

# **NJSIAA INFECTIOUS DISEASE POLICY**



**2024-2025**

## **PURPOSE**

The New Jersey State Interscholastic Athletic Association Executive Committee has adopted this policy in an effort to minimize the possibility of transmission of any infectious disease during a high school athletic practice or contest.

## **GUIDELINES NOT REGULATIONS**

Member schools should understand that this policy contains guidelines with which the NJSIAA Executive Committee strongly recommends each school and officials association comply.

## **MODES OF TRANSMISSION FOR INFECTIOUS DISEASES**

According to the CDC, transmission of infection can occur through several modes.

Typical Modes of Transmission with common examples include:

- Direct
  - Direct Contact: skin to skin contact, intimate person to person contact
  - Droplet Spread: larger droplets that settle on a surface or directly onto another person (cough, sneeze, singing)
- Indirect
  - Airborne: smaller droplets that remain in the air and are inhaled
  - Vehicle-borne: shared equipment, playing surface, food, or water sources
  - Vector-borne: mosquitoes, ticks, etc.

These varied Modes of Transmission are important to consider when looking at protective measures, including the use of gloves to avoid direct contact with body fluids, wearing a mask to avoid inhaling infectious droplets, washing hands to avoid self-contamination after touching an infected surface or item, avoid sharing water bottles and eating utensils, properly cleaning of shared equipment and playing surfaces where appropriate or practical (i.e. wrestling mats).

## **BLOOD-BORNE PATHOGENS**

Blood-borne pathogens can be spread by direct contact or by contact with an infected surface, depending on the pathogen. Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) are three viral blood-borne pathogens that can result in serious infection and long-term medical consequences. Blood-borne pathogens can frequently be found in other body fluids in addition to blood, including semen, vaginal secretions, saliva, breast milk and others, depending on the pathogen. Blood-borne pathogens can be spread through contact with non-intact skin as well as mucous membranes (eyes, nose, mouth, etc.). Transmission may occur through direct contact with an infected individual, or through contact with an infected surface or object, such as shared equipment.

## **AIR-BORNE PATHOGENS**

Air-borne pathogens may be spread through inhalation of small droplets that remain suspended in the air after an infected individual has left the immediate area. They may also be spread directly via droplet spread, such as through a cough or sneeze from an ill individual who is at close range, and even through speaking or singing. These larger droplets may land directly on mucous membranes (eyes, mouth, nose) of a nearby individual resulting in direct transmission. Additionally, they tend to settle on surfaces rather than remaining suspended in the air and may contaminate these surfaces allowing for indirect transmission.

## **SKIN-BORNE PATHOGENS**

Direct athlete to athlete transmission of several infectious agents from the skin of one individual to another is well recognized in the athletic setting, including methicillin-resistant staphylococcus

aureus (MRSA), herpes gladiatorum (“wrestler’s herpes”), tinea corporis (“ringworm”) and others. Some of these infections may be readily treatable, while others may leave an individual with life-long medical consequences.

### **UNIVERSAL PRECAUTIONS & STANDARD PRECAUTIONS**

The concepts of Universal Precautions and Standard Precautions, as provided by the CDC, are related but slightly different.

Universal Precautions refers to the premise that body fluids from ANY individual should be treated as if they MAY be infectious, regardless of how the individual may appear or whether you think they may or may not be likely have an infection.

Standard Precautions refers to the premise of ROUTINELY using appropriate protective equipment, practices and proper handling of potentially infected items (washing hands, using gloves when handling soiled items, wearing face shields and protective eyewear if splashing of body fluids is likely, proper handling of needles and other “sharps,” proper cleaning of surfaces and equipment, etc.).

Other precautions may be recommended in specific circumstances, depending on the situation or setting (such as the general use of face masks during an outbreak of an air-borne pathogen).

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Not to be confused with the Preparticipation Evaluation (preseason sports physical), also referred to by the acronym PPE, Personal Protective Equipment refers to the safety equipment appropriate to the situation, including gloves, masks, goggles and other protective equipment, for the individual rendering care to another.

### **RECOMMENDED PRECAUTIONS AGAINST THE TRANSMISSION OF PATHOGENS IN THE ATHLETIC SETTING**

Proper handling of situations in which blood is present should greatly reduce the possibility of transmission of a blood-borne pathogen. Similarly, proper handling of situations with non-intact skin or skin lesions should greatly reduce the risk of transmission of skin-borne pathogens.

The following precautions are recommended with on-field and off-field activities, and in physical education classes, athletic practice sessions and athletic contests.

1. Before participating, any non-intact skin should be completely covered.
2. Any wound or lesion *that appears actively infected* should be evaluated by an appropriate health care provider before participation is permitted. Any consideration for participation after such evaluation must adhere both to good clinical practice and the rules of the given sport.
3. Any student-athlete with a wound should render personal first aid and cover the wound themselves whenever practical.
4. When blood, non-intact skin, skin lesions, or mucous membranes are involved, those rendering first aid should use PPE appropriate to the situation. This will generally include, at a minimum, the use of appropriate examination gloves. Non-latex gloves are preferred. Gloves should be changed for each student-athlete treated, and when returning to treat the same student-athlete at a later time. Gloves should be disposed of in an appropriate receptacle. Hands should be washed before and after using gloves and rendering care.

5. If an individual gets someone else's blood on their skin, protective gloves should be worn to clean the blood with a disposable towel using soap and water, or other appropriate cleaning solution.
6. If a student-athlete begins to bleed during practice or competition, play must be stopped, the injured athlete removed, and any potentially contaminated surfaces (basketball court, wrestling mat, shared equipment, etc.) cleaned with an appropriate disinfectant.
7. A student-athlete who is removed from an athletic practice or contest due to bleeding must have the bleeding stopped and any wound covered before the individual is allowed to return. If the bleeding resumes, it shall be up to the discretion of the official in charge as to how many times the competition should be stopped before that student-athlete is disqualified from further participation in that contest.
8. Hands should be washed with soap and water, or other appropriate antiseptic hand cleaner after providing first aid.
9. Student-athletes should shower with regular soap and water after each practice and contest. Anti-bacterial soap is not recommended for routine use, as it may remove benign skin flora, and thereby allow overgrowth of more harmful skin pathogens (such as MRSA).
10. Personal athletic equipment, towels, water bottles, cups and eating utensils should never be shared by student-athletes, athletic trainers, coaches, or officials.
11. All soiled linen such as uniforms and towels should be washed in hot soapy water.

#### **OTHER CONSIDERATIONS**

1. Student-athletes should not practice or play with illness that results in muscle aches, pains or swelling in joints, fever, chills, dizziness, nausea, vomiting or diarrhea, as these may place the athlete at increased risk of further medical complications.
2. Everyone should be reminded and encouraged to "cover your cough or sneeze."
3. Clean wrestling and other sporting mats with an EPA-approved disinfectant when visibly soiled with a body fluid and at the end of each practice session or contest.
4. Keep indoor athletic spaces and locker rooms well ventilated.

#### **FOR MORE INFORMATION**

For further information concerning the Infectious Disease Policy, please contact NJSIAA staff via phone at 609-259-2776 or online via the Contact Us feature on the NJSIAA website (<https://www.njsiaa.org/contact>).

For more information on the prevention of infectious diseases in the school setting and among student-athletes, contact your physician, the local county health department, the New Jersey Department of Health, the New Jersey Department of Education, or refer to the Center for Disease Control and Prevention (CDC).

#### **RESOURCES**

Center for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)).  
New Jersey State Interscholastic Athletic Association ([www.njsiaa.org](http://www.njsiaa.org)).  
New Jersey Department of Health ([www.nj.gov/health/](http://www.nj.gov/health/)).  
New Jersey Department of Education ([www.nj.gov/education/](http://www.nj.gov/education/)).  
National Federation of State High School Associations ([www.nfhs.org/](http://www.nfhs.org/)).