

Prevention and Control of Methicillin-Resistant Staphylococcus Aureus in Athletic Teams

Staphylococcus aureus (“staph”) is a common type of bacteria that is found on the skin and in the nose of healthy people. It can cause infections in wounds or other places in the body. Penicillin is a drug that was once commonly used to treat staph infections. In the last few decades, many staph bacteria have become resistant to penicillin. These new or resistant forms of *Staphylococcus aureus* are called methicillin-resistant Staphylococcus aureus or MRSA.

Over the last few years clusters of MRSA skin infections have been identified among participants on athletic teams. There are many factors that make the transmission of MRSA possible in this population. MRSA is transferred from one person to another by directly touching the infectious material e.g. wound drainage or by indirectly touching something that has been contaminated with the organism, e.g. bandage. Strategies aimed toward prompt identification of skin and soft tissue infections and reducing the spread of the organism have been effective in controlling and preventing the spread of MRSA in this population.

Prevention and Control Strategies:

1. Educate all persons involved with competitive sports teams, including players, coaches, teachers, parents, and administrators about the importance of early identification and treatment of skin infections.
2. Educate players, coaches and parents on MRSA and the importance of adhering to prevention and control strategies.
3. Require all draining wounds to be covered during practices and games. Teach players how to properly administer first aid and handle contaminated materials, e.g., proper disposal of contaminated bandages, use of gloves and handwashing
4. Excuse players from participating in activities if wound drainage cannot be contained.
5. Stress the importance of handwashing. Hands should be washed before eating after toileting, coughing, handling bandages, after practices and exercising. Review handwashing technique periodically with athletic staff, players, family members and housekeeping.
6. Provide facilities and equipment necessary to promote good hygiene, such as clean facilities and adequate supplies of soap and towels. Install alcohol based hand sanitizer in locker rooms. Encourage players to use it whenever they enter and leave the locker room.
7. Clean or disinfect any reusable medical equipment and exam surfaces after each use e.g., ultrasonic devices, examination tables.
8. Disinfect mats, benches and surfaces that come in contact with non-intact skin after each practice or game and when they become contaminated. Disinfect equipment (e.g., strength training equipment) after use with an EPA-registered cleaner or a dilute bleach solution (1 part bleach in 9 parts water).
9. Assign each player uniforms, padding and other equipment to be used throughout the season. Prohibit the sharing of any equipment.
10. Remind players not to place street clothes and dirty uniforms on the floor when changing.

11. Launder towels, uniforms, etc., with detergent in hot water. Handle contaminated linen with gloves. Avoid placing clean linen in baskets or containers used to transport or store dirty linen.
12. Avoid whirlpools and common tubs. (Individual with open wounds, scrapes or scratches can easily transmit disease.)
13. Maintain a line-listing of MRSA infections including; name, age, date of diagnosis, site of infection, treatment and sports played at the time of diagnosis.
14. Encourage players with undiagnosed draining wounds to seek medical attention, including bacterial cultures.