**MRSA Prevention**

**Skin Precautions**

**(Information for Students and Parents)**

* Prior to the start of the regular season, all students must attend an informational session scheduled by the coach or trainer regarding prevention of MRSA and other skin infections. Students not attending the informational session will not participate until they have attended a make up session.
* Students are expected to wash hands with soap and water prior to each practice or game.
* Players must shower immediately after practice/play either at school or immediately upon arrival at home
* Game uniforms and clothing should cover the body and legs to the best extent possible. Ex. Wrestlers should wear long pants/long shirts during practice whenever possible for practice even though not permitted during meets.
* Clothing that has been worn for practice must be taken home to be laundered in **hot** soapy water after each use. This includes athletic supporters and any clothing that comes in direct contact with the skin.
* Equipment that comes in direct contact with the skin that cannot be laundered should be disinfected with a disinfectant effective against staph infections.
* Students will be instructed not to share clothing, equipment, towels, balms, lubricants etc.
* Prior to practice and games, the nurse and/or trainer/coach will make a visual inspection of each player’s exposed skin (skin which is not covered by practice/play clothing) to check for any skin infection, abrasions or lacerations.
* Any student with a suspicious skin lesion no matter how minor (as assessed by the school nurse or trainer) will be excluded from practice/play until the lesion is evaluated by the student’s physician and written documentation that the lesion is not potentially communicable is reviewed by the coach/trainer AND the School Nurse.
* If the physician determines that a skin lesion is potentially communicable such as a staph infection (MRSA or non-MRSA), the student will be excluded from practice/play until cleared by the school nurse in consultation with the student’s physician based on satisfactory resolution of the infection (ex., scabbed up and dried). Exclusion is made on a case by case basis on objective health data and not a specific number of days. The student is not excluded from school during the time of exclusion from sports as long as the lesion is covered completely by the appropriate dressing.
* Any skin lesions determined to be non-communicable by the trainer, nurse or physician such as simple abrasions and lacerations must remain completely covered with the appropriate dressing.
* During the time a student may be excluded from practice/play due to an active skin infection, he/she must keep skin infections covered at all times by the appropriate dressing in addition to his/her clothing. Students are encouraged to seek assistance with dressing skin infections through the school nurse.
* Any abrasions or lacerations that occur during practice/play must be reported to the coach/trainer immediately. Abrasions and lacerations must be washed with soap and water and a suitable dressing applied (band aid, sterile compress etc). Antibacterial wipes, spray or ointment may not be used as a substitute for soap and water in cleaning abrasions or lacerations.
* Students and parents/guardians are expected to report any new skin lesions (boils, pimples, rashes, inflammation, drainage, etc) immediately to the school nurse, trainer or coach.
* Students are encouraged to avoid cosmetic shaving as micro-abrasions occur raising the risk of infection.
* Students exposed to the bodily fluids/drainage of any other person must immediately report the potential exposure to the coach in addition to immediate washing of the area exposed with soap and water.

**Students and Parents-sign and return bottom portion to coach.**

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I have reviewed the procedures carefully and agree to cooperative with them fully.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_