Coastal Carolina University
Athletic Training Department
Policy and Procedure Manual
Skin Infections/MRSA
Revised/Reviewed 7/2011

POLICY STATEMENT:

The Coastal Carolina University Athletic Training department strives to prevent and protect all staff and participants from skin infections with special emphasis toward community-acquired methicillin-resistant Staphylococcus aureus (MRSA). All staff members will adhere to the standards set forth by the procedures outlined in this document.

PURPOSE:

Protect all participants and clinicians associated with Coastal Carolina University Athletics.

MRSA Overview

The organism *Staphylococcus aureus* is found on many individuals' skin and generally causes no major problems. However if inoculated (e.g. under the skin or into the lungs), it can cause significant infections such as boils or pneumonia. Individuals who carry this organism are usually healthy, and are considered asymptomatic carriers of the organism.

The term **MRSA** or methicillin resistant *Staphylococcus aureus* is used to describe those examples of this organism that are resistant to this commonly used class of antibiotics. Methicillin was an antibiotic used many years ago to treat patients with Staphylococcus aureus infections. It is now no longer used except as a means of identifying this particular type of antibiotic resistance.

Individuals can become carriers of **MRSA** in the same way that they can become a carrier of ordinary *Staphylococcus aureus*, which is by physical contact with the organism. If the organism is on the skin then it can be transmitted around by physical contact. If the organism is in the nose or is associated with the lungs rather than the skin then it may be transmitted by droplet spread from the mouth and nose. We can find out if and where *Staphylococcus aureus* is localized on a patient by culturing the suspected site, sending them to the laboratory and growing the organism. Tests done on any *Staphylococcus aureus* grown from such specimens can then be tested to determine the sensitivity of the organisms to various antibiotics. The test results are usually available in 2-3 days.

According to the Center for Disease Control (CDC) 1% of the population is colonized with MRSA. MRSA is one type of skin infection among several that are of concern in competitive sports. "Staph" and/or MRSA infections usually first presents as some type of skin or soft tissue infection (SSTI) such as pimples, abscesses, pustules, and/or boils. Some can be red, swollen, painful, and/or have pus or other drainage. The pustules may be confused with insect bites initially, and may also be associated with existing turf burns and/or abrasions.

If an athlete or staff member has what appears to be "staph" and/or MRSA or has any of the related signs, please contact your staff athletic trainer immediately.

PREVENTION:

Measures to prevent the spread of organisms from one person to another are called isolation or infection controls. The specific type of infection control or isolation procedure required for a patient depends on the organism, where the organisms are found and its virulence.

The most important type of isolation required for MRSA is called **Contact Isolation.** This type of isolation requires everyone in contact with the patient to observe proper hand washing protocols after touching either the patient or anything in contact with the patient. Because dust and surfaces can become contaminated with the organism, cleaning of surfaces are also important.

If a number of patients are infected with the same organism it may be necessary to move carriers of MRSA to an isolation unit/area.

Although treatable, complications can be associated with "staph" and/or MRSA infections, making prevention the best measure to combat these infections. The Centers for Disease Control suggest the following measures for preventing staphylococcal skin infections, including MRSA:

1. Practice good hand hygiene by washing hands frequently and in a thorough fashion with soap and warm water or using an alcohol-based hand sanitizer.
2. Take a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap) following all activities (e.g. strength & conditioning sessions, practices, and competitions).
3. Avoid sharing towels, equipment, razors, soap (use liquid soap instead of bar soap), etc.
4. Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.
5. Wipe surfaces of equipment before and after use with an approved disinfectant.
6. Clean and properly cover any open wounds such as turf burns, abrasions, lacerations, etc. with an appropriate bandage at all times.
7. Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound.
8. Maintain clean facilities and equipment.
9. Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to an Athletic Training staff member and/or physician immediately.
    a. Cleaning Procedures. All individuals participating in cleaning will adhere to Guidelines and Universal Precautions as follows:

Potential Skin Infection Care

1. Initial evaluation by certified athletic trainer followed by a referral to one of the team physicians.
2. If evidence of pus-like discharge exists, incise, drain and culture the wound for laboratory testing.
3. Begin appropriate antibiotic therapy based on current guidelines (Bactrim DS 2 bid x 10 days) *BEWARE OF ALLERGIES.* If Sulfa allergy exists Docycycline 100mg 1 bid x 10d.
4. HibiclensIrrigation bid.
5. Home intructions and individual Hibiclens packets for showering bid.
6. Daily application of an appropriate topical antimicrobial (Bactroban) with Telfa Antimicrobial Non-Adherent Dressing (Kendall)

Hard Surfaces
Treatment tables, taping tables, weight room / rehabilitation equipment, countertops, stools, etc. must be cleaned everyday and/or following a possible contamination using appropriate Surface Disinfectant/Decontaminant Cleaner.

Coolers

1. Coolers, water bottles, pitchers, etc… must be cleaned and disinfected after every session using appropriate cleaner.
2. Coolers, water bottles, pitchers, etc… are to be cleaned in the following manner:
    a. Fill far left Sink with a soapy solution of dishwashing detergent or other appropriate cleaner and hot water.
    b. Fill right Sink with hot water.
    c. Submerge the cooler, water bottles, water bottle lids and carriers, pouring pitchers, etc. in first sink.
    d. Thoroughly clean the inside and outside of the cooler, water bottles, water bottle lids and carriers, pouring pitchers, etc.
    e. Submerge the cooler, water bottles, water bottle lids and carriers, pouring pitchers, etc. in the middle sink.
    f. Thoroughly rinse all items with hot water allowing hot water to run through all spigots.
    g. Store water bottles upside down in their carriers and place the carriers in the designated area(s).
    h. Store water bottle lids in the designated container marked for lids.
    i. Store pouring pitchers upside down in the designated storage area(s).
    j. Coolers should be towel dried and then allowed to air dry.
    k. Store coolers upside down in the designated storage area(s). Cooler tops / lids should be stored standing up in their designated area(s).

Towels

1. Cloth towels should only be used on a single patient and should be laundered following every use.
2. Disposable towels should be used whenever feasible on the field / court and should be disposed of after a single use.
    - Any towel subjected to potentially contaminated bodily fluids should be handled according to OSHA guidelines.

Hydrocollator Packs / Covers

1. Hydrocollator covers should be laundered every day and/or following a possible contamination.

Durable Medical Equipment

1. Soft durable medical equipment such as neoprene sleeves, pads, splints, lace-up ankle braces, shoulder harnesses, walking boot liners, cast shoes, back braces, etc… must be laundered upon return to the athletic training facility before being returned to inventory and/or administered to another student athlete.
2. Hard durable medical equipment such as ankle braces, Aircasts, hard splints, etc.) must be disinfected using the aforementioned guidelines for cleaning of hard surfaces

Whirlpools

1. Whirlpools shall be cleaned on a daily basis, or as needed following every possible contamination;

2. Whirlpools are not to be used by student-athletes with open or draining wounds; whirlpools are to be cleaned using an appropriate Surface Disinfectant/Decontaminant Cleaner.
3. Whirlpools are to be cleaned in the following manner:
    a. Spray the whirlpool cleaner in and around the sides of the whirlpool;
    b. Allow the whirlpool cleaner to sit for five (5) minutes;
    c. Scrub all surfaces of the whirlpool, including the bottom, sides, turbine, etc.
    d. Rinse the tank with ***hot water*** and allow it to drain;
    e. Towel dry
4. Whirlpool turbines are to be cleaned using household bleach by allowing the bleach solution to circulate through a running turbine with hot water for ten (10) minutes.