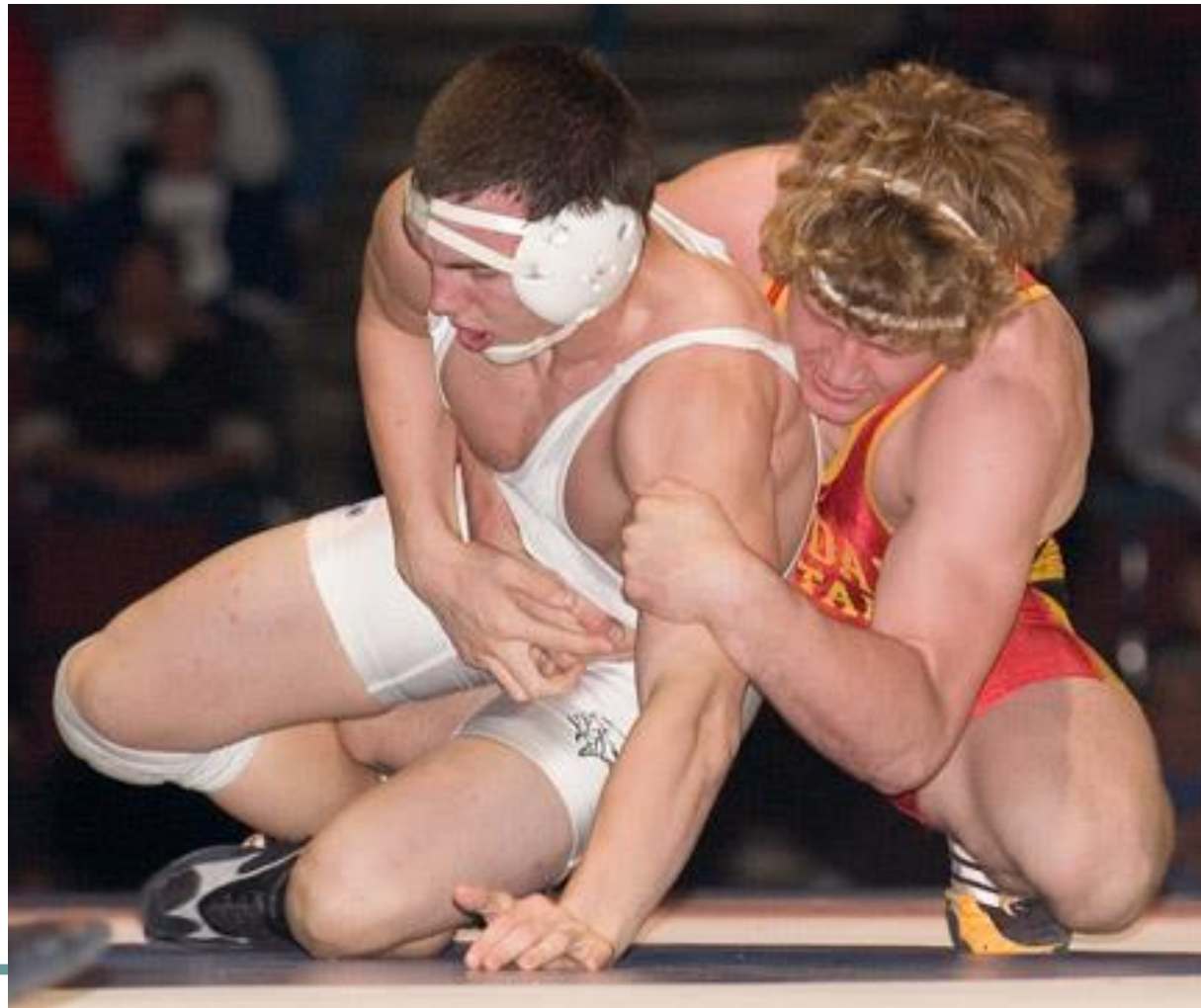
# EDUCATION/INCREASED AWARENESS

- Transmission of MRSA and soft tissue infections among students in competitive sports is a concern for ALL persons.
- Know the “RISK FACTORS”
  - ~ **Skin to Skin Contact**
  - ~ **Contact with teammates’ uncovered skin lesion**
  - ~ **Sharing personal items/equipment**
  - ~ **Inadequate hand washing/showering**
  - ~ **Poor personal hygiene / poor environmental cleaning.**

# FIRST AID

- Athletes should be prohibited from participating until wounds have healed – even if wounds are covered – if extensive skin-to-skin contact may occur (e.g., wrestlers).
- Athletes with potential skin infections should be referred to their medical provider. **Culturing wounds that appear to be infected should be encouraged.**

# Maximize Athletic Success! Minimize Risk of Infections!



# KEY POINTS

- Athletes should be regularly encouraged to follow good hygiene practices, including frequent hand washing, **showering immediately following each practice or competition**, and **NOT** share “drinking” water bottles.
- Do **NOT** touch other people’s skin infections. Any draining wound should be considered a potential skin infection.

# KEY POINTS

- Do NOT share personal hygiene items (e.g., bar soap, razors, nail clippers, deodorants, and salves).
- Promptly report abrasions, lacerations, or skin infections to a coach/team trainer, or school nurse.
- Cosmetic shaving should be discouraged.

# KEY POINTS

- Visual aids (e.g., posters) should be present and located strategically to remind athletes, staff, and parents regarding proper behaviors.
- Messages should be repeated regularly and following any observed violation. Rewards for compliance (as well as potential penalties for non-compliance) may help reinforce behaviors.