



Return to Training Considerations Post-COVID-19 United States Olympic & Paralympic Committee

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The information in this document is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. All content, including text, graphics, images and information, are provided for general informational purposes only. The knowledge and circumstances around COVID-19 are changing constantly and, as such, the USOPC makes no representation and assumes no responsibility for the accuracy or completeness of this information. Further, you should seek advice from medical professionals and/or public health officials if you have specific questions about your return to training and competition.

Preamble: The USOPC is dedicated to protecting the health and safety of Team USA. The purpose of this document is to provide athletes, coaches and sports organizations (including National Governing Bodies [NGBs]) with information they can use to assist them with developing their return to training programs in the context of COVID-19. As a guideline meant to be used by sports as varied as archery and judo in locations as diverse as Minot and New York City by athletes and organizations with vastly different resources, this document cannot be prescriptive; rather, it should spark thoughtful deliberation among athletes, coaches and staff, who will use this information to create their own unique return to training plan that is specific to their situation. Many of the recommendations rely upon rules and regulations set forth by public health authorities, which will be different across the country. In addition to the logistical challenges of returning to training following COVID-19, there are also ethical and societal considerations that are beyond the scope of this document. These include, but are not limited to:

- When is the rate of community COVID-19 transmission, and therefore the risk of infection, low enough to allow group training or sharing of equipment?
- Do current COVID-19 or viral serology tests have sufficient accuracy, provide enough information, and have adequate scientific evidence to be used to limit the risk of COVID-19 infection among those participating in group training?
- Is it appropriate to use tests for athletics when there are shortages of tests for those who are sick?
- Can you mandate athlete testing in order to train with a group?
- Is it appropriate for athletes, coaches or staff to use personal protective equipment (PPE) meant for medical personnel when there is a worldwide shortage of PPE?



- Should or can you restrict athletes from participating in practice if they arrive from a location with active community transmission of COVID-19?

Finally, although the young and healthy tend to have less severe cases of COVID-19, every case of this disease is potentially life-altering or deadly, particularly in those with risk factors that may occur in our Olympic or Paralympic athletes such as asthma, hypertension, diabetes, liver disease, kidney disease, immune suppression, or neurologic disorders affecting respiration. Until COVID-19 is either eradicated, a vaccine is developed, or a cure is found, there is no way of completely eliminating the risk of fatal infection. This should always be in the forefront of your mind when designing your return to training program.

Return to Training Phases

1. **Phase 1:** Public health authorities require shelter in place, public training facilities are closed
 - a. Individual training sessions in your home using your own equipment
 - b. Coaching occurs virtually. No coaches or other athletes present during training.
 - c. Rigorous, frequent cleaning protocol of living space and athletic equipment with disinfectant* wearing appropriate personal protective equipment (PPE) (e.g., gloves, face mask, etc.) to prevent contact with contaminated surfaces (particularly when living with people with greater community exposure) and protect against toxicities associated with cleaning products
 - d. Only leave your home for essential work or errands and follow infection prevention measures when in public (Appendix 1)
2. **Phase 2:** Public health authorities lift shelter in place requirements, but continue to prohibit group activities and public training facilities remain closed
 - a. Individual training sessions in your home or outside (maintaining social distancing) using your own equipment
 - b. Coaching occurs virtually. No coaches or other athletes present during training.
 - c. Rigorous, frequent cleaning protocol of living space and athletic equipment with disinfectant* wearing appropriate personal protective equipment (PPE) (i.e., gloves, face mask, etc.) to prevent contact with contaminated surfaces and protect against toxicities associated with cleaning products
 - d. Follow infection prevention measures when in public (Appendix 1)
3. **Phase 3:** Public health authorities allow small group activities (< 10 people), but public training facilities remain closed
 - a. Criteria for participation in group training sessions (includes athletes, coaches and staff)
 - i. Required



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1. No signs or symptoms of COVID-19 (Appendix 2) in the past 14 days
 - a. If the person has had a case of documented COVID-19 infection, they need a note from their doctor indicating they are cleared to participate in training
 2. Live in training location for 14 days prior to beginning group training
 - a. This requirement reduces the risk of introducing COVID-19 into the training group by someone traveling from a different region
 3. No close sustained contact with anyone who is sick within 14 days of beginning group training
 - a. Since the signs and symptoms of COVID-19 can be fairly non-specific and not just respiratory symptoms, it is recommended that athletes should not be in close sustained contact with anyone who is sick for 14 days prior to beginning group training. This requirement reduces the risk of introducing COVID-19 into the training group by someone who may have COVID-19 but isn't experiencing any symptoms yet.
- ii. Additional or alternative criteria that could be used based upon advancements in scientific knowledge, test availability, and athlete/organizational resources**
1. Two negative COVID-19 tests separated by 24 hours
 - a. The tests must be performed and results available prior to beginning group training. Tests would need to be repeated if the individual:
 - i. Had close sustained contact with someone with documented COVID-19 infection
 - ii. Developed signs or symptoms of COVID-19 infection
 2. Coronavirus serology demonstrating prior infection (i.e., presence of IgG), but no current infection (i.e., lack of IgM)
 - a. The test must be performed and results must be available prior to beginning group training
- b. Minimize changes in small group participants
- i. If a group of individuals live together, consider assigning them to the same small group for training
- c. All participants must self-monitor for symptoms of COVID-19 twice daily (Appendix 3). If any signs of symptoms of infection are present, the



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 - c. Since the signs and symptoms of COVID-19 can be fairly non-specific and not just respiratory symptoms, it is recommended that athletes should not be in close sustained contact with anyone who is sick for 14 days prior to beginning group training. This requirement reduces the risk of introducing COVID-19 into the training group by someone who may have COVID-19 but isn't experiencing any symptoms yet.
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 2. Coronavirus serology demonstrating prior infection (i.e., presence of IgG), but no current infection (i.e., lack of IgM)
 - a. The test must be performed and results must be available prior to beginning group training
- b. All participants must self-monitor for symptoms of COVID-19 twice daily (Appendix 3). If any signs of symptoms of infection are present, the participant should not attend the practice, should notify coaches and staff, and should contact their healthcare provider
 - i. Athletes must record the results of their self-monitoring on a paper or electronic log that can be monitored by coaches or staff



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- c. Upon arrival to train, coaches or staff should ask each athlete if they are experiencing any signs or symptoms of COVID-19 and take their temperature
 - i. If the athlete has any signs or symptoms of COVID-19, they should be sent home and instructed to contact their healthcare provider
 - d. Continue standard infection prevention measures (e.g., frequent handwashing, avoid touching your face, cover your mouth when coughing, etc.), but social distancing is no longer required
 - i. Make sure appropriate infection prevention supplies are present in multiple targeted areas (e.g., hand sanitizer, facial tissues, facial coverings, etc.)
 - e. Normal sized group training sessions outside and/or inside using training facilities
 - f. Participants may use each other's equipment, but equipment should be cleaned between use if possible
 - g. Continue to use own water bottle, towel, personal hygiene products (e.g., soap, deodorant, etc.)
 - h. Activities with direct (e.g., judo) or indirect (e.g., high jump pit, basketball) can resume
 - i. Rigorous, frequent cleaning schedule/protocol of equipment with disinfectant before, during, and after training should continue* including wearing appropriate personal protective equipment (PPE) (e.g., gloves, face mask, etc.) to prevent contact with contaminated surfaces and protect against toxicities associated with cleaning products
 - j. Coaching can occur onsite
5. **Phase 5:** A vaccine or cure for COVID-19 is developed
- a. Incorporate COVID-19 vaccination into the standard vaccinations of athletes, coaches and staff
 - b. Continue to educate athletes, coaches and staff on the signs and symptoms of infection. If they develop signs and symptoms of infection, they should not attend practice, should notify their coaches and/or staff, and contact their healthcare provider
 - c. Continue standard infection prevention measures (e.g., frequent handwashing, avoid touching your face, cover your mouth when coughing, etc.)
 - d. Continue rigorous, frequent cleaning schedule/protocol of equipment with disinfectant before, during, and after training*



This concludes the USOPC Return to Training Considerations post-COVID-19 document. If you have comments or suggestions to improve its content, please contact jonathan.finnoff@usopc.org.

*Cleaning of living spaces and training facilities should follow the [CDC recommendations for cleaning and disinfecting community facilities](#). Frequently touched areas (e.g., door handles, light switches) should be cleaned multiple times daily. Work-out equipment should be cleaned with anti-septic cleansers prior to use, between use by different athletes, and after use. At home, fresh food should be washed carefully before eating. Wash hands prior to cleaning and/or eating food. Dishes should be washed at high temperatures, preferably in a dishwasher.

**COVID-19 testing is currently restricted in many regions to individuals hospitalized with signs and symptoms of COVID-19 infection. As testing becomes more available and the demand for tests decreases, testing will likely be made available to community and/or asymptomatic individuals under the direction of a doctor. Viral serology tests are being developed, but most do not have FDA approval. Furthermore, it is currently unknown how much immunity people with prior COVID-19 infection have to future infection, making interpretation of the results challenging. Both COVID-19 testing and serologic testing have an associated expense, which may limit the ability to perform widespread testing of athletes.

Acknowledgement: I would like to thank the multitude of individuals who provided their feedback and insight when creating this document. It went through a significant evolution from its initial conception to final draft. Without the help of these individuals, this document would have been lacking indeed. I am sure I will continue to receive feedback, and as a living document, I will continue to update the document based upon this feedback and new information as it becomes available. I would like to thank people in advance for their thoughtful guidance on continuing to improve this document.



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APPENDIX 1



INFECTION PREVENTION RECOMMENDATIONS



Stay more than 6 feet away from people who appear sick

Avoid touching your face



Frequently wash your hands for 20 seconds with soap and water or using alcohol-based hand sanitizer with a minimum of 60% alcohol if your hands aren't soiled



Cover your mouth and nose with tissue when coughing or sneezing, dispose of tissue in the trash, and wash your hands or use hand sanitizer after coughing or sneezing



Frequently clean commonly touched surfaces (ie: doorknobs, keyboards) with antiseptic cleanser



Wear a facemask when you are outside of your home or if you have symptoms of a respiratory illness such as a cough, runny nose, or shortness of breath



Stay home if you are sick and call your healthcare provider for further recommendations



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APPENDIX 2



Signs and Symptoms of COVID-19

Most Common Symptoms



Fever
(> 100.4)



Cough



Shortness
of breath

Less Common Symptoms



Sore throat
Congestion



Headache
Chills



Muscle and
Joint Pain



Nausea or
Vomiting



Loss of sense
of Smell



Diarrhea



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APPENDIX 3



SELF-MONITORING INSTRUCTIONS

Twice daily, check for the following signs or symptoms of respiratory infection:



Fever
(> 100.4)



Cough



Shortness of
breath

Other symptoms to pay attention to include:

Sore throat

Congestion

Headache

Muscle and Joint Pain

Chills

Nausea or Vomiting

Diarrhea

Loss of Sense of Smell



If you develop any of these symptoms, please contact your healthcare provider to discuss how to proceed.