



Washington Panthers Skin Infection Policy

Prevention Exclusion Treatment and Return to Participation

Core rule Any athlete with a suspected contagious skin condition must be removed from contact, shared equipment, and team water facilities until evaluated and the standards below are met. A written clinician note is required before return. Coaches do not diagnose or prescribe treatment, and a bandage cannot bypass an exclusion.

REPORT	REMOVE	REFER
Parent or guardian reports any suspicious, painful, circular, crusted, blistering, warm, swollen, or draining lesion before the next activity.	Stop contact and notify the parent. Cover an open area only for safe transport. Gloves and hand hygiene are required for first aid.	Prompt medical evaluation is required for a suspected infection. Seek urgent care for fever, rapid spread, severe pain, red streaks, pus, eye involvement, or serious illness.

Minimum Return to Contact Practice and Competition

All returns also require the athlete to be fever-free for 24 hours without fever-reducing medicine, well enough to participate, and free of new unexplained lesions. A clinician or public health authority may require a longer restriction.

Condition	Minimum time or treatment	Required status at return
Unknown rash	No contact while a contagious condition is reasonably suspected.	Written diagnosis or clearance stating noncontagious status or the diagnosis, treatment start, and return date.
Bacterial Impetigo, staph or MRSA, folliculitis, boil, abscess, cellulitis	At least 72 hours of appropriate treatment and no new lesions for 48 hours.	No moist, weeping, purulent, or draining site. Remaining lesions must be dry, firmly scabbed, and securely covered. Written clearance required. Active infection cannot be covered to play.
Fungal Ringworm and tinea	Body or feet: 72 hours of antifungal treatment Scalp: 14 days of oral treatment Groin: treatment begun if fully covered	Improving and noncontagious. Exposed sites require written clearance and a sealing dressing. Feet remain covered by socks and shoes. Continue the full treatment course.
Herpes simplex Cold sores or herpes gladiatorum	First episode: 10 days, or 14 days with fever or swollen nodes Recurrent episode: 120 hours or five full days	Prescribed systemic antiviral treatment, no new blisters for 72 hours, all lesions dry and firmly crusted, no drainage, fever, malaise, or nearby swollen nodes. Written clearance required. Active lesions cannot be covered to play.
Scabies	At least 24 hours after the first effective treatment.	Clothing, towels, bedding, and affected equipment handled as directed. No open or draining secondary infection.
Molluscum contagiosum	Immediately after clinician-directed treatment of contact-exposed lesions.	Every treated site covered with a sealing dressing. Untreated exposed sites remain restricted.
Shingles or chickenpox	Until all lesions are crusted and noncontagious. Chickenpox also requires at least five days after rash onset.	No new lesions, fever, or systemic illness. Written clearance required. Active lesions cannot be covered to play.
Cuts and noninfectious conditions Turf burns, warts, eczema, psoriasis, acne	No exclusion once noninfectious. A wound may return when bleeding has stopped and it is clean.	Any open area must be completely covered by a clean, dry, secure dressing that remains intact and contains all fluid. If it cannot stay covered, no participation.

Treatment and Wound Rules

- Follow the clinician's treatment plan and complete prescribed medication. Do not share medication or squeeze, pop, lance, or drain a lesion.
- Never use bleach or a surface disinfectant on skin. Athletes with active infection or open wounds may not use pools, whirlpools, or shared water facilities.
- Any permitted sealing dressing must remain clean, dry, secured on every edge, and intact for the full activity. If it fails, the athlete leaves immediately.

Prevention Cleaning and Program Authority

- Families check skin daily, shower after activity, launder clothing and washable gear after each use, and never share towels, razors, uniforms, bottles, helmets, or pads.
- Staff clean shared equipment after each user when practical and at least daily with an EPA-registered product effective against staph or MRSA, following label and manufacturer directions.
- The Program may delay return, request clarification, and consult the local health department for linked cases. Information remains confidential. Prompt reporting is protected; hiding a lesion may result in exclusion or discipline.

Washington Panthers YFP Director, on behalf of the Board • Version 1.0

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Medical basis NFHS Sports Medicine Advisory Committee, April 2025; CDC Athletic Facilities MRSA Guidance, June 2025; Illinois Department of Public Health current guidance; Pennsylvania Department of Health, April 2026; and AAP clinical report, reaffirmed April 2025. Clinician means a licensed professional authorized to diagnose and clear the condition. This policy reduces risk but does not replace medical care or public health orders. Review before each season and when guidance changes.