



NFL Infectious Disease News – March 2020  
Duke Infection Control Outreach Network (DICON)  
Volume 11, Number 1

**Update on COVID-19 Infections and Recommendations to Reduce the Risk of Acquisition and Spread of Infection in NFL Team Training Facilities**

**Background:**

Outbreaks of infection with a novel coronavirus, now named COVID-19, have now spread to over 50 countries, including the United States. Although most early cases of COVID-19 occurred in China or were associated with travel to China, community spread of COVID-19 is now occurring in multiple countries including the United States. Although there are many unanswered questions about the epidemiology of COVID-19, its clinical spectrum, and the risk of complications, there a number of things NFL teams can do to reduce both the risk of acquisition and spread of this highly contagious and new virus. As explained below, many of these interventions and measures are based on simple hygiene and common sense.

**Stay informed:**

COVID-19 is evolving rapidly. We recommend that team personnel and players stay informed through these websites:

- CDC – regular updates: <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>
- WHO – summary of cases across the globe: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
- State Department and CDC – Travel Restrictions and Recommendations: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/>

**What constitutes a concerning patient?**

As of **February 27, 2020**, CDC defined a “person under investigation” (PUI) as someone with

- Fever OR respiratory sign/symptoms PLUS known contact with laboratory-confirmed COVID-19 case within 14 days of symptom onset
- Fever AND respiratory signs/symptoms PLUS travel from any of the following: China, Iran, Italy, Japan, South Korea within the past 14 days
- Severe respiratory illness (ARDS) not otherwise explained by usual testing

***We suspect this definition will change, particularly as community spread increases in the U.S.***

**General measures to reduce the risk of acquisition and transmission of COVID-19 with training facilities**

- Prevention measures have been well summarized: <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>
- In general, prevention strategies to prevent COVID-19 are no different than recommendations throughout our manual: emphasize rigorous hand hygiene, environmental disinfection, and respiratory precautions and etiquette.
- As recommended throughout the manual, players, coaches, and staff with symptoms of infection should be isolated from players and sent home.
- International travel should be temporarily discouraged unless it is deemed absolutely necessary, though these decisions must ultimately be made by the individual.
- Restriction of all individuals (visitors, team staff and players) who have any one or combination of the following signs or symptoms:
  - Fever
  - Cough
  - Shortness of breath

Given the non-specific nature of these symptoms, players with any of the above symptoms or signs should contact the team medical staff (athletic training staff and physicians) and proceed through evaluation steps outlined below.

### **Recommendations for Team Personnel**

Plans to prevent COVID-19 and respond to potential infections will vary based on geographic areas and local epidemiology. Team facilities and their medical staffs should plan now for how to handle potential cases of COVID-19:

1. **STEP 1 – Integrate.** All hospitals across the U.S. are currently preparing for the influx of COVID-19 patients. These plans should be entwined with local public health preparations. We believe that NFL teams should integrate their response plans into the response preparations already in place in these hospitals.
  - Engage your affiliated medical center(s) so that your facility can be into their COVID-19 plans and preparation. Hospital facilities and medical centers will have plans for handling and triaging patients with potential COVID-19 in all settings, including outpatient clinics. Ask your affiliated medical center about their plans and protocols for how to evaluate and triage players or staff with potential COVID-19 based on protocols in place for other outpatient facilities.
  - Contact your local health department, as decisions about isolation, testing, and contact tracing are likely to be driven by the health department. The specific method for specimen collection (where, when, who) should be determined after engaging with your medical center and health department.
    - The CDC’s Emergency Operations Center (770-488-7100) will work with local/State Department of Public Health to collect, store, and ship specimens appropriately.
  - Establish a formal relationship with an infectious diseases specialist who can assist with integrating your preparation plans with plans at your affiliated medical center. These specialists can also assist in medical decision making concerning the need for referral of any ill staff or players, including arranging for PCR testing and further care.
2. **STEP 2 – Isolate.** The best strategy to stop transmission to others in the facility is to isolate the potentially infectious person.
  - If the individual is in the facility,

- Immediately put a surgical mask on the individual
- Send them home if medically stable
- If the individual is at home, ask them to stay there.
- If the individual is so unwell that medical care is required
  - If in the facility, place a surgical mask on the individual and place them in a private room.
  - Contact your affiliated medical center to coordinate care.
  - If significantly ill due to COVID-19, the individual will likely have significant respiratory symptoms, including shortness of breath and hypoxia. Make sure a pulse oximeter is available for use in the facility.
  - Once the individual has departed, leave the room to the door closed for 2 hours. Then, disinfect the room and equipment in the standard fashion using an EPA-registered, hospital-approved disinfectant. N95 OR PAPR does not need to be worn after the appropriate time has elapsed, but a gown, gloves, and a mask with eye protection should be worn until the room has been cleaned thoroughly.
- 3. STEP 3 – Travel screening. Perform and document travel assessments for players returning to the facility. Players with travel to areas of concern (per the State Department) should be documented in the event that symptoms of infection develop.
- 4. STEP 4 – Protocol. We recommend that teams develop a protocol that includes information and steps summarized in steps 1-3 (contact information, testing policies, and the name and contact information of your infectious disease specialist).

### Key Points

- **Players or staff with fever and cough/shortness of breath should be isolated from team functions ASAP until symptom resolution or an alternative diagnosis is made. Importantly, this recommendation is true even when COVID-19 is not circulating.**
- **Promoting and enforcing optimal hand hygiene remains a cornerstone of prevention of infection all types, including due to COVID-19**
- **Leverage relationships to ensure contingency plans are in place for referral and diagnostic evaluation of ill players or staff members**
  - **Integrate your training facility's preparation plans with plans and protocols established by your affiliated medical center and your local health department.**
  - **Pre-arrange a working relationship to assure the availability of consultation with an infectious disease specialist.**
  - **Use your relationships with local ID specialists and contacts at your local medical center and local health department to stay up to date on the risk and prevalence of COVID-19 in your area.**
- **Use of masks is not recommended as a prevention measure.**