

Infection Control in Sport

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This document serves as an update to [Resocialization of Collegiate Sport: 2022 Winter Training and Competition for Tier 1 Individuals](#) and addresses infection control considerations for COVID-19 and other potential infectious diseases.

This document is the 10th NCAA publication regarding resocialization of collegiate sport during the COVID-19 pandemic:

1. [Core Principles](#) of Resocialization of Collegiate Sport (May 1, 2020).
2. Resocialization of Collegiate Sport: [Action Plan Considerations](#) (May 28, 2020).
3. Resocialization of Collegiate Sport: [Developing Standards for Practice and Competition](#) (July 16, 2020, updated Aug. 14, 2020).
4. Core Principles of Resocialization of [Collegiate Basketball](#) (Sept. 25, 2020).
5. Resocialization of Collegiate Sport: [Developing Standards for Practice and Competition, Second Edition](#) (Nov. 13, 2020).
6. Resocialization of Collegiate Sport: Developing Standards for Practice and Competition, [Updated Second Edition](#) (May 3, 2021).
7. Resocialization of Collegiate Sport: [2021 Summer Activities](#) (June 8, 2021).
8. Resocialization of Collegiate Sport: [2021 Fall Training and Competition](#) (Aug. 4, 2021).
9. Resocialization of Collegiate Sport: [2022 Winter Training and Competition](#) (Jan. 6, 2022).
10. Infection Control in Sport (April 13, 2022).

These documents were published at important points in time with respect to the availability of COVID-19 data and information and related student-athlete practice and competition timelines.

The information in this Infection Control in Sport document was developed in consultation with the [NCAA COVID-19 Medical Advisory Group](#), the [American Medical Society for Sports Medicine Working Group](#) and the [Autonomy 5 Medical Advisory Group](#) and takes into consideration available recommendations from the Centers for Disease Control and Prevention. The federal government has not published uniform guidance related to certain activities that occur within college athletics. However, through continued review and evaluation of available research data, anecdotal evidence and related analysis and discussion, these advisory groups have identified certain practices that should be highlighted for more focused consideration by member schools. While the materials encourage consideration of various factors and actions, they do not speak to every possible scenario, and in no event should members fall below national or public health standards set by their local communities.

As with prior NCAA publications, these materials are meant to be consistent with guidance published by the federal government and its health agencies and reflect the relevant scientific and medical information available at the time of print. These materials should not be used as a substitute for medical or legal advice. Rather, they are intended as a resource to provide guidance for member schools to use in coordination with applicable government and related institutional policies and guidelines, and they remain subject to revision as available data and information in this space continue to emerge and evolve.

Resocializing sport during COVID-19 became possible through a collaborative effort with the [NCAA COVID-19 Medical Advisory Group](#), [AMSSM Working Group](#), [A-5 Medical Advisory Group](#), the CDC and numerous stakeholders at member schools. [Research](#) has demonstrated that this collaborative effort contributed to the resumption of college athletics in the COVID-19 pandemic without associated increases in test positivity among student-athletes¹, adding to [mounting evidence](#)² suggesting the effectiveness of robust surveillance and response programs in combating the COVID-19 pandemic. The key components of risk-reduction strategies included a combination of masking, testing, sport-specific protocols and community surveillance.

Although COVID-19 has been responsible for almost [1 million deaths](#) in the United States, emerging strategies have considerably neutralized the impact of SARS-CoV-2 and subsequent COVID-19 morbidity and mortality. These strategies include [vaccination](#), [testing](#), [medication management](#), [masking](#) when appropriate, and general management based on [COVID-19 community levels](#). Importantly, if the COVID-19 community level is low or medium and there is not a high risk for severe illness, the CDC recommends staying [up to date](#) with COVID-19 vaccines and getting tested if COVID-19 symptoms develop. Masking and surveillance testing are not recommended in these scenarios. When the COVID-19 community level is high, the CDC additionally recommends wearing a mask indoors in public. [Quarantine and isolation recommendations](#) should be guided by the CDC or local public health authorities. Additionally, [vaccination recommendations](#) should be consistent with CDC guidance.

Given the shifting dynamics of COVID-19 spread, population immunity and community level surveillance, member schools should consider shifting to [standard precautions for purposes of infectious disease management](#). According to the CDC, standard precautions are used for all patient care, are based on a risk assessment, and make use of common-

¹ Schultz EA, Kussman A, Jerome A, et al. Comparison of SARS-CoV-2 test positivity in NCAA Division I student athletes vs nonathletes at 12 institutions. *Jama Network Open* 2022;5:e2147805.

² O'Neal CS, Dixon BC, Fischer RSB. College athletic programs thwart the spread of SARS-CoV-2 during the COVID-19 pandemic. *JAMA Network Open* 2022;5:e2147810.

sense practices and personal protective equipment that are designed to protect health care providers from infection and prevent the spread of infection from patient to patient.

Standard precautions include:

- Performing hand hygiene.
- Using personal protective equipment whenever there is an expectation of possible exposure to infectious material.
- Following respiratory hygiene/cough etiquette principles.
- Ensuring appropriate patient placement.
- Properly handling, cleaning and disinfecting patient care equipment and instruments/devices.
- Handling textiles and laundry carefully.
- Following safe injection practices.
- Wearing a surgical mask when performing lumbar punctures.
- Ensuring health care worker safety including proper handling of needles and other sharps.

Shifting to standard precautions means that resocializing strategies are no longer grounded in surveillance testing or other testing strategies. Proper education and training of athletics health care providers in these standard precautions can help providers make appropriate decisions and incorporate [recommended CDC clinical care practices](#). In addition to standard precautions, athletics health care providers are encouraged to remind athletes and others to stay home when sick and to seek appropriate care. Further, the CDC recommends that practitioners, including athletics health care providers, practice [transmission-based precautions](#) when patients/student-athletes may be infected or colonized with certain infectious agents (e.g., SARS-CoV-2, the virus responsible for COVID-19) for which additional precautions are needed to prevent infection transmission. Transmission-based precautions are the second tier of basic infection control, especially for illnesses that may spread by droplet or airborne route.

Transmission-based precautions include:

- Contact precautions.
- Droplet precautions.
- Airborne precautions.

In summary, ongoing infection control in sport, including management of COVID-19, should be guided by the prevalence of infectious diseases within the athletics group as well as the community (e.g., [COVID-19 community levels](#)), [standard precautions](#) and [transmission-based precautions](#).