

## **COVID Considerations For the Athletic Training/School Sports Medicine Facility**

### **Requirements (bare minimums) \*\*:**

1. Proper personal protective equipment (PPE) must be worn for all patient care
  - a. To follow current MDH and CDC guidelines (highest standards)
  - b. May consist of gloves, mask, eyewear and/or face shield
  - c. Hand sanitizer and/or hand washing must be in place
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 State Mandates)
3. Sign in sheet is mandatory for contact tracing
  - a. To include name
  - b. Sport
  - c. Time in/time out of ATR
  - d. Check box for if the student completed school policy screening
4. Tables must be sanitized between patients
5. Equipment must be 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. If ice machine is being used, disposable gloves should be utilized
7. Ice baths only for emergency use
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 and must follow the current quarantine and/or Return to Play requirements following clearance from a physician

**\*\*Policy will be continually updated as more information arises, this information listed is subject to change.**

## **Considerations (discussion points to be had with the schools):**

1. Water distribution
  - a. Non-communal water bottles/stations
  - b. Coaches (or otherwise appointed individuals) must police 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
      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