

## **COMMUNICABLE DISEASES INFORMATION AND POLICIES**

### **WHAT DO WE MEAN BY COMMUNICABLE DISEASES?**

- Any illness spread person-to-person through direct or indirect contact with a colonized or infected person.
  - Direct contact – skin-to-skin contact
  - Indirect contact – touching a surface a colonized or infected person previously touched
  - Colonized – carries a disease but does not exhibit signs or symptoms of the disease
  - Infected – showing signs or symptoms of a disease
- Can happen anywhere large groups congregate. Athletes especially susceptible!
- Caused by microorganisms called fungi, virus, and bacteria.

### **COMMON ILLNESSES**

- Upper Respiratory
  - Bronchitis, pneumonia, flu
  - Usually viral
- Meningitis
  - Inflammation of membranes surrounding the brain and spinal cord
  - Can be viral or bacterial.
    - Bacterial more easily spread through saliva and throat secretions.
    - DO NOT SHARE water bottles, eating utensils, etc.
  - Rapid onset fever, stiffness, headache, some have extreme sensitivity to light
- Mononucleosis (Mono)
  - Caused by Epstein-Barr Virus
  - Fever, sore throat, swollen lymph nodes, enlarged spleen
    - Excess pressure or direct contact can rupture the enlarged spleen. This can be FATAL!!
  - NO ACTIVITY for 3-4 weeks!! This includes running, lifting weights, or contact!!
- Bloodborne Pathogens
  - HIV, AIDS, Hepatitis B, Hepatitis C (no vaccine for this)
  - Use universal precautions!! (Gloves, proper disposal, etc.)
  - Contaminated surfaces and uniforms must be cleaned before play resumes!
  - Good rule of thumb: “If it’s wet and it’s not yours...don’t touch it!”

### **SKIN INFECTIONS**

- FUNGAL – caused by dermatophytes
  - Athlete’s Foot (Tinea Pedis)
    - Cracked, flaky skin between the toes and on sides of the feet
    - Thrives in warm, moist environment
    - Treated with topical fungicide
    - Prevention
      - Change socks during long practices and after practice
      - Wear shower shoes in common area showers
  - Ringworm (Tinea Corporis) – MUST BE CLEARED BY AN MD!!!
    - NOT a worm, but a ring-shaped lesion
    - Raised, itchy, scaly patches, darker on outside and lighter in middle
    - Skin-to-skin contact, indirect contact, pets

- Treated with topical fungicide
  - Prevention
    - No scratching
    - Change bedding daily
    - Keep pets clean
- VIRAL – invades healthy body cells and uses their energy stores to multiply
  - Herpes
    - Caused by Herpes Simplex Virus (NOT the genital kind!)
    - Clusters of blisters, fever, swollen lymph nodes, burning and tingling of skin
    - Can spread through saliva and throat secretions, skin-to-skin contact, and from a colonized person.
    - Sub-class: Herpes Gladiatorum...most common in wrestlers
      - NO practice or competition until the area is dry and scabbed over
      - MUST BE CLEARED BY AN MD!!
  - Molluscum Contagiosum...mostly common in wrestlers
    - Caused by a Pox Virus
    - Itchy, irritated pearl-like nodules
    - Athlete MUST be isolated from the team and CLEARED BY AN MD!!
- BACTERIAL
  - Streptococcus Group A
    - Streptococcal Impetigo
      - Incubates for 1-3 days post-exposure
      - Red, itchy sores that break open and ooze bacteria-containing fluid.
      - Treated through oral and topical antibiotics
      - Wash area several times a day with antibacterial soap
      - Practices and Competitions
        - NOT sufficient to just cover the infection
        - NO PARTICIPATION until on the medications for 72 hours!
        - Must be free of drainage and no new lesions can appear before resuming participation
        - MUST BE CLEARED BY AN MD!!
  - MRSA (Methicillin-Resistant Staphylococcus Aureus)
    - Does not respond to methicillin antibiotic group
    - CA-MRSA (Community-Associated MRSA) – football and wrestlers
    - Everyone carries it on their skin!
    - Hard to diagnose at first...may look like impetigo, pimple, or insect bite
    - HIGHLY CONTAGIOUS... entire football teams have been shut down in Arkansas
    - Can get into your blood and organs causing weakness, paralysis, EVEN DEATH!!
    - Symptoms
      - Skin – boils, abscesses
      - Corresponding organ infections
        - Heart – murmur, heart infections, heart failure
        - Lungs – pneumonia, bronchitis, short of breath
    - CAN DETERIORATE IN A MATTER OF HOURS!!!
    - Athlete must be isolated from the team, referred to an MD, and CLEARED!!

### PREVENTION

- WASH HANDS for at least 15 seconds using antibacterial soap!!
  - Get in habit of washing hands before practice!!
    - Ex: Infected athlete sneezes into hand, catches the ball, passes the ball, infects entire team. SNEEZE INTO BEND OF THE ELBOW!!
- SHOWER after every practice or game!!
- DO NOT SHARE PERSONAL ITEMS such as towels, razors, bar soap, deodorant, combs!
- SHOES AND SOCKS should be kept dry.
- SURFACES such as mats, training tables, weight benches and bars, turf) must be kept clean and disinfected after use!
- COVER abrasions and cuts!
- DO NOT SHARE water bottles if possible. If it is necessary to share, bottles and coolers should be cleaned!!

### BRYANT SCHOOL DISTRICT POLICY

- Athletes WILL shower after every practice and game before leaving.
- Athletes WILL take home and WASH practice gear and towels EVERY day!!
- Athletes need to bring towels, LIQUID soap, etc.
- Except in case of emergency, showers must be taken after practice before receiving treatment in the athletic training room.
- INFECTIONS MUST BE REFERRED TO AND CLEARED BY A MEDICAL DOCTOR!! NO EXCEPTIONS!!