Duke Center for Antimicrobial Stewardship and Infection Prevention

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NFL Infectious Disease News – March 2020
Duke Infection Control Outreach Network (DICON)
Volume 11, Number 2

Update #2 on COVID-19 Infections and Recommendations to Reduce the Risk of Acquisition and Spread of Infection in NFL Team Training Facilities

We are updating the information and recommendations made in our last newsletter now that COVID-19 has spread widely throughout the United States. This newsletter will discuss and explain the terms "mitigation" and "social distancing" and provide advice to team medical personnel and athletic trainers, an important source of information and advice in all NFL training facilities.

Key Points

- **Currently, social distancing is the most important tool to prevent ongoing transmission of this pandemic virus. Players and staff who are symptomatic but not short of breath should be evaluated via telehealth if possible to reduce the likelihood that health care workers are exposed.**
    - **Review recommendations from our prior newsletter about**
        - **Promptly placing a mask on any symptomatic person who presents to the facility**
        - **Ensure pulse oximetry is available in facilities.**
- **Virtual meetings or teleconferencing for all meetings over 10 attendees are strongly encouraged to minimize the risk of transmission within your facility.**
- **Discourage players and staff from travel. In particular, discourage international travel and domestic travel to areas with widespread sustained transmission.**
- **Review travel history as personnel and players return to the facility.**
- **Maintain contact with your affiliated medical center to ensure integration into the medical facilities COVID-19 response infrastructure.**
- **Players and personnel with concerning travel exposures (see #2) or contacts (see #3) should self-isolate at home for 14 days to prevent further spread of this disease.**

The concepts of containment (quarantine) and mitigation of COVID-19

Containment of COVID-19 was the main focus and primary method used by public health authorities when sporadic cases of COVID-19 initially occurred in concentrated locations (e.g., cruise ships, nursing homes) or when infection involved a small number of returning travelers. Despite implementation of this strategy, community spread is now occurring in the U.S.

As a result, containment has been supplemented by **mitigation** strategies designed to slow the spread of the virus in the community. These strategies are designed to "flatten the [epidemic] curve" and reduce the surge of hospitalized and critically ill patients so the health system does not become overwhelmed. Basic mitigation strategies include social distancing (discussed below) and expanding testing capability to rapidly identify infected cases in order to implement isolation and prevention measures to minimize serial transmission of the COVID-19 virus. Once identified, care for infected patients (which in the majority of cases can be safely provided as outpatients) can be performed while using the correct infection prevention strategies. Other mitigation strategies include using home isolation, closing schools and restaurants, and expansion of telehealth services for routine medical care and supervision for the majority of infected patients with mild symptomatic infections.

Social Distancing is a key mitigation strategy based on the fact coronaviruses are primarily transmitted by droplets of respiratory secretions that normally do not spread beyond 6 feet when infected patients cough, sneeze, or converse. Individuals who make conscious efforts to reduce their contact with people and stay more than 6 feet from the people with whom they come in contact with and who practice good hand hygiene have a substantially reduced risk of acquiring COVID-19. Social distancing strategies include avoiding crowds and large gatherings and reducing contact with elderly persons and others who have an increased risk of severe disease from the COVID-19 virus.

All experts believe that social distancing combined with the use of widespread testing to detect COVID-19-infected patients (followed in turn by their isolation at home or hospitalization, if indicated) and the other mitigation measures discussed above will interrupt transmission and reduce the size and impact of the current pandemic.

Application of these mitigation principles is possible in NFL facilities. In fact, facilities should prepare for the return of players and coaches now, even as the beginning of the league year is delayed. As before, specific recommendations will vary from region to region based on local epidemiology, but we recommend that teams begin and/or continue mitigation strategies by

1. Reducing face-to-face interactions
2. Reducing or eliminate air travel as much as practical and
3. Screen for recent travel history and travel-associated or personal risk of exposure to COVID-19 as personnel return to the facility
4. Educating players, coaches, and team personnel about the epidemiology and prevention of COVID-19 as discussed above.
5. Ensuring environmental disinfection recommendations are strictly followed

Practical tips for Athletic Trainers and Other NFL Medical Personnel

1. Be prepared for two likely scenarios:
    a. What to do if personnel or players have had recent travel? (**See #2**)
    b. What to do if personnel or players have had contact or potential contact with someone with COVID-19? (**See #3**)

2. Screen for travel
    a. Assess the recent travel of all staff and players as they return to the facility.
    b. Inevitably, questions will arise about the risk related to travel. The most recent CDC guidelines related to travel risk can be found at https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html
    c. In brief, risk is stratified as high, medium, low, and none. If symptomatic, contact your affiliated medical facility.

Risk Level	Travel Exposure	Management if Asymptomatic
High	Travel from Hubei Province, China	• Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities (likely at home). • No public activities. • Daily active monitoring, if possible based on local priorities • Controlled travel
Medium	• Travel from mainland China outside Hubei Province or Iran • Travel from a country with widespread sustained transmission, other than China or Iran • Travel from a country with sustained community transmission	**Travelers from other country with widespread transmission** • Recommendation to remain at home or in a comparable setting, • Practice social distancing • Self-monitoring • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination **Travelers from country with sustained community transmission** • Practice social distancing • Self-observation
Low	Travel from any other country	• No restriction on movement • Self-observation

Information on which locations have widespread transmission can be found at https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html

3. Assess risk of contacts or potential contacts and implement self-isolation if necessary.
    a. Review **Appendix 1** for expected scenarios and responses.
    b. *Note: feel free to rebrand and circulate this infographic in your facility*.

4. Reduce face-to-face interactions
    a. Prevent nonessential visitors from entering your training facility during this public health emergency.

b. Reduce the size and length of team meetings and increase the physical distance between attendees when meetings are held. At least until further notice, the size of such meetings should be limited to 10 or fewer people.
c. Video conferencing should be considered as a substitute for in-person meetings when possible or feasible.

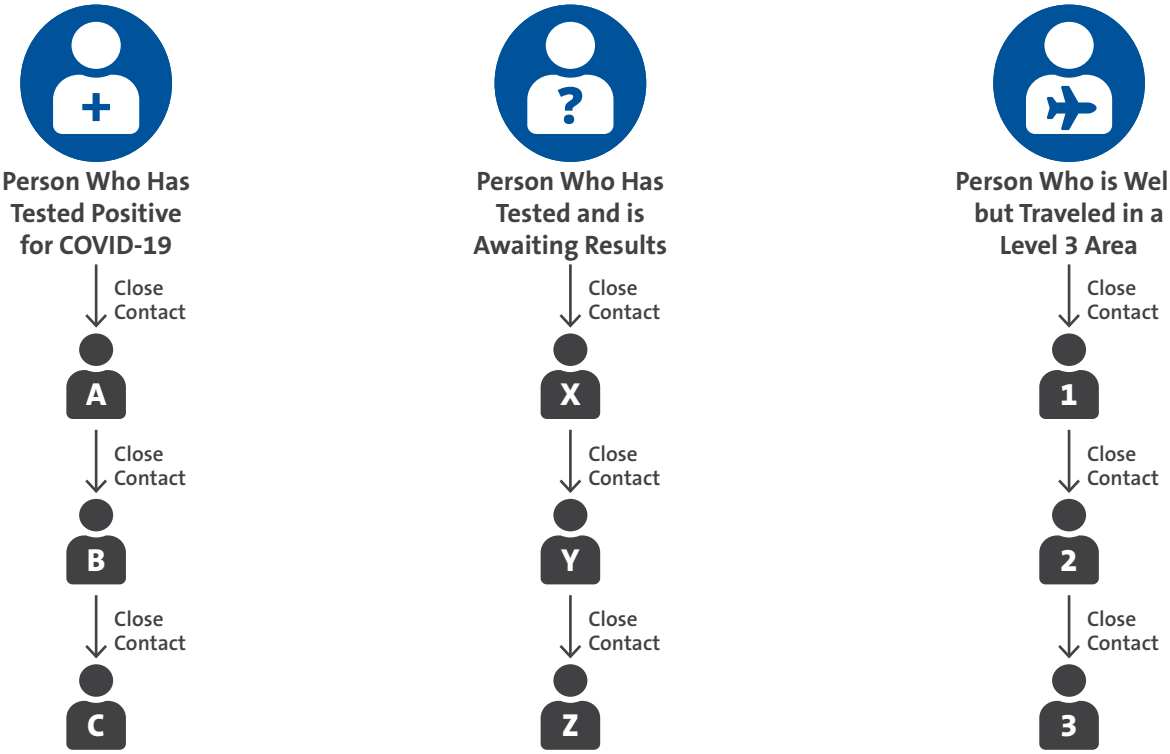
5. Educate personnel
    a. Ensure that asymptomatic personnel with recent travel know to promptly report (by phone rather than in person) if they have fever, cough or shortness of breath so that they can be promptly integrated into the testing algorithm at your affiliated medical center.
    b. Make sure that every team and staff member has a functioning thermometer in their home to assess whether they have a fever (if they become sick).
    c. Educate all team members and staff how to practice social distancing. Emphasize the need to report the presence of fever, cough, or breathing difficulties should they or any of their household contacts become ill.
    d. All team athletic trainers and medical staff should keep in regular touch with their affiliated medical center and local infectious disease specialist to stay up to date on recent changes in types and location of coronavirus testing and any changes in referral protocols for sick individuals. For example, many referral centers are using telehealth technology to assess and follow the course of patients receiving care at home.
    e. Review basic infection prevention strategies:
        i. Clean hands frequently
            1. Hand sanitizer with > 60% alcohol content
            2. Soap and water for 20 seconds when soiled or after using toilet
        ii. Reinforce advice about trying to reduce hand contact with eyes, nose, or mouth as much as possible.
        iii. Practice cough etiquette by reminding staff to cough into a tissue (which should be immediately discarded) or the crook of their elbow. Tissues for practicing cough etiquette should be available throughout your facility. Boxes of tissues should be placed near hand sanitizing dispensers when feasible so that hand hygiene can be performed immediately following tissue use.

6. Environmental disinfection
    a. Discuss and reinforce environmental disinfection strategies recommended in the DICON manual with your professional cleaning team.
        i. Increase the frequency of cleaning of high touch surfaces including door knobs, equipment, etc. using EPA-approved disinfectants.
    b. When players are allowed into the facility for work outs, ensure that social distancing is followed as much as possible. Provide disinfectant wipes so that surfaces in the weight room are disinfected after each use.

Do I need to self-isolate for possible exposure to COVID-19 in the community?

Based on the best scientific advice currently available

This guidance is for people with **NO fever or respiratory symptoms**.



OPTION A: If this is you... Self-Isolate for 14 days. Contact affiliated medical center for advice on next steps.

OPTION B: If this is you... Okay to go to work. Practice social distancing. Watch for symptoms. If you develop fever or other symptoms, contact your personal healthcare provider.

OPTION C: If this is you... Okay to go to work. Practice social distancing. If you develop symptoms, contact your personal healthcare provider.

OPTION X: If this is you...
Follow the guidance for Option "A" above until you learn that the person tested negative. If they test positive, then keep following advice for Option "A".

OPTION Y: If this is you...
Follow the guidance for Option "B" above until you learn that the person tested negative. If they test positive, then keep following advice for Option "B".

OPTION Z: If this is you...
Okay to go to work. Practice social distancing. If you develop symptoms, contact your healthcare provider.

OPTION 1: If this is you and the person traveled in the past 14 days...
Okay to go to work. Practice social distancing. Watch for symptoms. If you develop fever or other symptoms, contact your personal healthcare provider.

OPTION 1: If this is you and the person traveled over 14 days ago...
Okay to go to work. Practice social distancing. If you develop symptoms, contact your personal healthcare provider.

OPTION 2 or 3: If this is you...
Okay to go to work. Practice social distancing. If you develop symptoms, contact your personal healthcare provider.

***Close contact means being within 6 feet for a prolonged period of time OR having direct contact with infectious secretions (e.g., being coughed on).**

Note: If you have a connection that is more distant than the options described above, you do NOT need to do anything more than social distancing, which is recommended for everyone. People connected to you do not need to do anything different from everyone else, unless they themselves have risks due to some other exposure.

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Source: Harvard University Health Services