May 6, 2020

REOPENING OF NFL CLUB FACILITIES

Guidelines for Best Practices in Phase 1

General Principles

NFL club facilities may be reopened when the following criteria are met:

- Local and state government officials consent to reopening
- Club has implemented all of the operational guidelines listed in this document to minimize the risk of virus transmission among employees
- Club has acquired adequate amounts of needed supplies as described within this document
- Club has created an Infection Response Team (IRT, described within this document) which has a written plan for newly diagnosed cases as detailed below
- Club has designated an Infection Control Officer (ICO, described within this document) who will oversee all aspects of the implementation of the listed guidelines
- Each employee who returns to work at the club facility must receive COVID-19 safety and hygiene training prior to using the facility and agree to report health information to the ICO as outlined within this document
- Initially, clubs may permit up to 50 percent of non-player employees (up to a total of 75 people) into the facility providing that this allows implementation of these protocols with respect to screening, distancing, cleaning and sanitation, and use of personal protective equipment. No players may use the facility except for those who are continuing a course of therapy or rehabilitation that was underway when the facilities were closed in March

Infection Response Team

Each club will designate an Infection Response Team (IRT) which will at a minimum include:

- Local physician, with expertise in common infectious disease principles (these can be the team physician, if desired)
- The club Infection Control Officer (ICO)
- Team head athletic trainer
- Team head physician, if he/she is not serving as the local physician listed above
- HR director

- Chief of security
- Team mental health clinician or someone with equivalent clinical expertise
- A member of the club operations staff (facility manager or similar)

The IRT will be immediately notified for any employee who is newly diagnosed with COVID-19 infection, and shall be responsible for contact tracing within the club facility (for example, other employees) and notification to public health authorities, additional disinfection of any potentially infected site, and monitoring of illness recovery with determination of return to work. The IRT will create a written plan for each club for how to manage newly diagnosed COVID-19 infections among employees and exposures. To accommodate medical privacy, we will emphasize the obligation to maintain confidentiality and clubs may consider having the initial notification go to one or two medical people on the IRT.

Infection Control Officer

- The Infection Control Officer (ICO) shall be identified as the first point of contact for any club employee with new symptoms suggestive of COVID-19 infection (fever, cough, shortness of breath, body aches and pains, sore throat, chills, loss of smell and/or loss of taste), exposure to a known COVID-19 infected patient, or the development of new medical condition that confers a high risk of complications from COVID-19 infection (Asthma, diabetes, COPD or other lung disease, autoimmune disease, new use of oral steroids or other immunotherapy, new use of chemotherapy or newly diagnosed cancer)
- The club's head athletic trainer may serve as ICO, but the club has discretion to select another staff member so long as that person has the background and ability to perform all listed duties. The ICO will participate in a training session held by the NFL prior to the facility reopening
- The ICO will also be in charge of implementation of the club screening protocol as listed below
- The ICO will be responsible for reasonable protection of personal health information for each employee, with the understanding that sharing of some health information will be necessary for the protection of all other employees (for example, a newly diagnosed COVID-19 infection will need to be shared with the IRT and other exposed employees)
- The ICO will identify appropriate local medical resources which can conduct COVID-19 testing for suspected new cases, as well as provide appropriate medical care for employees who may lack a regular primary care physician
- The ICO will also oversee the cleaning and disinfection program for the facility, to ensure that CDC guidelines (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) and the attached Duke Infection Control Outreach Network (DICON) guidelines are followed
- The ICO shall also post extensive signage on health policies, including the following documents in the workplace to help educate building occupants on COVID-19 best practices:
    - CDC guidance to stop the spread of germs
    - CDC guidance on COVID-19 symptoms

Workplace Movement and Activity

In-person work and employee contact should be minimized where possible:

- Gradual/phased return to in-person work; continue to encourage telework and remote meetings to reduce density in the office
- Business travel should be discouraged unless essential
- Adjusted workplace hours and shifts to minimize contact across employees and reduce congestion at entry points
- Close contacts of infected individuals should telework until safe
- Limit visitors and service providers on site; shipping and deliveries completed in designated areas
- No direct contact with consumers (i.e., no retail activity, in person ticket sales, etc.)

Ensure greater than 6 ft between individuals where possible:

- Close employee common spaces where employees are likely to congregate (e.g., break rooms, eating areas) unless physical distancing can be assured; remove chairs and/or use distance markers to assure spacing (e.g., workstations, conference rooms)
- Workers assigned designated work areas (e.g., floor, building); improve ventilation for enclosed spaces where possible
- Employees encouraged to limit time in common spaces
- Employees discouraged from using elevators whenever possible
- Handshakes and other personal contact between employees are strongly discouraged
- One-way traffic in hallways and common corridors should be established whenever possible
- Deliveries should be minimized, done by contactless methods, and conducted outside the building whenever possible

Personal Protective Equipment and Hygiene for Employees

- Face coverings required for all employees unless the employee is located alone in a closed office
- Face coverings to be worn in all common areas where closer contact may occur
- Gloves highly recommended for employees in frequent contact with others, and mandatory for those who work with food, re-filling office supplies, etc.
- Physical partitions for workers in high traffic areas or those who cannot be spaced out
- Employer to provide appropriate gloves as above
- All employees should wash their hands thoroughly, immediately before entering the facility and upon exiting the club facility and be reminded of the importance of frequent handwashing, particularly after a cough, sneeze, or contact with surfaces in high traffic areas
- All employees must avoid, to every extent possible, person-to-person contact and if documents or other items are handled by more than one person, then each handler should wash or sterilize their hands after the handle, and avoid touching their face
- Facility must provide tissues, soap, hand sanitizer (to the extent possible), cleansing wipes and other relevant hygiene materials

- Each part of the facility which is used – including doorknobs, telephones, keyboards, equipment, etc. – must be cleaned using EPA-approved disinfectants if there is a shift change during the day. Facility must implement strategy for routine disinfection of environment, at minimum of one time each day
- Disinfecting of contacted surfaces daily and deep cleaning of exposed areas in event of a positive case
- Frequent disinfecting of heavy transit areas and high-touch surfaces (e.g., doorknobs, elevator buttons, vending machine, bathrooms)
- Shared spaces (e.g., conference rooms) cleaned between use and supplied with cleaning products (e.g., sanitizer, disinfecting wipes)

Employee Responsibilities

- Stay home when feeling ill, when exposed to COVID-19 (e.g., positive household member case), or if diagnosed with a confirmed case of COVID-19
- Employees who are particularly vulnerable to COVID-19 according to the CDC (e.g., due to age or underlying conditions) are encouraged to stay home and should report their underlying conditions in advance to the club physician or other medical officer to properly assess risk of returning to the facility
- Increase hygiene practices – wash hands more frequently, avoid touching face, practice good respiratory etiquette
- Wear a cloth face covering or medical style mask (not an N-95 mask, which should be reserved for healthcare workers) while at work and in public to help protect against the spread of the virus
- Practice recommended social distancing to the greatest extent possible –"Farther is safer"
- Abide by guidelines established by employer, which include frequent hand hygiene, social distancing practices in the workplace, and increased environmental disinfection as above
- Employees with new COVID infection (regardless of presence or absence of symptoms) MUST immediately report their change in status to the ICO

Screening Protocol

Employees will be encouraged to take temperature routinely at home prior to departure for the facility and to remain at home if their temperature is elevated. Daily screen for all employees reporting to work, as well as visitors, contractors, and service providers who enter the club facility with the following questions:

- Have you been in close contact with a confirmed case of COVID-19?
- Are you experiencing a cough, shortness of breath, or sore throat?
- Have you had a fever in the last 48 hours?
- Have you had new loss of taste or smell?
- Have you had vomiting or diarrhea in the last 24 hours?

Temperature screening employees and other groups aforementioned: employers to take temperatures on site with a no-touch thermometer each day upon arrival at work.

- Normal temperature should not exceed 100.4 degrees Fahrenheit

Direct any employee who exhibits COVID-19 symptoms (i.e., answers yes to any of the screening questions or who is running a fever) to leave the premises immediately and seek medical care and/or COVID-19 testing, per CDC guidelines.

Use of Club Medical Facilities

The medical facility of each club may continue to provide treatment and rehab of acutely ill or injured players who need these services and cannot receive equivalent care at other sites. Non-essential medical care, such as routine physical exams and evaluation of elective medical conditions should not be done during this phase 1 of reopening. Rehab should be confined to the medically supervised portions of care under the direction of a licensed healthcare provider and should be part of an overall treatment plan. Routine strength and conditioning, football skill development work, and recovery techniques not related to injury or rehab treatment are NOT considered appropriate use of the club medical facilities during phase1 of reopening.

Duke Center for Antimicrobial Stewardship and Infection Prevention

dicon DUKE INFECTION CONTROL OUTREACH NETWORK

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Update #4 - Environmental Transmission of COVID-19: Basic Principles, Controversies and Practical Advice on Reducing the Risk of Transmission of Coronaviruses in Athletic Facilities

Background. Coronaviruses are transmitted by two main routes: respiratory droplets and contaminated environments. The most common method of spread is through respiratory droplets generated when infected individuals cough, sneeze, talk or exhale; these droplets can directly infect others in close proximity (i.e., within 6 feet). As a result, the majority of infection prevention recommendations are designed to decrease exposure to respiratory droplets from infected individuals (e.g., social distancing). Infectious droplets can also cause environmental contamination that, in turn, serve as a source of indirect (secondary) transmission when susceptible individuals touch these surfaces and then transfer virus to their mouths or other mucous membranes via contaminated hands. The frequency and relative importance of secondary transmission from contaminated surfaces remain controversial. This newsletter will discuss the available data on the frequency and duration of environmental contamination of COVID-19, explain unresolved issues about its importance, and provide current best practices for reducing the risk of secondary transmission in athletic facilities.

Data on the transmissibility of coronaviruses in the environment. Various investigators have demonstrated that SARS-CoV-2 can be recovered from environmental surfaces (e.g., stainless steel, plastic, cardboard, paper, mask surface) in experimental studies for periods ranging from a few hours to multiple days [1]. Widespread environmental viral contamination of door handles, bed sheets, bed rails, medical equipment, and other surfaces in bathrooms and elsewhere has been demonstrated in the rooms of hospitalized patients with COVID-19 [2]. Studies of the coronavirus that caused Severe Acute Respiratory Syndrome (SARS) and the Middle East Respiratory Syndrome (MERS) showed similar findings [3]. The duration and extent of viral contamination is affected by the ambient temperature, relative humidity, and the size of the inoculum of virus in droplets, which vary from patient to patient depending on the stage and severity of illness [4].

Unresolved issues related to the infectiveness of coronaviruses on environmental surfaces. To our knowledge, there are no conclusive studies that have quantitated the frequency or relative importance of environmental spread of coronaviruses compared to spread via respiratory droplets. While secondary transfer of COVID-19 from the environment can and has led to infections, information is currently lacking on several key issues:

- Some of the previously mentioned studies have demonstrated that the RNA in SARS-CoV-2 virus was transmissible in the environment, as it could be cultured after recovery from an environmental surface. Other studies simply showed that viral RNA was present but did not determine if this RNA was sufficient for transmission.
- To our knowledge, no one has determined the minimum infective dose or inoculum of SARS-CoV-2 virus that is capable of causing disease in exposed individuals. In fact, the minimum infective inoculum probably varies between individuals based on differences in age, co-morbidities, and behaviors. In all likelihood, we will never know the minimum infective dose, as this is usually determined through virus challenges that would be unethical given the high morbidity and mortality related to SARS-CoV-2 infection.
- The "transferability" of virus on and from different environmental surfaces remains unknown, but the propensity that exposure will result in transfer of an infectious viral dose to an exposed mucous membrane likely varies by frequency, intensity, and duration of contact.

Despite these unresolved issues, we and most other infectious disease specialists and epidemiologists believe that environmental transmission can and does occur. Thus, the mitigation measures discussed below are logical, appropriate, and likely to reduce the risk of transmission of COVID-19.

Practical advice for reducing the risk of environmental transmission of SARS-CoV-2 virus in athletic facilities. Well-designed studies have shown that all coronaviruses are rapidly and effectively eliminated by common cleaning agents and disinfectants, including the disinfectants DICON currently recommends for cleaning your athletic facility (*see* ***Section 3 of the DICON Manual***). In addition, the EPA recently summarized disinfectants with presumed activity against SARS-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2). More specifically, disinfectants that contain quaternary ammonium (quats), hydrogen peroxide, or bleach are highly effective in eradicating coronaviruses on surfaces. When disinfecting surfaces in the training facility, be sure to follow these steps:

- Use microfiber cloths to apply quats (*see* ***Best Practice 3.A.iii. in the DICON Manual***).
- Ensure that surface disinfectants are not wiped away until the appropriate "contact time" has been achieved. Refer to the label on the disinfectant used in your facility (and EPA list N, linked above) for the specific contact time required. As a rule of thumb, disinfectants must stay wet on surfaces for *at least* one minute, though some may require a longer contact time to ensure appropriate eradication of SARS-CoV-2 (*see* ***Best Practice 3.A.iv. in the DICON Manual***).
- Use electrostatic sprayers to ensure complete application of disinfectants to all surfaces (*see* ***Best Practice 3.A.v. in the DICON Manual***). In most cases, this strategy should be considered as "adjunctive" and used to apply additional disinfectant after manual disinfection has been performed.
- Other measures are often used in healthcare facilities to "enhance" standard disinfection methods. The two most important and evidence-based of these measures are UV germicidal irradiation and vaporized hydrogen peroxide. Both are likely effective in eliminating coronaviruses. However, we are currently unaware of sufficient peer-reviewed data to recommend these enhanced disinfection strategies in outpatient or training room settings (*see* ***Best Practice 3.C.ii in the DICON Manual***). That said, we acknowledge that use of these

enhanced strategies may provide benefit, particularly for public relations and facility morale. Each of these strategies has significant logistical limitations that must be addressed, though these limitations are beyond the scope of this discussion.

- In inpatient settings, environmental services personnel are instructed to wear gowns and gloves when disinfecting a COVID-19 hospital room. However, routine disinfection of the environment can be performed without special precautions in outpatient facilities and athletic facilities.
- Surfaces should be disinfected after each use, whenever possible (*see **Best Practice 3.B.i. in the DICON Manual***). At baseline, we recommend cleaning and disinfecting the entire facility at least once each day. We believe that increased frequency of disinfection is warranted in athletic facilities during the current pandemic (i.e., two times each day or more).

Summary Points and Conclusions

1. Although many questions remain unresolved about the frequency and importance of environmental transmission of coronaviruses, most experts believe such transmission can occur. Thus, environmental disinfection has become an important prevention measure in healthcare facilities.
2. Disinfectants that contain quaternary ammonium compounds (quats), hydrogen peroxide, or bleach are highly effective in eradicating coronaviruses from the environment. Routine cleaning does not require the use of special protective equipment such as goggles or gowns.
3. Electrostatic sprayers that ensure complete application of disinfectants to all surfaces are recommended as an "adjunctive" measure after manual disinfection has been performed.
4. Enhanced cleaning methods such as UV germicidal irradiation and vaporized hydrogen peroxide are not currently recommended as a routine or absolutely necessary but can be have benefit as discussed above.

References

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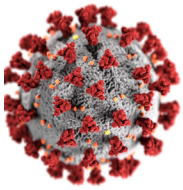
What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

cdc.gov/coronavirus

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