

COVID-19 Contact Tracing for K-12 Sports Teams

When a COVID-19 infection is identified among a member of a K-12 sports team, including athletes, coaches and staff, it is critical to conduct immediate contact tracing and identify all people who have been in close contact with this person during any team activities including practice, meetings, scrimmages, games, or other team activities. This should be done individually for each person identified with COVID-19 on the team, including laboratory confirmed and suspect cases (see step 1 below).

Contact tracing slows the spread of COVID-19 by identifying and notifying people that they may have been exposed, asking them to monitor their health, and asking them to self-quarantine. Timely and thorough contact tracing can effectively interrupt the chain of disease transmission and is an important public health intervention to prevent or contain an outbreak. By keeping those that may have been exposed to COVID-19 away from others, further transmission may be prevented.

This document outlines the actions that should be taken when a person with COVID-19 is identified who is an athlete, coach or staff member of a K-12 sports team: 1. Steps to identify COVID-19 infections and report to LDH; 2. Steps to identify and notify close contacts; and 3. Steps to conduct cleaning and disinfection.

1. Steps to identify COVID-19 infections and report to LDH

- Identify a person with COVID-19 infection.** A person with COVID-19 infection that would require reporting to LDH and conducting contact tracing is defined as:
 - Laboratory-Confirmed Case: someone who receives a positive COVID-19 viral test result, including molecular/PCR or antigen tests, whether rapid or send-out. Antibody tests indicate past exposure and *should not* be used to diagnose current infection or to initiate contact tracing.
 - OR**
 - Suspect Case: someone who is clinically diagnosed with COVID-19 or meets the following clinical criteria:
 - At least one of the following major COVID-19 symptoms: cough, shortness of breath, difficulty breathing, or new changes in sense of smell or taste
 - OR**
 - At least two of the following minor COVID-19 symptoms: fever (measured or subjective), chills, rigors, muscle ache/myalgia, headache, sore throat, nausea/vomiting, diarrhea, congestion/runny nose or fatigue
 - AND**
 - No alternative more likely diagnosis
 - If a suspect case subsequently tests negative by molecular/PCR test, they can return to team activities when they are symptom-free for 24 hours and any close contacts that have been quarantined may return to team activities. If a suspect case tests negative by antigen test, they should continue to follow recommendations for suspect cases as antigen tests are not as sensitive as molecular/PCR tests and may result in a false negative.
- If a person has symptoms but does not meet the symptom criteria for suspect cases above, they should be sent home and not return to team activities until they are symptom-free for 24 hours. Contact tracing does not need to be done for these individuals.

- Isolate and send the person home immediately.** They should not return to practice, meetings, scrimmages, games, or any other team activities until the following “end of self-isolation criteria” are met:
 - For a person with ANY symptom(s):
 - At least 10 days have passed since symptoms first appeared **AND**
 - At least 24 hours have passed since the resolution of fever without the use of fever reducing medications **AND**
 - Other symptoms (e.g., cough, shortness of breath) have improved.
 - For a person who remained asymptomatic (i.e., never had any symptoms):
 - At least 10 days have passed since positive test collection date.
- Report all confirmed and suspect cases to Louisiana Office of Public Health (OPH) through your school’s reporting point of contact using the online School COVID-19 Reporting Portal.** If you have questions, contact schoolcovidreporting@la.gov. [Regional OPH Offices](#) are available to provide consultation and recommendations upon request.

2. Steps to identify and notify close contacts of persons identified as having COVID-19 infection

- Determine who has been in close contact during team activities with suspect and confirmed COVID-19 cases during their infectious period.**
 - Close contact is defined as
 - being within 6 feet of an infected person for at least 15 minutes **OR**
 - having direct contact with an infected person including touching (including tackling, blocking, defending, etc), hugging, kissing, or sharing eating or drinking utensils; or if an infected person sneezed, coughed, or somehow got respiratory droplets on another person
 - Additional factors to consider for determining risk of transmission include:
 - If the sport is played indoors or outdoors – the likelihood of transmission is higher indoors
 - The size of the arena and physical closeness of players – a smaller arena and/or sports where players are in closer proximity may increase likelihood of transmission
 - The type of contact that occurs during practice, scrimmages and games. For example, tackling, blocking, and defending would all be considered close contact.
 - The infectious period includes the 48 hours before the day the person became sick (or the 48 hours before specimen collection if asymptomatic) until the person was isolated.
 - Use of face coverings, face shields and plastic dividers are not considered in determining close contacts, though they do reduce the risk of transmission.
 - If a close contact is identified who was diagnosed with COVID-19 by a positive molecular/PCR test (not an antigen or antibody test) within the last 90 days and
 - they do not have symptoms, they do not need to quarantine unless symptoms develop.
 - they do have symptoms, they should self-quarantine immediately for 14 days and consult with a medical provider to determine if they may have been re-infected with COVID-19 or if symptoms are caused by something else.

- Notify close contacts of the need to quarantine.**
 - Notify all close contacts of suspect and confirmed cases that they have been identified as having been exposed to someone who is or may be ill with COVID-19 and will need to quarantine and stay out of all team activities for 14 days from the last date they were exposed. A template letter can be provided to the team by the Office of Public Health.
 - Encourage the close contacts to call the Louisiana Department of Public Health Contact Tracers at 1-877-766-2130.
- Ensure close contacts remain out of team activities until the end of their quarantine period.**
 - Close contacts should not return to team activities until 14 days have passed from the last date they were exposed.
 - If a close contact in quarantine becomes symptomatic and tests positive, they would be considered a case as of the day their symptoms began and would need to follow “end of self-isolation criteria” above to return to team activities.
 - If a close contact in quarantine becomes symptomatic but is not tested, they would be considered a case as of the day their symptoms began and would need to follow “end of self-isolation criteria” above to return to team activities or 14-day quarantine, whichever is longer.
 - If a close contact in quarantine tests positive but does not develop symptoms, they would be considered a case as of the day their test was collected and would need to follow “end of self-isolation” criteria above to return to team activities.
 - If a close contact tests negative during their quarantine period, they should remain in quarantine for the duration of the 14 days and monitor for the development of symptoms at any time during the quarantine period.
 - If a suspect case tests negative by molecular/PCR test, any quarantined close contacts of that suspect case may return to team activities.
- OPH recommends considering notification of the entire team that there was a person with COVID-19 infection identified and close contacts have been notified.**

3. Steps to conduct cleaning and disinfection according to CDC guidance

- Close off areas used by the persons with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets
 - Open outside doors and windows to increase air circulation in the area.
 - If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the person(s) with COVID-19, focusing especially on frequently touched surfaces and shared objects and equipment
 - Surfaces should be cleaned using soap (or a detergent) and water prior to disinfection.
 - For disinfection, most common EPA-registered household disinfectants should be effective against the virus that causes COVID-19. Check [EPA’s list of disinfection products](#).
- See full [CDC Cleaning, Disinfection, and Hand Hygiene in Schools Guidance](#).

Resources:

[CDC Considerations for Youth Sports](#)