



Salem Classical Fencing

a non-profit corporation promoting classical fencing
354 Belmont Street NE, Salem OR 97301 – (503) 375-9209
<http://salem.classicalfencing.us>

Hygiene Policies

Effective May 23rd, 2005

Due to the increasing risk of infection with MRSA (methicillin-resistant *Staphylococcus aureus*), we are trying to minimize the sharing of fencing equipment—particularly equipment that comes in contact with bare skin—as recommended by the U.S. Centers for Disease Control and Prevention. For more information about MRSA, please see the other side of this sheet.

Hygiene

All fencers will cleanse their hands using alcohol hand sanitizer (or hot water and soap) before leaving the salle. All fencers are strongly encouraged to shower as soon as possible after fencing.

Lesions

Any fencer with open skin lesions should inform their instructor. Fencers who are using the salle's equipment and who have open skin lesions that cannot be adequately covered (especially on the face, neck, or hands) will be limited to activities that do not require the use of a fencing jacket or mask (e.g. line drill and discussions).



Laundry

Fencers with their own equipment are strongly encouraged to wash jackets, knickers, underarm protectors, and bib liners weekly. Masks and breast plates should be cleaned weekly using alcohol hand sanitizer. If possible, purchase a washable glove (\$30-\$45) and wash it weekly—otherwise make sure your glove is aired out after use. Personal clothing (especially socks, sweatbands, underwear, bras, and supporters) should be laundered after every use.

Gloves

All fencers will need to provide their own personal fencing glove.

Jackets

Students using the salle's fencing jackets must wear a T-shirt with short sleeves under the fencing jacket. Tank tops are prohibited. Fencing jackets will be laundered weekly by the salle.

Masks

Before each session using the salle's equipment, each student using salle equipment is responsible for thoroughly cleaning the inside of the fencing mask with alcohol hand sanitizer. If you do this when you first walk into the salle, by the time you are ready to put the mask on the alcohol will have evaporated.

By taking these simple precautions – especially during the warm summer months – we believe we can keep the risk of MRSA infection very low at the salle. Please do your part.

Please ask Mr. Heggen if you have any questions about these policies.

Flesh-Eating Super-Bacteria Infiltrate Local Fencing Salle! Disease Runs Rampant!

by Kimberly Heggen, MD, FAAP (originally published in the April/May 2005 issue of La Belle)

The above headline is, admittedly, a bit of overkill, and not exactly what we could expect from the local paper if we were to have an outbreak of resistant staphylococcal infection at the salle. My tongue-in-cheek title is more *Weekly World News* than *Salem Statesman-Journal*, and will hopefully remain unused in any form with regard to SCF. But it got your attention, didn't it?

Staphylococcal bacteria, familiarly referred to by medical people as "staph" (and by confused laymen as "staff"), are the bacteria commonly responsible for a number of life's woes, both trivial and serious. We are usually speaking of the species known as *Staphylococcus aureus*, and for the purposes of this article I will be sloppy and just call the little buggers "staph". They live on the skin and in our noses and are what is usually found inside a wound infection or an abscess or boil. Once, in the early days of antibiotics, they were easy dispatched with almost any antibiotic; now, they are developing increasing resistance. Historically, the really nasty multiply-resistant strains have been associated with hospitals and with those people who spend a lot of time in them, but no longer; these days, the resistant bugs are cropping up as a cause of disease in healthy young folks who last set foot in a hospital when they were visiting Aunt Mildred after her gall-bladder operation.

Staph, when it is present in large enough numbers, is contagious, and spreads both by direct contact and by inanimate objects that are capable of carrying around bacteria long enough for them to survive and find another place to live. It can cause annoying but mild skin infections, deep painful boils, and rarely, bone or tissue infections. Treatment can require oral antibiotics, or hospitalization in order to receive intravenous antibiotics. Recently, more attention has been paid to the role of team sports and of athletic facilities in transmitting these bacteria, and fencing is no exception.

So, what's a fencer to do? Cover himself/herself in Saran Wrap? Spray Lysol on every surface? Become a germ-a-phobe and wash ten times a day in antibacterial soap? Give up, hang up the mask, and stay home? That is the approach some individuals take to life, but you fencers are entirely too bold and clever a crowd to allow yourselves to be vexed by a pack of pimple-promoting prokaryotes*. There are some constructive steps that you can take, and now I shall be pedantic and list them for you:

1. If you are going to stick with fencing, get your own equipment as soon as you can afford to do so; then you will not be sharing your microbial population with others, and vice versa.
2. Wash the washable components (jacket, knickers and underarm protector) of your gear relatively frequently. How

often? Well... more often than you are doing now, you smelly people. Weekly washings are recommended.

3. Wipe out the inside of your fencing mask (and your chest protector, if you are female) periodically with something that will inhibit bacterial growth. Lysol or a bleach solution will work if you aren't going to wear the mask until it has all evaporated. Otherwise, use an alcohol-based hand sanitizer. It won't stain fabric or hurt the other components. I use this stuff on my hands all day long at work and it's amazing stuff.
4. Shower or bathe, with soap, when you get home after fencing (or sooner if there are facilities available, such as at some tournaments). Aside from reducing the amount of bacteria on your skin, your family/roommates/friends will thank you. Don't go to bed covered in sweat and worse.
5. Take good care of your skin. Staph is more likely to grow on skin that is soggy, chafed, irritated, and otherwise abused. If you are going to sit around for a while after you are done fencing, change into clean dry clothes. Don't wear clothing or gear that is too tight or rubs you raw in some tender place. Don't scratch your bug bites.
6. Keep cuts and small wounds scrupulously clean, and keep them covered with a bandage when fencing. If a wound isn't healing properly, seek medical advice.
7. If you develop open crusty sores on your face or elsewhere, seek medical advice, and stay away from the salle's equipment until you have been seen and/or treated.
8. Small boils can often be treated by frequent hot-water soaks and lots of air circulation, but anything that is very painful or oozing or impressive should be seen by a physician.

As we grow, SCF will continue to take measures to reduce bacteria transmission, by purchasing more equipment and by selecting equipment that is easier to keep clean. If you have suggestions along these lines, please tell a "staph" member.

I am happy to discuss fencing-related health issues with fencers and their families; I am present at most local tournaments or you can reach me through the salle.

*fancy biology term for bacteria

In addition to being a mild-mannered judge at tournaments, Kimberly Heggen is a pediatrician with Childhood Health Associates of Salem and a Fellow of the American Academy of Pediatrics. She is married to Michael Heggen. They have four cats, and no children, thank you very much.