



# NWSL MEDICAL PROTOCOLS

January 2021

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

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January 21, 2021

Dear Players, Team Personnel and Other Contributors to NWSL:

We are pleased to share the 2021 NWSL Medical Protocols. The medical protocols which served us so well in our 2020 competitions have been reviewed and updated as necessary by the Medical Task Force with the goal of providing as safe an environment as possible for our players, team staff, officials and others associated with our competition and training.

Please note that these protocols are required to be implemented, and any breach of protocol may result in the imposition of a fine (in an amount to be determined in the League staff's discretion), suspension, removal from competition, or other action as determined by NWSL.

Best of luck to all as we embark upon NWSL's historic ninth season!

Sincerely,

Lisa Baird  
Commissioner

## **2021 COVID-19 Opt Out Policy**

A player wishing to opt out of all or any portion of training and/or competition during the 2021 NWSL League Season for issues related to COVID-19 must complete the NWSL Opt Out Request Form and submit it to her Team physician, along with any requested supporting documentation.

The Team physician will determine if the player, or someone living in her household, is at high risk for serious COVID-19-related illness due to a pre-existing condition. If so, the player will be approved for a Medical Opt Out.

Players may consult the link below for information regarding qualifying pre-existing conditions.

CDC link: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

A player on Medical Opt Out will continue to receive her full compensation and benefits.

If the player or her Team wishes to appeal the decision, they may file a formal appeal via the NWSL Medical Task Force COVID-19 Review Committee (“Committee”). The decision of the Committee will be final.

A player choosing to opt out for reasons that do not qualify as a Medical Opt Out must complete the NWSL Opt Out Request Form and submit it to their Team Administrator.

A player without a medical condition or whose request (and appeal, if applicable) was denied may choose to opt out, but in such case will forfeit her compensation for the period of opt out, but will retain her medical benefits, housing and use of an automobile (if applicable).

The deadline to submit an opt out request is March 10, 2021. Players who experience a change in their status or a change with respect to a member in their household may petition to opt out after the deadline.

## **NWSL Competition Protocols**

In order to minimize risk of exposure to COVID-19 for Personnel, these rules must be abided by and adhered to.

### **Definitions**

- **Competition:** shall mean the preparation for and conduct of the NWSL competitions.
- **Facilities:** shall mean any training and/or competition venues, including fields, stadiums, training rooms, weight rooms, locker rooms and meeting rooms, utilized by NWSL or NWSL clubs.
- **Lodging:** shall mean any home, apartment, hotel room or other dwelling where Personnel are residing while in their home market or during travel for the Competition.
- **Personnel:** shall mean all players, team staff, League staff, facility staff and/or broadcast staff who interact with players during the conduct of the Competition.
- **Representative:** shall mean the individual designated “COVID-19 Safety Officer” by each NWSL club to serve as the primary League contact for COVID-19 related matters. The Representative is responsible for ensuring all protocols are being followed by their club and club Personnel.
- **Roommates:** shall mean any Personnel who share a household.
- **Vehicle:** shall mean the personal automobiles of Personnel as well as commercial, private or chartered aircraft, motor coaches, vans or club automobiles utilized during the Competition.

### **Disciplinary Process**

**Minor Infraction:** A breach of NWSL Medical Protocols not directly risking the health or safety of Personnel.

**Major Infraction:** A breach of NWSL Medical Protocols that directly risks the health or safety of Personnel by increasing the risk of COVID-19 exposure.

League-imposed discipline may follow the schedule below for Minor Infractions:

- Oral warning
- Written warning
- Fine
- Suspension (with or without compensation)

The League will manage discipline for Minor Infractions and Major Infractions on a case-by-case basis and its decision will be final.

### **General Practices**

- Masks should be worn at all times outside of Lodging (except when exercising, training, playing or eating). Masks must cover the nose and mouth.

- Use social distancing when possible (6 feet apart from people). Avoid close contact with people who are sick.
- Wash your hands frequently and before eating, for at least 20 seconds with soap and water or use hand sanitizer that is at least 60% alcohol.
- Cover your coughs and sneezes with your elbow or a tissue and then dispose of the tissue. Avoid touching your eyes, nose and mouth.
- Limit the touching of handles, doorknobs and other common surfaces when possible.
- Avoid contact (high fiving/fist bumps) and selfies with fans or strangers. Avoid taking objects from fans to sign autographs (pens, jerseys, etc.).
- Time spent in locker rooms, meeting rooms and meal rooms is not for socializing and should be kept to a minimum. Masks must be worn at all times.
- Team media interviews should be kept at regular social distancing guidelines (6 feet apart).
- Stay up to date on vaccinations, including the flu vaccine.
- Contact the team doctor or trainer immediately if you are feeling sick or have had close contact with someone who becomes sick.

## **Travel**

- See “NWSL Standards for Cleaning, Disinfection, and Sanitization for Venues, Training Facilities, Team Travel (Air/Ground) and Lodging”.
- It is the responsibility of each club to provide its Personnel with PPE. Clubs should provide a sanitization kit to the players that includes masks, hand sanitizer and disinfecting wipes prior to travel.
- Personnel must wear masks while in transit, unless alone in a personal Vehicle.
- For travel between markets, teams must either fly or charter two 50+ person motor coaches. Vans are not permitted for travel between markets. Any bus trip greater than five (5) hours must be approved by the League in advance.
- For bus travel, Personnel must use the same seat throughout the entirety of the trip. This requirement is to ensure that the appropriate contact tracing may be performed, and that Personnel can be quarantined or subject to additional testing as necessary.
- When traveling by bus for greater than 20 minutes, Personnel shall sit at least six feet apart, except for Roommates, who may sit together. Generally, this will mean that there will only be one person or group of Roommates per row, alternating sides by row. If a team can fit members of the traveling party on one bus while still maintaining social distancing, it may do so with prior League approval. The application must include a map of where each person will sit on the bus.
- When booking buses, the following guidelines should be incorporated into the bus contracts. The Representative is responsible for monitoring and reporting any infractions to the bus company. Bus companies and their drivers must adhere to the minimum standards for bus transit operators established by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html>). Drivers must be certified as COVID-19 free by the bus company prior to an assignment:
  - The bus should be cleaned and sanitized prior to every trip.
  - Prior to boarding, drivers should be subject to temperature/symptom and exposure screening. If the driver has a temperature or symptoms, or has been exposed to

- COVID-19, they should not board the bus, and the bus company should provide another driver.
- Drivers should wear masks while on the bus, even when there are no other passengers.
- Drivers should not load or unload luggage or equipment.
- To the extent drivers park on-site and stay during the game, drivers must follow strict social distancing guidelines, adhere to the approved cleaning and hygiene protocols, remain in private areas without interacting with other people, and clean and sanitize the bus prior to re-accepting the traveling party for the return trip.
- For any air travel, Personnel must maintain their assigned seats throughout the entirety of the flight, unless moving to a new seat creates a greater distance between individuals. If any individual changes seats, they must report the new seat and row number to the Representative.
- All flights should be configured to provide as many empty seats or rows, and free space between members of the traveling party and other passengers as possible.
- Hotel staff and cleaning personnel will follow “NWSL Standards for Cleaning, Disinfection, and Sanitization for Venues, Training Facilities, Team Travel (Air/Ground) and Lodging” as provided by the home team’s Representative.
- Roommates may be placed two to a room, otherwise all Personnel should be provided an individual hotel room.
- Personnel exhibiting symptoms while traveling should immediately be isolated from all other Personnel and should be referred to the team physician for treatment and travel recommendations.

## **Daily Living**

### **A. Daily Routines**

- Personnel should generally self-quarantine, except to attend team activities and to perform essential functions. This includes minimizing contact with any individuals outside of team staff, players, and household members. See also Family and Friends Testing.
- Personnel must follow the medical protocols, which include COVID-19 testing and daily symptom screening.
- Any symptoms should be immediately reported to the team ATC and team physician or on-site physician.
- The team doctor or trainer must be notified immediately if any Personnel is feeling sick or has had close contact with someone who becomes sick.
- Contact tracing protocols as specified by the NWSL must be followed. Please refer to contact tracing protocols on page 19.
- Should someone choose to have personal items or packages delivered, this must be done through contactless delivery.

### **B. Catering/Meals/Food & Beverage**

- Hands should be washed and/or sanitized prior to eating.
- Any catered meals should be served by the catering staff (wearing appropriate PPE) or in pre-packaged containers.

- If outside food is delivered, it must be contactless delivery.

### **C. Gym/weight room/pools:**

- These common areas need to be reserved for players and the team at a time that is separate from when other guests are present. The area must be cleaned and sanitized prior to and after every use.

## **Facilities**

### **A. Non-Game Day**

- Masks must be worn outside of training.
- The shortest and most direct route should be taken whenever possible.
- Players are to be dressed prior to arrival at the field or facilities for training.
- Teams may have locker room access, provided the locker rooms are disinfected and sanitized prior to and after each use. Time inside locker rooms should be minimized and Personnel must maintain appropriate social distance.
- Schedules should be followed for the use of weight rooms and other facilities.
- Players should wipe down equipment before and after individual use.
- Disposable water bottles may be supplied by the team or the player may bring her own water bottle (and will be responsible for washing it).

### **B. Match Day**

- Personnel should arrive at the venue with masks on and all Personnel who access the facilities and field on game day must continue to wear them except players and referees when on the field (with the exception of the Fourth Official who shall continue to wear a mask throughout the match).
  - Staff and substitute players are to wear masks.
  - When players are warming up, masks may be removed.
  - The head coach may remove his/her mask during the game when standing away from the bench providing instruction to players on the field.
- The use of individual water bottles and towels for players and staff is required.
- Medical staff are to use masks and gloves when working with players.
- Training rooms must allow 6 feet between tables and treatment areas of individual players.
- Showers are permitted only if they are single stalls or every other shower head is removed, disabled or blocked off.
- Ice baths are permitted, but players must shower prior to use. Ice baths are limited to one person per tub and tubs must be appropriately distanced.
- All ice baths must be cleaned and disinfected by the home team before and after use. Ice baths do not need to be cleaned after use by players on the same team, but must be cleaned and disinfected between use by different teams.
- Any Personnel whose role has them at field level on game day must be tested twice in the week prior to the matches (liaisons, stretcher crew, ball retrievers, field manager, etc.). It is



the home team's responsibility to schedule, pay for and document testing of these individuals.

- The home team physician should be tested 48-72 hours prior to game day with a PCR test.
- Club fan management plans must be approved by the team physician prior to submitting to the League for approval. It is the club's responsibility to comply with all state and local health and safety requirements.
- Fan management plans must be submitted to the League at least 2 weeks prior to the event.

## **NWSL Medical Testing Protocol**

### **Tests**

Antigen polymerase chain reaction (PCR) testing obtained from nasopharyngeal (NP), anterior nares or saliva or an EUA-approved specimen that detects for an active infection are acceptable.

### **Testing Principles**

- Teams are responsible for test facilitation and expenses.
- Testing must occur prior to the start of pre-season. Any player (contracted or trialist) that will participate in team training must have completed the 7-day quarantine period, and receive a negative result from a PCR test taken on day 6 or 7 of quarantine, prior to being present at any team training or activity. All staff must have a negative PCR test result before being present at any team training or activity.
- After the start of pre-season, new signings and trialists must complete the 7-day quarantine period and have one (1) PCR negative test before integration, except as detailed below. The PCR test should be performed on day 6 or 7 of the quarantine.
  - A player who has been in market following protocol with a Team may sign and participate immediately.
  - A Player who is traded from another NWSL Team must quarantine and take a PCR test within 48 hours of arrival in the new Team's market. The Player may be integrated immediately upon receipt of a negative test result, except as otherwise required by state and local government authorities.
- Testing during the Competition will be twice weekly PCR testing or other tests that are acceptable (e.g., Sirona Fluidigm and MAKO Medical).
- Team physicians or athletic trainers must confirm testing has occurred with the League and inform the players and staff of their results.
- Team physicians or athletic trainers must confirm with the League that their players have received negative test results. Any positive test results must be communicated immediately to the relevant Personnel, the League Medical Director and the Commissioner, regardless of the time of year. The League Medical Director will notify the Chief Medical Officer with USSF or CSA if there is a national team member of either federation on the roster of the impacted NWSL team.
  - The Personnel who tested positive must be quarantined and the team will begin the steps described in positive testing protocol.
  - In the event of a positive test there should be an automatic re-run of the original test and a new PCR test shall be performed immediately.
- The League Medical Director will notify the NWSLPA when each round of testing is complete and will report any Teams who have players test positive for COVID-19.
- Accurate and up-to-date logs of all testing must be maintained by the team physicians and athletic trainers.
- Teams are required to report all details of positive tests, including follow-up testing, to the League.

## **Individual International and Domestic Travel after Initial Arrival in Home Market**

All post-travel protocols are superseded by state and local government regulations.

- 7-day Quarantine – A player who travels for any reason other than Team travel, being traded or national team duty should be isolated in their own living quarters and not be integrated into any team activities or have contact with any other players.
- Following arrival back in market, PCR testing is required on day 6 or 7.
- Outcomes: If 1 negative PCR test, and 7 days of quarantine are confirmed, the player may be reintegrated with the Team. If a positive PCR test is obtained, then additional physician-required clinical evaluation and cardiac testing is required for players prior to return to training or competition and the Positive COVID-19 Test Protocol is initiated.

### **National Team Duty Protocols**

**(for any NWSL player whose national team follows USWNT protocols)**

- The player takes a PCR test every 48 hours.
- The player takes a PCR test 48 hours prior to departure for NWSL market.
- The player will quarantine upon arrival, until all test results are confirmed negative. The player should not serve her quarantine in the same household as players who are not serving a quarantine.
- Players traveling back to market who are in the 90-day testing exemption due to a previous positive test do not need to quarantine unless symptoms develop.
- The player takes a PCR test within 48 hours of arriving in NWSL market.
- The player can be integrated on day 3 if all PCR tests are negative.

### **National Team Duty Protocols**

**(for any NWSL player whose national team does not follow USWNT protocols)**

- 7-day quarantine, PCR test on day 6 or 7, if negative they may integrate with the rest of the team. The Player should not serve her quarantine in the same household as Players who are not serving a quarantine.
- Players traveling back to market who are in the 90-day testing exemption due to a previous positive test do not need to quarantine unless symptoms develop.
- During quarantine, prior to team integration, individual outdoor field access is permitted under the following guidelines:
  - Individual serving quarantine may not access indoor facilities.
  - Personnel who are not in quarantine must avoid the field area while the quarantined players are present.
  - A maximum of three (3) individuals from the same national team who are serving quarantine may train together.
  - Each individual or group may use one half of the field and both halves of the field may be scheduled concurrently.

### **National Team Duty General Principles**

**(applying to any NWSL player on national team duty)**

- NWSL clubs will work with the player's national team to ascertain COVID-19 protocols, testing, vaccination or previous infection medical records and information.
- The national team player may require testing within a certain protocol of the federation, confederation or FIFA for a national team window.
- NWSL clubs and medical staff should assist in facilitating for pre-travel purposes and communicate as needed with the federation in the health and safety interests of the player at all times.
- As outlined for return to the NWSL clubs from international duty, the federation should meet at minimum the NWSL COVID-19 protocol and requested testing criteria as outlined.

### **Baseline Home Market Testing**

- Players who voluntarily arrive in market prior to pre-season may choose to start their quarantine, conduct testing and complete PCMA testing prior to February 1, 2021.
- Personnel must have one (1) PCR test 48-72 hours prior to training. At least one Communications/PR staff member must be in the testing protocol for each team, due to their required proximity to players.
- A COVID IgG Antibody test is now included in the Pre-Competition Medical Assessment (PCMA) lab work.
- Outcomes: If negative PCR and IgG tests are obtained, then participation in training may begin. If a positive PCR or IgG test is obtained, then additional clinical evaluation and cardiac testing under physician supervision is required for players prior to return to training or competition and the Positive COVID-19 Test Protocol is initiated.

### **Competition Testing**

- Each team shall be tested 2 times per week, allowing sufficient time for results prior to each game start. The Medical Task Force (MTF) will approve all team testing schedules.
- Tournament play may require a different testing cadence.
- Referees and officials shall be tested once per week prior to their games.
- At least one Communications/PR staff member must be in the testing protocol for each team, due to their required proximity to players.
- The home team physician will be tested 48-72 hours prior to game day.
- The home team physician must research local facilities that can provide a quick turnaround time. These facilities must be on file with the League.
- The testing provider shall complete testing, compile all team results, and email the results immediately to the team physician and athletic trainer. Outcomes: If a negative PCR test is obtained, then group training and games may continue.
- If a positive PCR test is detected prior to a game, the Positive COVID-19 Test Protocol must be initiated before a game can proceed.

## **Positive COVID-19 Test Protocol**

- There should be an immediate re-run of the original test sample and a new PCR test administered. If the re-run and new PCR test have inconsistent results, a 3<sup>rd</sup> PCR test should be conducted.
- Facilities should close immediately if Personnel test positive for COVID-19 to allow for appropriate contact tracing of all Personnel who have been present for team activities within 48 hours of receipt of a positive test.
- Personnel testing positive for COVID-19 will not need to re-test for 90 days following the second confirming positive test, unless clinically indicated.
- Additional clinical evaluation and cardiac testing under physician supervision is required for players prior to returning to training or games.

## **Contact tracing protocol for LOW risk exposure to COVID-19 positive Personnel**

- Low risk exposure includes any of the following (within 48 hours of when a COVID-19 positive player was tested or developed symptoms):
  - Social distancing requirements of 6 feet apart from the infected individual were maintained.
  - Mask/facial covering were used if in close proximity and there was only brief interaction with the positive individual (cumulative of less than 15 minutes).
  - There was no physical contact with the positive individual.
- Per CDC guidelines, low risk contacts can stop quarantine on day 7 with two (2) negative tests on day 5 and day 7. Monitor symptoms and temperature, and PCR testing is facilitated based on the timing of exposure and last negative test; roommates with different exposure levels should be separated, at the Team's expense.
- Individual training with access to fields is permissible for players not exhibiting symptoms during the quarantine period, assuming adequate physical distancing and infection control measures are followed.
- 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 Personnel**

- Note: each case will be evaluated and may present unique circumstances not covered by these protocols
- High risk exposure includes any of the following:
  - Social distancing requirements of 6 feet apart from the infected individual were not maintained.
  - Prolonged exposure (greater than 15 min) within 6 feet occurred (including meeting rooms, locker room, weight room) even if wearing a mask or facial covering.
  - Direct exposure to infectious secretions occurred (e.g., being coughed on, nasal secretions, saliva, or heavy breathing during exercise).
  - Direct physical contact with the individual occurred (e.g., during practice or

games).

- High-risk contacts should be quarantined, monitor symptoms and temperature, and PCR testing is facilitated based on the timing of their exposure and last negative test; roommates with different exposure levels should be separated and moved to another location, at the Team's expense.
- Individual training with access to fields is permissible for players not exhibiting symptoms 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 being reintegrated into team activities. 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 10-day quarantine and may allow teams to resume practice after approximately one week of individual training.
- Without serial PCR testing, high risk contacts cannot return to practice until 10 days have passed since the date of exposure to the COVID-19 positive individual and the Personnel 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 and isolated from the rest 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 greater than 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 Personnel**

- Individual should be placed in a mask and isolated from the rest of the team as soon as possible, in their own living quarters.
- An immediate re-test of the original sample and a new PCR test should be conducted to exclude a false-positive result. If the re-run and new PCR test have inconsistent results, a 3<sup>rd</sup> PCR test should be conducted.
- Contact tracing and any required testing should be completed immediately.
- Isolate the individual, closely monitor symptoms and perform regular temperature checks.
- No exercise during isolation period.
- ECG, troponin, and echocardiogram tests shall be conducted after isolation and before a return to exercise.
- A player may return to a training facility for team meetings (wearing a mask) and light exercise using a time-based strategy: 10 days have passed since the date of first positive

COVID-19 diagnostic test, assuming the patient has not subsequently developed symptoms.

- 3-day gradual exercise progression recommended after cardiac testing.
- Return to full training after appropriate progression and medical re-evaluation confirming the absence of any cardiovascular symptoms with exercise (i.e., exertional chest pain, exercise intolerance, excessive shortness of breath); if these symptoms are present consider cardiology consultation and cardiac MRI and evaluation for pulmonary causes (i.e., viral-induced reactive airway disease).
- 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 and isolated from the rest of the team as soon as possible, in their own living quarters.
- Contact tracing and any required testing should be completed immediately.
- Isolate the individual, closely monitor symptoms and perform regular temperature checks.
- Consider providing a home O2 saturation monitor.
- A local medical evaluation as indicated and facilitated by team medical staff.
- Hospitalized individuals are to be managed by local experts and institutional protocols.
- No exercise for a minimum of 10 days from diagnosis of COVID-19 positive test, 7 days symptom free, 24 hours fever free, off of all medications, and the safe graduated return to play protocol must be followed.
- ECG, troponin, echocardiogram tests shall be conducted after isolation and medical evaluation by the team physician before a return to light exercise is permitted.
- Consider additional laboratory or diagnostic testing as clinically indicated.
- A player may return to a training facility using symptom-based strategy. At least 24 hours must 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 the individual is at least 7 days symptom-free. Medical re-evaluation should be performed during the exercise progression to confirm the absence of any cardiovascular symptoms with exercise (i.e., exertional chest pain, exercise intolerance, excessive shortness of breath); if these symptoms are present, consider cardiology consultation and cardiac MRI and evaluation for pulmonary causes (i.e., viral-induced reactive airway disease).
- Individual player requests will be managed and addressed with the most current information and may include additional external consultants as needed.

### **Graduated Return to Play Protocol for COVID-19 Positive Players**

Return to physical activity and exercise participation is a medical decision. The player should meet the following criteria in order to progress to initial physical activity:

- Player must have cleared their 10 day isolation AND be symptom free for at least 7 days.
- Symptomatic players with longer or more significant symptoms may require more than 7

days symptom free before beginning exercise. This time-period is at the discretion of the team physician.

Following moderate to severe cases, the medical provider may provide written clearance for return to full participation once deemed medically able and the following criteria has been met:

- Complete a graded Return-to-Participation progression as outlined below.
- Exhibit no symptoms associated with COVID-19 through the Return-to-Participation steps.
- Stage 1 (10 days minimum): rest period. Player will rest for a minimum of 10 days during this stage. Player may continue with walking and activities of daily living during this stage but will refrain from any exercise. Player must be symptom free for 7 days before progressing to Stage 2.
- Stage 2 (2 days minimum, clinic/home program): light activity. Player may start some light exercise activity such as walking, light jogging, or stationary bike. There is to be no resistance training at this stage. Therapist should monitor player to keep heart rate at less than 70% max and should keep the duration of activity to 15 minutes or less. Manual therapy, modalities to promote their recovery as part of their plan of care is appropriate. If no symptom response, they may move to next stage.
- Stage 3: player may start simple movements like running drills. Therapist should monitor player to keep heart rate less than 80% max and should keep the duration of activity to 30 minutes or less. Light resistance exercises may begin. Players need to increase load gradually and manage fatigue symptoms. If no symptom response, they may move to next stage.
- Stage 4: player may progress to more complex training activities. Players should continue to keep their heart rate at less than 80% max (monitored by rehabilitation professional) and should keep the duration of activity to 45 minutes or less. Progressive resistance exercise is appropriate. Players should work on exercise coordination and skills/tactics. If no symptom response, they may move to next stage.
- Stage 5 (2 days minimum, clinic/home program): intensity of training and exercise increases. Players may start to return to normal training activities and rehabilitation exercises. They are to keep their heart rate at less than the 80% max and should keep the duration of activity to 60 minutes or less between rehabilitation and home exercise. If no symptom response, they may move to the next stage.
- Stage 6: no restriction in activity within rehabilitation plan of care.

### **Previously Positive Individuals**

Previously positive Personnel are exempt from COVID-19 testing during the 90 days immediately following a confirmed (second) positive test.

However, previously positive Personnel, who are within 90 days of testing positive, and have a high risk exposure to a newly positive Individual must complete the quarantine as dictated in the Positive COVID-19 Test Protocol.



## **NWSL Standards for Cleaning, Disinfection, and Sanitization of Venues, Training Facilities, Team Travel (Air/Ground) and Lodging**

### **Introduction**

The health and safety of our Personnel are our main priority. The intent of this document is to provide guidance in terms of cleaning, disinfection, and sanitization standards for the commencement of training and games. These best practices are derived from guidance issued by The Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), World Health Organization (WHO), and U.S. Food and Drug Administration (FDA).

### **Definitions**

**Air Purifier or Air Cleaner:** A device which removes contaminants from the air in a room to improve indoor air quality; a portable electrical device intended to remove, inactivate, or destroy potentially harmful particles from the circulating air.

**Cleaning:** Refers to the removal of pathogenic viruses, bacteria, dirt, and impurities from surfaces. Cleaning does not kill pathogenic organisms, but by removing them, it lowers their numbers and the risk of spreading infection.

**Contact Surfaces:** Refers to porous and non-porous material surfaces where direct human contact may be made.

**Disinfecting:** Refers to using chemicals to kill viruses on surfaces. This process does not necessarily clean dirty surfaces or remove viruses, but by killing pathogenic organisms on a surface after cleaning it can further lower the risk of spreading infection.

**General Population:** All individuals without reference to any specific characteristics.

**High Contact:** Refers to those surfaces where human contact by hand, face, arm, or aerosolized mucus or saliva may contact. These include, but are not limited to, handles, doorknobs, elevator buttons, handrails, keypads, computer mouse, telephone, headsets, thermostats, light switches, desktops, counters, and arms rests.

**Heating, Ventilation and Air Conditioning (HVAC):** The system that is used to provide heating and cooling services to buildings. It refers to the different systems, machines and technologies used in indoor settings such as homes, offices, hallways, and transportation systems that need environmental regulation to improve comfort.

**Personal Protection Equipment (PPE):** Equipment worn to minimize exposure to hazards that may cause serious injuries or illnesses.

**Personnel:** Shall mean all players, team staff, NWSL (“League”) staff, facility staff and/or broadcast staff who interact with players during the conduct of the competition.

**Sanitizing:** Refers to a chemical process that lessens and even kills germs on surfaces to make them safe for contact. It reduces the number of bacteria to safe levels (set by public health standards) to decrease the risk of infection; it may not kill all viruses.

### **General Practices for Training in Home Markets and Competition**

Protecting Personnel will depend on emphasizing basic infection prevention measures. As appropriate, all venues should implement good hygiene and infection control practices, including:

- Continue to educate staff and all individuals using the venue to recognize the symptoms of COVID-19.
- Continue to educate staff and all individuals using the venue how to properly wear and dispose of masks and other PPE equipment.
- Encourage all staff and individuals to stay home if sick and to contact their health care provider.
- Provide COVID-19 prevention supplies to Personnel such as hand sanitizer that contains at least 60% alcohol, tissues, trash baskets, disposable masks, cleaners and disinfectants.
- Clean frequently touched surfaces and objects with detergent and water prior to disinfection, especially surfaces that are visibly dirty.
- Post signage throughout the facilities (training and venue) regarding educational messages for COVID-19 prevention strategies; consider the use of multilingual signage where appropriate.
- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to Personnel.
- Train all staff on proper hand and respiratory hygiene and encourage respiratory etiquette, including covering coughs and sneezes.
- Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, elevators, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines, focusing especially on frequently touched surfaces.
- Cleaning staff should wear disposable gloves and masks for all tasks in the cleaning process, including handling trash. If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reusable (washable) clothing should be laundered afterwards. Clean hands after handling dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items. Be sure to wear appropriate PPE when handling items if the clothing is from someone who may be ill. To minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
- Designate a space for Personnel who may become sick and cannot leave the event immediately; work with partners, such as local hospitals, to create a plan for treating Personnel who do not live nearby; include a plan for separating and caring for vulnerable populations.
- Promote frequent and thorough hand washing by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not

- immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- If possible, keep doors open within the facility to minimize the use of door handles or doorknobs when moving from one location to another.
- Provide sufficient tissues and trash bins.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment.
- When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA) and look for products with approved disinfectant labels and claims against emerging viral pathogens.
- Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products.

### **Venue Guidance**

**Training Facilities:** Players and staff should arrive at training facilities dressed and prepared to train. The intent is to minimize use of any inside facilities. Parking in lots should be spaced to allow for social distancing as feasible.

**Match Venues:** These minimum standards are intended for match venues that will be used during the 2021 NWSL competitions.

For **non-matchday** venue operations, the following guidance should be enacted as the baseline posture:

- Make all necessary adjustments to have as few staff working on site as feasible.
- Designate specific entry points for employees to maximize social distancing. This includes opening various entry points for employees, based on department.
- Adjust the delivery policy to ensure social distancing protocols are met according to the latest local guidelines or requirements.
- Determine and implement an appropriate schedule for cleaning and methods of decontamination to include increasing cleaning frequency for high-trafficked areas. The schedule must cover pre-event, during event, and post-event.
- Implement cleaning procedures using appropriate EPA approved products.
- Train and inform employees to recognize COVID-19 symptoms and designate a space that can be used to isolate Personnel or other individuals who become ill or exhibit symptoms.
- Increase signage in appropriate locations throughout the facility (e.g., access points, locker rooms, workout, training, and treatment spaces), outlining advisable precautions (e.g., best practices for hand and respiratory hygiene).
- Have sufficient masks and other PPE for Personnel and other individuals. It is required to wear face coverings at a minimum. The type of PPE will depend on duties of staff and exposure to public and/or areas of high contamination. Ensure there is a sufficient supply of masks available for Personnel and guests who may need a replacement.

### **A. Laundry**

- Dirty laundry should be placed into a specified bin(s) at a central location.
- Dirty laundry should be collected from the laundry bin.
- Do not shake dirty laundry. This will minimize the possibility of dispersing the virus through the air if present.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from infected persons can be washed with non-infected persons' items.

### **B. Training/Medical Rooms**

- After every use, clean and disinfect surfaces in the training room (e.g., medical tables, stools, chairs, medical equipment, trash cans, recycle bins).
- All floors are to be swept and mopped with a disinfectant detergent solution on a daily basis.
- All carpets shall be vacuumed daily, extracted if needed and spot cleaned in accordance with the manufacturer's specifications as necessary.
- All trash and medical receptacles shall be emptied, wiped out with a disinfectant solution, and the can liner replaced.
- Replace soap, single-use towels, single-use dispensers, disposable drinking cups, tissue & alcohol-based wipe boxes, and any other items that have been used/touched by anyone.

### **C. Weight Rooms**

- Daily cleaning required and after every use, surfaces must be cleaned and disinfected in the weight room (e.g., floor mats, cardio equipment, free weights, multi-use racks, mirrors, water fountains, trash cans, recycle bins).
- All floors are to be swept and mopped with a disinfectant detergent solution on a daily basis.
- All carpets shall be vacuumed daily, extracted if needed and spot cleaned in accordance with the manufacturer's specifications as necessary.
- All trash receptacles shall be emptied, wiped out with a disinfectant solution, and the can liner replaced.
- Replace soap, single-use towels, single-use dispensers, disposable drinking cups, tissue & alcohol-based wipe boxes, and any other items that have been used/touched by anyone.

### **D. Field**

- Clean and disinfect all hard surfaces on the playing field (e.g., benches, chairs, bench shields, Fourth Official's area, goal posts and corner flag poles).

### **Matchday**

- Venue operations will build upon the baseline processes and preparations to ensure the safest environment possible. The following guidance applies to minimize risk for the teams

and officials. These cleanings need to take place prior to every use by a team or official.

#### **A. Locker Rooms/Critical Area**

- Prior to every use, clean and disinfect all High Contact surfaces in common areas (e.g., lockers, chairs, tables, doorknobs, light switches, phones, television screens, remote controls, clothes hangers, handles, desks, trash cans, recycle bins, toilets, sinks, water fountains, showers).
- All floors are to be swept and mopped with a disinfectant detergent solution.
- All carpets shall be vacuumed, extracted if needed and spot cleaned in accordance with the manufacturer's specifications.
- All toilet tissues, facial tissues, hand towels, soap, and hand sanitizer will be replenished as needed.
- All trash receptacles shall be emptied, wiped out with a disinfectant solution, and the can liner replaced.
- Replace soap, single-use towels, single-use dispensers, disposable drinking cups, tissue & alcohol-based wipe boxes, and any other items that have been used/touched by anyone.

#### **B. Workspaces for Staff**

- All floors are to be swept and mopped with a disinfectant detergent solution.
- All carpets shall be vacuumed, extracted if needed and spot cleaned in accordance with the manufacturer's specifications.
- All toilet tissues, facial tissues, hand towels, soap, and hand sanitizer will be replenished as needed.
- All trash receptacles shall be emptied, wiped out with a disinfectant solution, and the can liner replaced.
- Replace soap, single-use towels, single-use dispensers, disposable drinking cups, tissue & alcohol-based wipe boxes, and any other items that have been used/touched by anyone.
- Provide COVID-19 prevention supplies to Personnel such as hand sanitizer that contains at least 60% alcohol, tissues, trash baskets, disposable facemasks, cleaners and disinfectants.
- Clean High Contact surfaces and objects with detergent and water prior to disinfection, especially surfaces that are visibly dirty.
- Practice routine cleaning of High Contact surfaces.

#### **C. Field**

- Prior to every use, clean and disinfect all hard surfaces on the playing field (e.g., benches, chairs, bench shields, goal posts and corner flag poles).
- Limit the number of individuals whose position requires field presence (e.g., groundskeepers, operations personnel), to reduce possible exposure for players and officials.
- Collect all used equipment (e.g., soccer balls, soccer dummies, cones, towels) in one central location after the field is cleared of all participants, to be cleaned and sanitized for reuse.
- Set up the appropriate number of hand towels, water bottles, and other training items to ensure that each player and official has their own equipment and avoid sharing any items.

**D. Entry Points** (Guidance for venue/club operations and security on matchday.)

- Teams, staff and officials - all should arrive wearing face coverings or facemasks.
- Staff Entry Point(s) - The venue shall designate specific entry points for venue staff, personnel from broadcast, media, League staff, third party vendors, and any other staff on a match day. If necessary, this includes opening various entry points for employees, based on department.
- A PPE distribution point should be positioned before or after the security checkpoint.
- All individuals that enter the venue will need to complete the approved Screening Assessment which includes answering the questions below as well as a temperature assessment.
- Have you had any of the following symptoms in the past 14 days:
  - Fever
  - Cough
  - Difficulty breathing
  - Chest tightness/pain/pressure
  - Loss of taste or smell
  - Fatigue or difficulty with exercise
  - Sore throat or nasal congestion
  - Chills or muscle aches
  - Nausea, vomiting or diarrhea
  - Anyone with 2 or more symptoms or a temperature above 100.3 will not be permitted to enter the facility.
  - Known exposure to anyone COVID-19 (+) or presumed COVID-19 (+),
  - Any concern that the individual may have been exposed to the virus.
  - Or any pending COVID test status; if someone has a pending COVID test they should not access the facilities
- Team/Officiating Crew Entry Point - Establish an entry point where players, coaching staff, team medical staff, and officials will arrive.
- Each entry point must be confirmed and communicated to the appropriate stakeholders prior to players, coaching staff, team medical staff, and officials arrival to the venue.
- The route to the locker room should be as direct as possible and the path should be clear of any personnel without a working function, to maintain appropriate physical distances and limit interaction.
- Where possible doors should be kept open to minimize the use of door handles or knobs.

Teams/Officials will need to complete the approved Screening Assessment which includes the questions above as well as a temperature assessment and will be tested prior to the match as part of an ongoing testing protocol. Upon arrival, the teams and officials will immediately make their way to the field or designated locker room. Anyone who arrives on their own outside of the organized ground transportation will be required to complete a temperature check at the venue prior to entry (player, official, technical or support staff, or medical staff).

As part of the hygiene protocols, team members and officials should utilize a designated sanitizing area or station and follow the proper hand-washing protocols by washing their hands with soap and water for at least twenty (20) seconds. The groups will wipe down their equipment with alcohol-based hand wipes and disinfect their equipment as necessary.

For all arrivals, efforts shall be made to minimize the number of common surfaces to touch (e.g., doors should remain open with a stopper or another item, auto doors need to be set to open, and door closers need to be removed). In the event that a door is not able to be kept open, venue personnel are encouraged to bump doors open with a hip or to use a foot on a kick plate.

## **Team Movements, Travel, and Operations**

### **Buses**

Teams are responsible for cleaning and disinfecting their buses or ensuring this is done by the providing company. At a minimum, all High Contact surfaces on the buses should be cleaned and disinfected before and after each use. Doors and windows should remain open during the cleaning. Individuals who are conducting the cleaning should wear disposable gloves compatible with the products being used as well as any other PPE required. All cleaning products should be used by following the manufacturer's guidance. In addition, drivers should make appropriate use of PPE, including wearing masks, as well as undergoing daily symptom checks.

### **The following hard, non-porous surfaces should be cleaned before and after each use:**

- Teams should provide all Personnel with a travel sanitization kit(e.g., wipes, kleenex and an extra mask).
- Hand sanitizer that contains at least 60% alcohol should be available for use.
- Interior surfaces of entry door where hands may make contact
- Seat armrests and recliner handles, windowsills, and seat belts/buckles
- Head rests
- Driver area including driver controls, and audio/visual equipment

### **Flights/Aircraft**

- Teams should provide all Personnel with a travel sanitization kit(e.g., wipes, kleenex and an extra mask).
- Hand sanitizer that contains at least 60% alcohol should be available for use.
- Clean and disinfect cloth surfaces such as cloth seats, cloth seat belts, etc., as well as possible on all flights.
- Clean and disinfect hard surfaces including leather or vinyl seats, armrests, plastic and metal parts of the seats and seatbacks, tray tables, seat belt latches, light and air controls, cabin crew call button, overhead compartment handles, adjacent walls, bulkheads, windows and window shades, and individual video monitors to the extent possible for all flights.
- All Personnel on board the aircraft must wear face masks.

**Accommodations – to the extent possible, home teams should arrange the following for hotels in their market:**

### **Team Arrival**

- Hotel staff shall wear appropriate PPE at all times.

- Doors are propped open to avoid unnecessary touching of surfaces.
- Elevators have been cleaned and keyed off to take the team to its floors (if available).
- Bell carts to be sanitized.
- Lobby standing stanchions.
- Room keys sanitized before distribution.
- Queue to be clearly marked for appropriate social distancing.
- Hand sanitizer made available in the lobby.
- Increased frequency of cleaning and sanitizing in public spaces, with an emphasis on High Contact surfaces such as front desk check-in counters, bell desks, elevators and elevator buttons, door handles, public restrooms, rooms keys and locks, and stair handrails, dining surfaces and seating areas.

### **Housekeeping**

- CDC Cleaning Requirements for Hotels should be followed [CDC.Gov - Hotels](#)
- Particular attention paid to disinfecting high Contact items such as television remotes, toilet seats and handles, door and furniture handles, water faucet handles, nightstands, telephones, in-room control panels, light switches, temperature control panels, coffee makers, alarm clocks, luggage racks and flooring.
- Carts, trolleys, and equipment should be sanitized at the start and end of each shift.
- All bed lin and laundry should be washed at the warmest appropriate temperatures in accordance with the CDC guidelines.
- Limited-contact housekeeping services to be offered.
- New towels and linens should be left on the counter and all trash removed.
- Paper products should be delivered and left wrapped.
- Appropriate PPE to be worn by housekeeping staff.

### **Guest Rooms**

- Each room should be cleaned prior to checking in, as well as cleaned during the duration of the stay, at 3-day intervals.

### **Meeting Rooms**

- Hand sanitizer should be made available.
- Linens should be changed completely after each meal or meeting, chairs to be sprayed with sanitizing spray, doorknobs cleaned, chairs should be spaced appropriately.
- Team meeting rooms are for meetings only and not socializing.

### **Private Team Eating Areas**

- Servers must wear appropriate PPE at all times.
- Servers should be present if prepackaged meals are not an option.
- Team eating areas are for eating only and not socializing.

### **Back of House**

Frequency of cleaning and sanitizing increased in high traffic back-of-house areas with emphasis on employee dining rooms, entrances, uniform control rooms, restrooms, loading docks, offices,



and kitchens.

## **COVID-19 Vaccine**

- Vaccine when available should be offered but optional.
- The timing of vaccine will be taken into consideration in order to limit possible side effects
- With current vaccines available, side effects may include:
  - Fatigue
  - Headache
  - Chills
  - Myalgia

Immunity will vary per vaccine company so teams shall continue testing twice weekly until more scientific information is available.

## **Family and Friends Testing**

- The MTF strongly encourages any visitors not in Personnel's household to have a negative test before having contact with the Personnel, and this test should be repeated every 3 days.
- The MTF strongly encourages Personnel's household members, who are not Personnel, to have a negative test before having contact with the Personnel, and that this test is repeated every 3 days.
- The MTF recommends the Mesa POC test (rapid PCR) which offers sensitive testing with quick turn around time for results. If this is not available, standard PCR can be conducted, but the visitor should refrain from contact with the Personnel until results are available.
- It is up to the club to assist with local testing.
- If a household member tests positive, the player and team physician will develop a quarantine plan based on public health guidelines and the specific circumstances of the living arrangement.

Note: If it becomes necessary for a bubble environment to be used, the "Family and Friends Testing" section shall not apply (as visitors will not be permitted in the bubble).

## **NWSL Guidance on PPE Usage**

The purpose of this document is to provide guidance on the use of PPE in connection with the 2021 NWSL season. PPE, or personal protection equipment, is equipment worn to minimize exposure to hazards that may cause serious injuries or illnesses.

The Centers for Disease Control (CDC) states that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity – for example, speaking, coughing, or sneezing – even if those people are not exhibiting symptoms.

In light of this, the CDC recommends wearing face coverings in public settings where other social distancing measures are difficult to maintain. As part of its efforts to provide as safe an environment as possible, NWSL is requiring the use of masks by Personnel in certain situations, as described below.

Clubs are providing masks and the following is guidance on their appropriate use by Personnel:

- Masks must be worn while in transit, including during plane travel and while at the airport.
- Masks must cover the mouth and nose.
- Masks must be worn at all times when outside of Lodging (except when exercising, training, playing or eating)
- Masks must be worn in locker rooms (as feasible and as locker room use is permitted) and common spaces
- All Personnel who access the facilities and field on game day are to wear masks except players and referees when on the field (with the exception of the fourth official who shall continue to wear a mask)
- As teams leave the field at half time, they will be provided with masks.
- Team staff and substitute players are to wear masks in the technical area.
- Medical staff are to use masks (and gloves) when working with players.
- Photographers, broadcast personnel, media and venue personnel are to wear masks at all times.
- Masks will not have vents present in them. Neck gators and bandanas are not approved mask alternatives. Face shields are permitted but masks must also be worn.

