

## **COVID Considerations For the Athletic Training & Sports Medicine Facility**

### **Requirements (minimum levels) \*\*:**

1. Personal protective equipment (PPE) utilized for all patient care
  - a. Follow current MDH and CDC guidelines (highest standards)
  - b. Utilization of gloves, mask, eyewear and/or face shield
  - c. Accessible hand sanitizer and/or hand washing methods
2. Social distancing must be maintained as applicable
  - a. Limit number of students allowed in athletic training facility at a single time
    - i. Per standards by fire regulation, CDC, and MDH
  - b. Masking when in the athletic training facility (per Minnesota State Mandates)
3. Sign in sheet is mandatory for contact tracing to include:
  - a. Name
  - b. Sport
  - c. Time in/time out of athletic training facility
  - d. Check box for student athlete to initial if they completed school policy screening same day
4. Tables sanitized between patients with CDC approved cleaners
5. Equipment sanitized between patients (ie. foam rollers, modality attachments, etc.)
6. Limit contact with ice machine
  - a. Limit undocumented contact with ice machine (ie. Access to ice machine when facility is “closed” due to lack of monitoring)
  - b. Utilization of disposable gloves to access ice machine
7. Ice baths utilized only for emergency
8. Discontinue hydrocollator use at this time
9. Access to daily laundry (as needed)
  - a. Encourage use of disposable items and limit use of linen in daily practice
10. Positive COVID cases must be reported to the school and medical staff. Staff must adhere to the current quarantine and/or Return to Play requirements following clearance from a physician

**\*\*Information listed is subject to change and will be updated as recommendations & requirements evolve.**

**Considerations (Discussion points to be had with medical and school staff):**

1. Hydration Methods
  - a. Non-communal water bottles/stations
  - b. Coaches (or otherwise appointed individuals) must monitor the use of the water coolers/jugs \*if being utilized
    - i. Recommendations for guidelines (ie. no taking lids off to fill water bottles)
2. School staff, or other appointed individuals, are responsible for management of crowds outside the athletic training facility (including, but not limited to locker rooms, weight rooms, and practice/game sidelines)
3. Emergency Action Plans
  - a. Infectious disease plan/COVID policy discussion
    - i. What the action is to follow after a positive case or exposure to a positive case?
    - ii. Communication plan should involve the following:
      1. School Nurse
      2. MN Department of Education
      3. MSHSL
      4. MDH for contact tracing
      5. Team Members
      6. AT and sports medicine partner
    - iii. Emergency care
      1. PPE plan
      2. Least amount of people involved necessary
  - b. Weather shelters (size; different plan)
4. School should allocate funds appropriately for PPE and cleaning expenses for the school employees and athletics participants
  - a. Athletic trainers will act as medical professionals and follow CDC and MDH guidelines for PPE considerations
5. Facility should be cleaned daily by school appointed staff
  - a. Athletic Training Facility
  - b. Fields/Courts/Ice
6. Limit amount of activity in athletic training facility during hours the athletic trainer is not present
  - a. Athletic trainers will be responsible for cleaning upon entering and exiting room
  - b. Athletic training facility should be locked when athletic trainer is not present
7. If an exposure and subsequent quarantine or positive case affecting the athletic trainer presents itself, a discussion on a case-by-case basis should be had between the school and the sports medicine provider partner regarding coverage needs and abilities.