### Coordination

# COVID-19 Education

# PPE/Equipment

## Screening

# COVID-19 Testing

#### **Identify Campus Work Groups**

- Institutional Admin
- Athletic Department Personnel
- Campus Health Center
- Mental Health Professionals
- Community Hospital
- Risk Management
- Environmental Health and Safety
- Residential Life
- University Police

# Pre-participation Physical Exams

- Additional Hx related to COVID-19
  - o Personal
  - o Family
  - o Travel
  - o International SA
  - o Quarantine
- Timing of PPE
  - o Non-institutional
  - o Institutional

#### **Basics of COVID-19**

- S/SX
- Avoid Sick Population
- Social Distancing Guidelines
- Proper Hygiene
- Policy and Procedures

#### **Educational Groups**

- Student-athletes
- Coaches
- Staff

# Methods of Education Timing

- Prior to return
- On-campus
- Continuous

#### Supplies and Equipment

- Supply Chain
  - o Local Health Department
  - o Physicians
- Masks
- o Surgical, N95, Cotton
- o Proper face shield
- Eye protection
- Gloves
- Gowns
- Hand sanitizer
- Thermometer
- Pulse oximeter
- Peak Flow Meter

#### **Donning and Doffing**

• Policy and Procedures

#### **Current screening protocols**

- Appropriate for SA
- Recommend SA needs

# Screening: acute respiratory illness

- Temperature
- Medical HX
- Per institution requirements

#### Develop algorithm

- Green Flag
- Yellow Flag
- Red Flag
  - Federal, state, local, institutional guidelines

#### Begin screening process

- Prior to campus
- Frequency
  - o SA population
  - o High Risk population

#### Location of screening

- Remote
- Athletic on-site

#### Identify population

#### **Protocols**

- Federal, State, Local, Institutional Guidelines
- Evolving
- Campus protocols
  - o COVID-19 testing
  - Antigen testing
  - o Contact tracing
  - o Campus work group
  - o Cost

#### **COVID 19 Positive Cases**

- Medical Care
- Quarantine Procedures
  - o Institutional Guidelines
- RTP Decisions

#### **Travel Considerations**

- Federal, state, local and institutional guidelines
- Athletic policy/procedures
  - o Hot spots
  - Additional screening
  - O Contact vs. non-contact sports
- Guidance on appropriate travel





Below are recommendations for athletic trainers to evaluate with appropriate personnel in preparation for student-athletes return to campus following the COVID-19 Pandemic. These recommendations are not all encompassing and are subject to change. Therefore, it is important to stay current with federal, state, local and institutional health care guidelines.

- Identification of Campus Work Group for screening and testing procedures (may include but not limited to)
  - o Institutional Administration
  - o Athletic Department Personnel
    - Athletic Director or assigned designee(s)
    - Team Physician(s)
    - Athletic Trainer(s)
  - o Campus Health Center
  - o Community Hospital
  - o Mental Health Professionals
  - o Risk Management
  - o Environmental Health and Safety
  - o Residential Life
    - On/Off Campus Housing
    - Dining Services
  - University Police
- COVID-19 Education<sup>1</sup>
  - Signs and Symptoms
  - o Avoid contact with sick population
  - Maintain social distancing guidelines as defined by your local health department
    - Virtual Meetings
  - o Proper hygiene standards
  - Institutional screening procedures
  - Procedures for student-athletes and athletic department personnel who present with illness symptoms related to acute respiratory illness
  - o Identify parties where education is appropriate but should include at a minimum:
    - Student-athletes
    - Coaches
    - Athletic Department Staff
  - o Identify method(s) of education
  - Identify timing of education
    - Prior to returning to campus
    - On-Campus
    - Continued need through the academic year(s)
- Supplies/Equipment that may be needed for screening purposes
  - Important to recognize supply chains may be disrupted
    - Work with your physician(s) and local health departments to determine what may be appropriate alternatives
  - o Masks-surgical, N95, cotton

- If N95 not available, use of R/P95, N/R/P99 or N/R/P100 filtering masks may be appropriate<sup>2</sup>
- Proper face shield may be worn on top of N95 masks to prevent bulk contamination
- o Eye protection
- Gloves
- o Gowns
- Hand sanitizer
- o Thermometer: non-contact infrared
- o Pulse oximeter
- o Peak flow meter
- o Donning (putting on) and Doffing (taking off) procedures for personal protective equipment<sup>3</sup>
  - Includes disposal of personal protective equipment<sup>3</sup>
- Screening Procedures
  - o Important to recognize your institution may have screening protocols in place for students, faculty and staff
    - These protocols may or may not be appropriate for your student-athletes and athletic department staff
    - Recommend the need to work with the identified Campus Work Group and follow federal, state, local and institutional public health recommendations when evaluating and developing screening procedures
  - o Identify screening procedures for acute respiratory illness<sup>4</sup> (Example: Addendum A)
    - Temperature check
    - Brief medical history
    - Pulse oximetry is not currently recommended by the CDC but may be worth discussing with your team physician(s) for the student-athlete population
  - O Develop algorithm to sort persons for further screening, evaluation, testing based upon initial screening procedure
    - Example may include green, yellow, red flag system: see Addendum B
      - Green flag-No Concern
      - Yellow flag-early onset symptoms
      - Red Flag
        - o Symptomatic
        - o Contact with a positive person
        - o Travel concerns
        - o Underlying medical conditions
    - Athletic departments should follow local public health and institution guidelines for medical evaluations related to acute respiratory illness
      - Athletic Training Rooms may not meet current standards
      - Evaluation of upper respiratory infections may need to be referred to medical offices
  - o Identify when to begin screening process
    - Prior to return to campus
    - Frequency of screening
      - Will student-athletes require more frequent screening
        - o Contact sports vs. non-contact sports
      - Individuals with high risk factors<sup>5.6</sup>
        - o Age

- Heart disease
- o Lung disease
- o Diabetes
- o High Blood Pressure
- o Immunocompromised metabolic disorders
  - Includes those who are on medication but may be in remission
- Asthma
- Obesity
- Liver disease
- o Sickle Cell Disease/Trait
- Identify location of screening
  - Remote
  - Athletic on-site screening should follow federal, state, local and institutional public health recommendations
    - Identify appropriate location
    - Identify what Personal Protective Equipment may be warranted
    - Identify what Personal Protective Equipment may be warranted for person(s) being screened
    - Identify proper social distancing guidelines needed during on-site screening
    - If athletic trainers are being asked to be screeners, a plan on how this may impact other areas of student-athlete clinical care should be shared with team physicians and athletic administration
- o Identify persons being screened
  - Student-athletes
  - Athletic department coaches and staff
    - Interns
    - Volunteers
    - Student-workers
  - Campus services and outside contract personnel who may or may not be on campus on a daily basis
    - Landscaping personnel
    - Custodial services
    - Food service personnel
    - Consultants/independent contractors
    - Guests
- o Documentation of screening procedures
- Pre-participation Physical Exam
  - Additional medical history questions related to COVID-19 are warranted
  - Important to recognize the institution may have questions developed for the student population that may be appropriate
    - Personal and family history of COVID-19 diagnosis
      - Tested vs. presumed
      - Date of diagnosis
      - Require hospitalization
      - Treated with oxygen or ventilator

- Experience any symptoms related to COVID-19
  - Date of onset
  - How long have you been symptom-free?
  - Have you experienced any symptoms in the past 14 days?
  - Have you had direct contact (within 6 feet) with any ill or positive COVID-19 person(s) in the last 2-14 days?
- Were you or a family member placed in quarantine?
  - If so, when and how long
- Have you traveled outside of your local community in the past 14 days?
  - If so, list locations
  - How long
- International travel/student-athletes
  - Where are you returning from?
- Does the institution recommend a local quarantine upon return to campus?
- O Screening procedures may be needed prior to student-athletes undergoing their pre-participation physical exam
- o Institutions that administer pre-participation exams by non-university physicians prior to returning to campus should have a screening protocol in place for arrival on campus

#### COVID-19 Testing

- Protocols for testing are being developed at the state and community level based upon CDC recommendations<sup>7</sup>
- o Testing will continue to evolve as tests become more readily available
- Important to recognize collegiate institutions may have protocols for COVID-19 and antigen testing for students, faculty and staff
  - Protocols for testing should include contact tracing
  - Recommend the need to work with the identified Campus Work Group and follow federal, state, local and institutional public health recommendations if testing procedures are different for the student-athlete and/or athletic department staff population
- o Institutions need to evaluate medical costs associated with testing
  - Financed through university for all students via Health Services
  - Financed through athletic department
  - Billed to student-athlete insurance
    - Plan if student-athlete does not have insurance
- O Medical providers should work with their Campus Work Group and follow federal, state, local and institutional public health recommendations related to COVID-19 testing procedures if athletic department medical personnel are collecting COVID-19 samples for testing which includes proper packing and shipping of tests<sup>8</sup>
  - Identification of appropriate labs for testing samples
  - Understand the length of time for results which may differ across labs, communities and states due to various factors

#### • COVID-19 Positive Cases

- Medical providers should work with their Campus Work Group and following federal, state, local and institutional public health recommendations in developing protocols for person(s) who test positive for COVID-19
  - Medical Care
  - Quarantine
    - Student-athletes who reside on campus may be able to follow institution guidelines

- Recommend working with Campus Work Group for student-athletes who reside offcampus
- Return to play decisions should be made on an individual basis as symptoms will differ amongst patients
  - Recognizing this virus affects the respiratory system and currently involves a 14 day quarantine a gradual return to sport needs to be developed by medical personnel<sup>9,10</sup>
  - Recommend discussing with your team physician(s) the use of pulse oximetry or peak flow meter readings as part of this process
  - Questions have risen regarding the need for EKG testing following a positive COVID-19 test amongst the student-athlete population
    - Current data shows 8-12 % percentage of positive cases result in acute carditis<sup>11</sup>
    - Recommend discussing this with your team physicians and cardiologists

#### • Travel Considerations

- Medical providers should work with their Campus Work Group and follow federal, state, local and institutional public health recommendations related to screening and testing following team, personal and work-related travel
- Important to recognize your institution may have protocols in place for students, faculty and staff
- o Considerations may include but are not limited to:
  - "community" hot spots
  - Additional screening following home/away contests
    - Contact vs. non-contact sports
- o Guidance on whether travel is appropriate
- O Quarantine measures related to travel

#### References

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- 2. <a href="http://www.ncaa.org/sport-science-institute/coronavirus-covid-19">http://www.ncaa.org/sport-science-institute/coronavirus-covid-19</a>
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- 4. <a href="https://www.cdc.gov/coronavirus/2019-cov/hcp/using-ppe.html">https://www.cdc.gov/coronavirus/2019-cov/hcp/using-ppe.html</a>
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- 11. ICSM Guidance on the Inter-association Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes; September 2019.
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**Addendum A**: Below is just an example, athletic trainers should work with their team physician(s) in developing a screening process that is appropriate for their institution.

### **INSTITUTION SPORTS MEDICINE**

### **Student-Athlete COVID-19 Screening**

| Name:   |                       |              |   |  |                          |    |
|---|-----------------------|--------------|---|--|--------------------------|----|
| Last INSTITUTIONAL ID#:                                   |                       |              | First   | Midd                                   | Middle  Age: Cell Phone: |    |
|   |                       |              | Date of Birth:                                  | Age: Cell Phone:                       |                          |    |
|   |                       |              |   | D/YYYY)                                |                          |    |
| Gender: □ Male  Please complete this for                  | ☐ Female rm to assess | -            | t(s):   | ion of COVID-19 and other illne        | sses.                    |    |
| Are you currently free fr                                 | om illness?           | 2 Yes 2      | No No   |  |                          |    |
| During vour time away t                                   | rom INSTIT            | UTION.       | did vou experience, or are                      | you currently experiencing any of      | the following            | r: |
| SYMPTOM   | YES                   | NO           | LENGTH OF SYMPTOM                               | 1 1 1                                  | ANATION                  | ·  |
| Fever   |                       |              |   |  |                          |    |
| Body Chills   |                       |              |   |  |                          |    |
| Extreme Level of Fatigue                                  |                       |              |   |  |                          |    |
| Cough   |                       |              |   |  |                          |    |
| Pain / Difficulty Breathing                               |                       |              |   |  |                          |    |
| Shortness of Breath                                       |                       |              |   |  |                          |    |
| Sore Throat   |                       |              |   |  |                          |    |
| Body / Muscle Aches                                       |                       |              |   |  |                          |    |
| Loss of Taste   |                       |              |   |  |                          |    |
| Loss of Smell   |                       |              |   |  |                          |    |
| Changes to Vision / Eye Disch                             | narge                 |              |   |  |                          |    |
|   |                       |              |   |  |                          |    |
| QUESTION  |                       |              |   |  | YES                      | NO |
| 2-14 days prior to experienci                             | ng these sympto       | ms, did yo   | ou experience a suspected exposur               | e to COVID-19?                         |                          |    |
| Have you had any direct contreporting an increased number |                       |              |   | OVID-19 is spreading and/or is an area |                          |    |
| Have you had any direct cont                              | act with someon       | e that has a | a suspected or lab confirmed case               | of COVID-19?                           |                          |    |
| During your time away from                                | INSTITUTION,          | did you se   | elf-quarantine due to suspected sy              | mptoms or exposure of COVID-19?        |                          |    |
| During your time away from COVID-19 cases (i.e. "hot sp   |                       | have you     | been living in, or have visited an              | area reporting an increased number of  |                          |    |
| Have you previously bee                                   | en or are you         | currently    | y diagnosed with COVID-                         | 19?                                    |                          |    |
| 2 YES 2 NO  |                       | 1            | DATE OF DIAGNOSIS: _                            | /                                      |                          |    |
| Oo you have medical do  ? YES ? NO                        | cumentation           |              | ort your diagnosis and treat<br>PHYSICIAN NAME: | ment of COVID-19?                      |                          |    |
|   |                       |              |   |  |                          |    |
| Please list any countries,                                | states/cities         | you have     | e traveled to since March 1                     | 5th, 2020 and the dates you were th    | nere:                    |    |
| 1   |                       |              | ·   | Dates:                                 | <del></del>              |    |
| 2.  |                       |              |   | Dates:                                 |                          |    |
| 2   |                       |              |   | Dates:                                 |                          |    |
| 4   |                       |              |   | Dates:                                 |                          |    |
| ~   |                       |              |   | Dates:                                 |                          |    |
| J   |                       |              | <del></del>                                     | Daws                                   |                          |    |
| Student-Athlete Signatur                                  | re:                   |              |   | Date:                                  |                          |    |

**Addendum B:** Below is just an example, athletic trainers should work with their team physician(s) in developing a screening process that is appropriate for their institution.



