



## **COVID-19 Safe Return FAQ for Athletic Trainers**

Athletic Trainers (AT) are skilled qualified medical professionals who are in unique positions to assist and direct prevention and care during return to sport and life phases during the COVID-19 crisis. No matter the setting, ATs are skilled in interpreting and analyzing information from multiple sources in order to deliver the most appropriate care for their specific setting. As different governmental organizations, groups and partners release guidelines for return to sport and activity, ATs may find themselves deciphering multiple, and sometimes competing guidelines, while assisting their organization to provide quality medical care and direction. In order to best assist and lead our various institutions and settings, MATS has compiled answers to frequently asked questions in order to guide ATs through these times. Please understand that as guidelines are released and updated, MATS will also update and adjust their information. Links to sources utilized for this FAQ can be found on the COVID-19 Resources Page at [michiganatsociety.org](http://michiganatsociety.org)

### **Return to Athletics/Activities**

#### **1. When return to sports is allowed, do we go back to pre-COVID status?**

No. According to guidelines set out from our partners and governing bodies, multiple considerations will need to be met prior to a full return to sport. Special considerations will need to be taken for the reconditioning of athletes; the sanitation of surfaces, equipment and fields of play; and athletes and staff that are considered “At Risk”. In addition, personal protective equipment considerations will need to be considered and discussed with your overseeing physician and administration to ensure that all risks are mitigated.

#### **2. What are best practices for reintegration of activity for the student-athlete?**

A graded return to activity or sport should be followed to ensure that appropriate reconditioning is accommodated and that there is not a negative impact on your local health care facilities. Follow workplace and administrative guidelines and refer to the following for best practices on reconditioning and reintegration; NSCA, NCAA, MHSAA/NFHS, NATA SSATC, NATA ICSM, CDC/Youth Sports.

#### **3. What precautions need to be taken for shared equipment?**

According to the NFHS Guidance for Opening document, shared equipment such as balls and protective gear should not be used until Phase Two is reached. During Phases Two and Three, all athletic equipment, including balls, should be cleaned intermittently during practices and contests. Any athletic equipment, such as bats, batting helmets and catchers gear, should be cleaned between each use. In addition to cleaning, please ensure that hand sanitizer is plentiful at all contests and practices.

*Please refer to the NFHS Guidelines.*

#### **4. If a student is diagnosed/treated with COVID-19 or similar, what might be the RTP process?**

ATs should work with their supervising physician and the student's treating physician for an appropriate plan of care. State and local health departments may have additional requirements for needed management and/or documentation.

*Please refer to the American College of Cardiology - Exercise and Athletics in the COVID-19 Pandemic Era Article.*

### **Sanitization and Personal Protective Equipment**

#### **1. What are the standards now for PPE?**

According to the Michigan Safe Start Plan (page 15 Sect. D), masks and gloves should be required when social distancing can no longer be maintained. Face masks should be used as necessary. At this time, these are the current standards the AT shall uphold while in their clinical practice for mask, gloves and eye protection:

- Masks: The use of a Level 1 Procedure mask is recommended. Use one per person per day continuously throughout the shift with removal for breaks or lunch. Discard level 1 procedure mask if visibly soiled, wet, or damaged or at the end of your shift.
- Gloves: Non-Sterile gloves should only be changed if contaminated or exposed to mucus membranes. Hand hygiene between each patient in place of gloves is also acceptable.
- Eye Protection: Goggles, face or eye shields are reusable and should be sanitized in-between team member use. Use soap and water or alcohol swab to clear any foggy residue left behind on eye protection after cleaning.

*Please refer to the Michigan Safe Start Plan and OSHA Guidelines.*

#### **2. How can I make sanitizing equipment and facilities better/easier?**

ATs should collaborate with stakeholders at their workplace to see what practices should be implemented for cleaning throughout the day and at the conclusion of the day. Appropriate documentation/records should be kept on file.

*Please refer to the BOC Facilities Principles, NSCA RTT and OSHA Guidelines.*

### **Administration**

#### **1. What guideline should I follow?**

This will depend on your specific setting and organization. Guidelines specific to your setting will dictate what best practices to follow, along with both State and Federal guidelines. We suggest consulting guidelines in this order:

1. CDC
2. Michigan Safe Start Plan
3. Institution/Sport Governing Body (ie NCAA, MHSAA,)

In addition, your institution's specific policies should be followed.

*Please refer to the CDC, MDHHS, MHSAA, DOD, OSHA, NATA and NCAA Guidelines.*

## **2. Who will manage the monitoring of symptoms and temperatures?**

MATS is in agreement with the sentiment that ATs shall not be viewed as a luxury during this crisis and that the Athletic Trainer is best suited to guide their respective institution through this dilemma. Due to our educational background and training, ATs can assist in monitoring symptoms and temperature checks for their institution. To ensure that these new duties do not take away from daily tasks of the AT, the AT shall engage in a conversation with their administration on the importance of prioritization of duties. However, we do understand that institutional budgets will be adversely affected due to the COVID-19 crisis and that a traditional position may be lost or reassigned. Please consult your institution's Human Resources manager for further instruction and how you can assist them. MATS will also release a sample COVID Manager position description to assist the AT in consulting with their human resources department.

*Please refer to the NFHS, MHSAA Guidelines and MATS COVID Manager Position Description.*

## **3. If a Student-Athlete/Coach or Patient is suspected of having COVID, what is the plan of action?**

Administrators of sports organizations should consult with state and local health officials to determine if and how to put into place these considerations. Each community may need to make adjustments to meet its unique needs and circumstances. Implementation should be guided by what is practical, acceptable, and tailored to the needs of each community. These considerations are meant to supplement – not replace – any state, local, territorial, or tribal health and safety laws, rules, and regulations with which sports organizations must comply.

*Please refer to the ACHA, CDC, NATA, and NFHS Guidelines.*

## **4. Who will ATs need to collaborate with?**

As we navigate return to activity and sport, you should ensure that you are collaborating with your overseeing physician and/or family physician(s) in your local area, athletes and parents, county health departments, institutional administration, and other certified athletic trainers.

*Please refer to the NATA Guidelines.*

## **5. What are some considerations for hydration?**

All participants (student-athletes and coaches) should bring an appropriate amount of water to each session. Organizations should be prepared with some single use bottles for those that might forget or not have enough. Common sources (coolers/jugs, water trees, water fountains) should not be used initially to limit close contact and congregation. In later phases, these common source items could be used, but need to be cleaned and sanitized regularly during use and afterwards.

It is important to educate student-athletes on proper hydration throughout the day. Proper hydration includes adequate fluids throughout the day, as well as after activity to assist in preparation and recovery. Student-athletes should avoid drinks that are high in sugar and/or include caffeine.

*Please refer to the NATA, MHSAA and NFHS Guidelines*

## **6. Where can I find resources to help promote and educate students, parents, coaches, and others on good hygiene?**

A variety of posters and resources available to help promote proper handwashing, cloth mask use, and what to do if you might be sick, with emphasis to all that “If you are sick, stay home!” can be found at: [CDC website](#) and [MDHHS](#).

### **Screening**

#### **1. Do records need to be kept from screening?**

Yes - any screening questions and temperature readings are PHI and protected by HIPAA/FERPA. For the purposes of records retention, the function of these records is to ensure the safety of the workplace by preventing infected individuals from exposing others to the virus. Therefore these records should be retained in accordance with: security monitoring- employee and CDC.

*Please refer to the MHSAA and COVID-19 Screening Questionnaire for samples.*

#### **2. What symptom screening tool should be used while performing temperature checks and symptom monitoring?**

There are several screening tools currently available that can be used and edited to meet the needs of your specific institution.

In addition to the screening tool, a non-contact infrared thermometer, gloves, mask, and eye protection should be utilized along with clipboard and writing utensils that can easily be sanitized.

*Please refer to the MHSAA and COVID-19 Screening Questionnaire for samples.*

#### **3. What is the role of the COVID team and/or manager?**

The role of the AT as a COVID Manager is to help mitigate both risk and liability for their respective institution through an eight prong approach. In order to help ensure that all guidelines are followed and adhered to, the COVID Manager will act as a(n):

1. Educational resource
2. Health care referral source
3. Liaison between your institution and community health departments
4. Screening and records management
5. Liaison with custodial staff for hygiene planning
6. Events planning and roadmapping
7. PPE Purchaser
8. Expert in Emergency Action Planning.

*Please refer to ACHA Considerations, NATA, MHSAA, NSHS Guidelines and MATS COVID Manager Position Description.*