

Eff. Aug. 17, 2020



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Note: Specific scenarios may arise that these protocols do not address. In these circumstances, NWSL will consult with medical professionals to develop the most appropriate plan. NWSL reserves the right to update these protocols as appropriate

MTF POSITIVE COVID-19 Test Protocol

General Infection Control Measures:

- Pre-Training Assessment (PTA) completed
- Daily symptom and temperature checks
- Widespread education on prevention and infection control
- Facial coverings, hand hygiene, and limited contact with others as recommended
- Contact tracing will be conducted on all players and staff

POSITIVE TEST PROTOCOL

- Facilities should close immediately if a player or staff member tests positive for COVID-19 to allow for appropriate contact tracing of all players and staff who have been present for team activities within 48 hours of collection of a positive test.

Contact tracing protocol for low risk exposure to COVID-19 positive player or staff

- Low risk exposure includes any of the following:
 1. social distancing requirements of 6 feet apart from the infected individual is always maintained
 2. cloth mask used if in close proximity and only brief interaction (<15 min)
 3. no physical contact with the individual
- Low risk contacts should be quarantined, monitor symptoms and temperature, and PCR testing for COVID-19 facilitated based on the timing of their exposure and last negative test; roommates with different exposure levels should be separated
- Low risk contacts can return to practice if testing is negative, no symptoms, and temperature remains normal

Contact tracing protocol for high risk exposure to COVID-19 positive player or staff

- Note: each case will be evaluated and may present unique circumstances not covered by these protocols
- High risk exposure includes any of the following:
 1. social distancing requirements of 6 feet apart from the infected individual is not maintained



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2. prolonged exposure (>15 min) within 6 feet (including meeting rooms, locker room, weight room) even if wearing cloth mask
 3. direct exposure to infectious secretions (e.g., being coughed on, nasal secretions, saliva, or heavy breathing during exercise)
 4. direct physical contact with the individual (i.e. during practice or games)
 5. living in the same house or apartment unit
- High risk contacts should be quarantined, monitor symptoms and temperature, and PCR testing for COVID-19 facilitated based on the timing of their exposure and last negative test; roommates with different exposure levels should be separated
 - Individual training with access to fields is permissible during the quarantine period assuming adequate physical distancing and infection control measures are followed
 - High risk contacts who remain asymptomatic are required to have two negative PCR tests prior to returning to full team training. These tests should be performed at least 24 hours apart, and as close as reasonably possible to returning to team activities, which may not occur prior to 7 days from the most recent exposure. An example of the testing timeline is approximately 3-5 days and 6-7 days from exposure. This testing strategy is a reasonable alternative to a 14 day quarantine and may allow teams to resume practice after about one week of individual training.
 - Without serial PCR testing, high risk contacts cannot return to practice until 14 days have passed since the date of exposure to COVID-19 positive individual and the player/staff has not subsequently developed symptoms

New symptoms or elevated temperature

- Players or staff with an abnormal daily screen or who develop symptoms of possible COVID-19 infection should be placed in a mask (if with the team) and isolated from the remainder of the team
- Arrangements should be made to conduct PCR testing to confirm or exclude COVID-19
- If symptoms resolve quickly and individual has 2 negative PCR tests >24 hours apart, they can return to practice and team activities
- If fever or flu-like symptoms are present and COVID-19 is not confirmed initially, testing for other viral syndromes such as influenza and RSV should be considered (i.e. respiratory multiplex viral PCR)
 - Confirmation of another virus does not rule out co-infection with COVID-19, and re-testing for COVID-19 should be considered if symptoms persist beyond one week

Management of asymptomatic COVID-19 positive player or staff

- Individual should be placed in a mask (if with the team) and isolated from the rest of the team as soon as possible in their own living quarters
- A repeat PCR test should be facilitated as soon as possible to exclude a false-positive result

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- Contact tracing and testing of team
- Isolate, close monitoring of symptoms and temperature checks
- No exercise during isolation period
- ECG, troponin, and echocardiogram after isolation and before a return to exercise
- Return to training facility for team meetings (wearing a mask) and light exercise using time-base strategy: 10 days have passed since the date of first positive COVID-19 diagnostic test assuming patient has not subsequently developed symptoms
- 3-day gradual exercise progression recommended after cardiac testing
- Return to full training after 14 days if still asymptomatic
- Individual player requests will be managed and addressed with the most current information and may include additional external consultants as needed

Management of symptomatic COVID-19 positive player

- Individual should be placed in a mask (if with the team) and isolated from the rest of the team as soon as possible in their own living quarters
- Contact tracing and testing of team
- Isolate, close monitoring of symptoms and temperature checks
- Consider home O2 saturation monitor
- Local medical evaluation as indicated and facilitated by team medical staff
- Hospitalized individuals are managed by local experts and institutional protocols
- No exercise for minimum 14 days and all symptoms resolved
- ECG, troponin, and echocardiogram after isolation and before a return to exercise
- Consider additional laboratory or diagnostic testing as clinically indicated
- Return to training facility using symptom-based strategy requires: at least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and resolution of respiratory symptoms (e.g., no cough or shortness of breath); AND, at least 10 days have passed since symptoms first appeared
- A gradual exercise progression can begin after isolation, when symptoms have resolved and cardiac testing is complete, and at least 14 days from symptom onset
- Individual player requests will be managed and addressed with the most current information and may include additional external consultants as needed