



November 20, 2020

Advisory Committee on Immunization Practices (ACIP)
Centers for Disease Control and Prevention
Atlanta, GA 30329

Re: ACIP November 23, 2020 Meeting (Docket No. CDC-2020-0117)

Submitted electronically via regulations.gov

Dear Committee:

The National Athletic Trainers' Association (NATA) is pleased to submit public comments to ACIP for consideration in connection with the November 23, 2020 scheduled meeting referenced above. NATA is a professional organization serving more than 44,000 certified athletic trainers, students of athletic training, and other health care professionals. Currently, more than 8,000 athletic trainers work in hospitals, outpatient rehabilitation clinics, and physician practices. Our mission is to represent, engage, and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers.

Recognized by the AMA since 1990, athletic trainers (ATs) are health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries. As part of the health care team, services provided by athletic trainers include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.¹

Athletic trainers have served on the front lines in the ongoing COVID-19 pandemic. Athletic trainers face significant physical, emotional, and other risks during this time as they provide exceptional service to patients, whether within a traditional health care facility, competitive sports environment, or in the broader community setting. In particular, thousands of athletic trainers have stepped up outside of their regular duties to assist in the COVID-19 response. Through a variety of roles, athletic trainers provide support with patient evaluation, screening, testing, transport and documentation, in settings where health care is delivered. This includes repetitive, direct interaction with high-risk populations.²

NATA's specific comments center on ACIP's recommendations regarding groups considered for early vaccination if supply is limited. ACIP considers "healthcare personnel" to be a priority group for early vaccination relative to other groups. NATA supports adopting the definition of

¹ <http://www.bocatc.org/about-us/defining-athletic-training>

² For more information on some of athletic trainers' roles and responsibilities specific to the COVID-19 response, see https://www.nata.org/sites/default/files/nata_covid-19_at_flyer.pdf.



“healthcare personnel” set forth below as it focuses on the functional nature of the individual’s activities in patient care and their risk for exposure and transmission of the virus. This functional definition would encompass athletic trainers:

Healthcare personnel (HCP) refers to **all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials**, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted among from HCP and patients. (emphasis added)³

For added clarity, we suggest ACIP include an explicit reference to athletic trainers in the non-exhaustive list of health care personnel examples.

If you have any questions, please do not hesitate to contact Amy Callender, Director of Government Affairs, at amyc@nata.org or (972) 532-8853.

Sincerely,

A handwritten signature in black ink that reads 'Tory Lindley ATC'.

Tory Lindley, MA, ATC

NATA President

³ <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/appendix/terminology.html>. “Healthcare settings” refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.