



# **Division III June Webinar**

## **COVID-19 Impact on Playing and Practice Seasons**

**Dr. Hainline, Eric Hartung and Jeff Myers**

**We will begin at promptly 1 p.m. (EST). Please MUTE your phone and/or the audio on your computer.**

# Webinar Instructions

- If using a computer, click on the audio link at the top of the screen.  Choose audio connection and then select call using computer. Turn off the computer video and make sure the sound is off.
- If your computer audio isn't working, please call 1-844-621-3956 and enter access code: 282 337 555 .
- Please mute your phone and computer audio.
- The PowerPoint is posted on the Division III homepage, [DIII Webinars Link](#), on [ncaa.org](http://ncaa.org).

Please MUTE your phone and/or computer microphone.

# Agenda

- Resocialization of Collegiate Sport: Action Plan Considerations.
- Division III Playing and Practice Seasons Implications.
- Resources.
- Q&A.

Please MUTE your phone and/or computer microphone.

# **CORE PRINCIPLES OF RESOCIALIZATION IN SPORT**

## Phase One:

In accordance with the **Guidelines**, resocialization of sport for Phase One assumes the following:

1. GATING CRITERIA have been satisfied for a minimum of 14 days.
2. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel should continue to shelter in place.
3. Social distancing should continue.
4. Gatherings of more than 10 people should be avoided unless precautionary measures of social distancing and sanitization are in place.
5. Virtual meetings should be encouraged whenever possible and feasible.

## Phase Two:

In accordance with the **Guidelines**, if Phase One has been implemented successfully, with no evidence of a rebound, and gating criteria has been satisfied a second time:

1. GATING CRITERIA have been satisfied for a minimum of 14 days.
2. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel should continue to shelter in place.
3. Physical distancing should be practiced.
4. Gatherings of more than 50 people should be avoided unless precautionary measures of social distancing and sanitization are in place.
5. In-person meetings can be phased in to replace virtual meetings.

## Phase Three:

In accordance with the **Guidelines**, if Phase Two has been implemented successfully, with no evidence of a rebound, and gating criteria has been satisfied a third time:

1. GATING CRITERIA have been satisfied for a minimum of 14 days.
2. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel can resume in-person interactions, but should practice physical distancing, minimizing exposure to settings where such distancing is not practical. Precautionary measures (mask, hand hygiene) should be observed when physical distancing might be compromised.
3. Gathering size may be increased but time spent in such gatherings should be minimized.

# **RESOCIALIZATION OF COLLEGIATE SPORT: ACTION PLAN CONSIDERATIONS**

# Purpose & Objective

- ▶ Follow-up to and assumes the premise of Core Principles of Resocialization of Collegiate Sport.
- ▶ Developed in consultation with the NCAA COVID-19 Advisory Panel as guidance.
- ▶ Intended to be consistent with guidance published by the federal government and its corresponding health agencies and otherwise reflective of the best available scientific and medical information available at the time of print.
- ▶ Is not and should not be used as a substitute for medical or legal advice.
- ▶ Offered as a resource for member schools to use in coordination with applicable government and related institutional policies and guidelines.
- ▶ Remains subject to further revision as available COVID-19 data and information continues to emerge and evolve.

# Important Considerations

- ▶ One-third of American deaths from COVID-19 have, to date, occurred in nursing homes and other long-term care facilities.
- ▶ Minority communities in the United States have been disproportionately impacted by COVID-19 for rate of infection, hospitalization and death.
- ▶ The COVID-19 death rate among young healthy Americans is currently similar to the most recent death rates resulting from influenza.
- ▶ Asymptomatic infections have been common, especially in young healthy Americans.
- ▶ Following infection with SARS-CoV-2, the virus that causes COVID-19, viral shedding is prominent in days 2-3, and symptoms usually develop around day 5.

# Higher Risk Individuals

- ▶ Certain individuals have been identified as being at higher risk for severe complications and death from COVID-19, and they include those with:
  - ▶ age greater than or equal to 65
  - ▶ chronic lung disease, including moderate and severe asthma
  - ▶ serious heart conditions
  - ▶ immune system compromise
  - ▶ severe obesity with body mass index greater than or equal to 40
  - ▶ diabetes mellitus
  - ▶ chronic kidney disease with dialysis treatment
  - ▶ liver disease
  - ▶ sickle cell disease (not sickle cell trait)

# Infection Control Strategy

The most effective strategy to mitigate COVID-19 spread during resocialization includes:

## ▶ Personal

- ▶ physical distancing
- ▶ universal masking when physical distancing is not possible
- ▶ hand hygiene, especially after touching frequently used items or surfaces
- ▶ sneeze or cough into a tissue, or the inside of your elbow
- ▶ avoid touching your face
- ▶ disinfect frequently used items and surfaces as much as possible
- ▶ do not leave your home if you feel sick, and follow the advice of your health care provider

## ▶ Local/Institutional

- ▶ safe and efficient screening and testing sites for symptomatic individuals and trace contacts
- ▶ surveillance, including contact tracing
- ▶ isolation and quarantine for new infections or for high-risk exposure

# Re-Opening Planning

- ▶ COVID-19 communication plan that connects athletics with the broader institution
- ▶ COVID-19 communication plan that connects the school, including athletics, with local and state facilities
- ▶ A plan to protect and support higher risk individuals
- ▶ A plan to provide telework alternatives as necessary and appropriate
- ▶ Facility-specific health and safety plans that address, among other things, necessary resources, supplies and other applicable distancing and sanitation guidelines

# Interdisciplinary Action Team

- ▶ An athletics COVID-19 action team that may include among others:
  - ▶ athletics director or designee
  - ▶ athletics health care administrator
  - ▶ head athletics trainer or designee
  - ▶ head team physician or designee
  - ▶ coach representative
  - ▶ strength and conditioning coach representative
  - ▶ student health services representative
  - ▶ counseling services representative
  - ▶ student-athlete representative
  - ▶ healthcare and emergency preparedness representative
  - ▶ faculty athletics representative
  - ▶ campus coordinator (dining hall, dorm)
  - ▶ compliance office representative
  - ▶ institutional legal counsel or risk management representative
  - ▶ university relations and/or athletics communications representative

# Return to Campus

- ▶ Confirmation of no high-risk exposure to COVID-19 for at least two weeks prior to return to campus
- ▶ Absence of typical COVID-19 symptoms including, among others, respiratory, gastrointestinal, constitutional, and myalgia-like symptoms, for at least two weeks prior to return to campus
- ▶ If travel back to school involves physical distancing challenges (e.g., air or commuter bus travel), confirmation of local off-campus or campus-designated self-quarantine for at least 7 days – or longer if advised by local or state governmental health officials – prior to return to athletics.
- ▶ Special consideration should be given to student-athletes and staff who are at higher risk of developing severe manifestations of COVID-19, including an individualized plan of safely returning to campus.

# Daily Self-Health Evaluation

- ▶ Cough or other respiratory symptoms
- ▶ Shortness of breath or difficulty breathing
- ▶ Headache
- ▶ Chills
- ▶ Muscle aches
- ▶ Sore throat
- ▶ New loss of taste or smell
- ▶ Nausea, vomiting or diarrhea
- ▶ Pain, redness, swelling or rash on toes or fingers (COVID-toes)
- ▶ New rash or other skin symptoms
- ▶ High-risk exposure (e.g., new contact with an infected individual or prolonged contact with a crowd without physical distancing)
- ▶ Temperature of 100.4° F or above

# Preparticipation Screening

- ▶ In-person exam is critical
  - ▶ May be supplemented by telehealth
- ▶ Symptomatic/asymptomatic pulmonary, respiratory and cardiac considerations including among others:
  - ▶ Cardiomyopathy
  - ▶ Myocarditis
  - ▶ Arrhythmias
- ▶ Mental health considerations like those identified in NCAA COVID-19 well-being study including, among others:
  - ▶ Sleep difficulties (1/3 of respondents)
  - ▶ Sadness, sense of loss (1/4 of respondents)
  - ▶ Depression impacting ability to function (1/12 of respondents)
  - ▶ MH concerns highest among respondents of color, those living alone, and those whose families are facing economic hardship
  - ▶ MH concerns 150% - 250% higher than ACHA assessment

# Individual/Facility Hygiene

- ▶ Hand hygiene
- ▶ Physical distancing
- ▶ Use of face masks/coverings where physical distancing isn't feasible
- ▶ Proper cough and sneeze etiquette
- ▶ Avoid touching your face
- ▶ Do not leave your home if you feel ill, or if you feel ill once you are on site, avoid contact with others, depart for home, and inform your physician and/or athletics health care provider

# Other Hygiene Considerations

- ▶ Protocols/techniques for:
  - ▶ Towels
  - ▶ Water bottles
  - ▶ Food
  - ▶ Cleaning and disinfecting of shared equipment and space
- ▶ Include the following:
  - ▶ Student-athletes
  - ▶ Custodial staff
  - ▶ Medical personnel
  - ▶ Coaches
  - ▶ Other athletics personnel

# Physical Distancing

- ▶ Athletics training rooms and other sports medicine facilities
- ▶ Athletics locker rooms
- ▶ Strength and conditioning facilities
- ▶ Team meeting rooms
- ▶ Athletics academic areas
- ▶ Athletics dining areas
  
- ▶ Departments should consider using virtual team meetings whenever appropriate and possible.

# Infection Monitoring and Response

## ▶ Sports and level of viral contact:

### ▶ Low contact risk

- bowling, cross-country, diving, golf, gymnastics, rifle, skiing, swimming, tennis, track and field

### ▶ Medium contact risk

- baseball, softball

### ▶ High contact risk

- basketball, field hockey, football, ice hockey, lacrosse, rowing, soccer, volleyball, water polo, wrestling

## ▶ The “bubble” concept:

▶ “Inner bubble”: Student-athletes and all staff/personnel with close contact

▶ “Intermediate bubble”: Staff/personnel with intermediate contact

▶ “Outer bubble”: Staff/personnel with limited or no contact

# Testing

- ▶ Diagnostic testing
  - ▶ PCR
  - ▶ Antigen
  - ▶ Lab vs. point of care
  - ▶ Sensitivity and specificity
- ▶ Serology testing
  - ▶ Sensitivity and specificity
  - ▶ Immune status
  - ▶ Cardiovascular considerations
- ▶ Surveillance testing
  - ▶ In conjunction with contact tracing
  - ▶ Bulk batch testing

# New Diagnoses

- ▶ High contact risk vs. low contact risk
- ▶ Quarantine:
  - ▶ Based on currently available testing and surveillance capabilities, existing standards of care suggest a quarantine period  $\geq 14$  days for all newly infected individuals and their high-risk (e.g., “inner bubble”) contacts.
- ▶ Other paradigms:
  - ▶ Symptomatic evaluations
  - ▶ Emerging alternative testing protocols including, among others:
    - Quarantine for first 24 hours
    - Daily for 5-8 days

# Pre-competition Considerations

- ▶ High contact risk vs. low contact risk
- ▶ Assuring all “inner bubble” individuals are not infectious

# Response Plan

- ▶ Designated isolation room
- ▶ Personal protective equipment for both the symptomatic individual and the treating clinician
- ▶ Transportation plan to:
  - ▶ On-campus facility with an isolation room, or
  - ▶ Off-campus housing with isolation precautions, or
  - ▶ Medical facility, including hospital
    - Individuals with shortness of breath or other evidence of cardiopulmonary compromise should be transported to the hospital.
- ▶ Contact tracing of all exposed individuals
- ▶ Return-to-activity protocol

# THANK YOU

Contact info: Brian Hainline



[ssi@ncaa.org](mailto:ssi@ncaa.org)



[@ncaa\\_ssi](https://twitter.com/ncaa_ssi)



[www.ncaa.org/ssi](http://www.ncaa.org/ssi)

# Division III Playing and Practice Seasons Implications

Please MUTE your phone and/or computer microphone.



# Contest Minimums

Administrative Committee: Upon recommendation of the Membership Committee and Championships Committee the contest minimums required for sport sponsorship and championships eligibility will be lowered for the 2020-21 academic year.

Specifically, the contest minimums would be decreased by one-third.

Please MUTE your phone and/or computer microphone.

# Summer Period

## Summer Period flexibility.

Administrative Committee: Institutional staff may interact with student-athletes virtually either individually or as a team.

Purpose: To promote connectivity with the institution and teammates with the focus of fostering student-athlete mental and physical well being.

Please MUTE your phone and/or computer microphone.

# Summer Period (cont.)

Virtual Interactions may include discussions regarding: workouts; strategy related to the sport; and other athletics information that is typically not permitted outside the season.

Institutional staff may not conduct or monitor virtual workouts.

Interactions are for the benefit of the student-athlete. There should not be any adverse consequences for a student-athlete that doesn't engage in the interactions.

Please MUTE your phone and/or computer microphone.

# Fall Semester

Playing and Practice Seasons Subcommittee will review the following for recommendation to the Administrative Committee:

1. Fall preseason start date:

- Will work with SSI and CSMAS to align the existing preseason practice opportunities legislation with the NCAA Core Principles of Resocialization of Sport.
- Timeline: June.

Please MUTE your phone and/or computer microphone.

# Fall Semester (cont.)

## 2. Length and structure of Fall sport season.

- Discuss appropriate flexibility if fall season is shortened to provide a positive student-athlete experience.

## 3. Non-traditional segment for Spring sports.

- Discuss appropriate flexibility for a more robust non-traditional segment (e.g. more competitions, more practices).

Timeline: Ongoing through June.

Please MUTE your phone and/or computer microphone.

# Resources

- CDC's Coronavirus page:  
<https://www.cdc.gov/coronavirus/2019-ncov/>
- SSI COVID-19 page:  
<http://www.ncaa.org/sport-science-institute/coronavirus-covid-19>
- DIII Compliance page:  
<http://www.ncaa.org/compliance?division=d3>
- NCAA Social Series:  
<https://www.ncaa.org/about/ncaa-social-series>
- Division III COVID-19 webinar.  
[https://ncaaorg.s3.amazonaws.com/governance/d3/webinar/Apr2020D3GOV\\_WebinarCOVID-19Impacts.pdf](https://ncaaorg.s3.amazonaws.com/governance/d3/webinar/Apr2020D3GOV_WebinarCOVID-19Impacts.pdf)

Please MUTE your phone and/or computer microphone.

# Questions?

- All questions, must be submitted via your computer, using the following instructions:
  - Click on the chat icon – near the top of your screen. It will open a text box at the bottom of your computer screen.
  - Type in message and click on send.

Please MUTE your phone and/or computer microphone.