

Resocialization of Collegiate Sport: Checklist

Below is a checklist that was created in consultation with the [NCAA COVID-19 Advisory Panel](#); the [American Medical Society for Sports Medicine COVID-19 Working Group](#); and the [Autonomy 5 Medical Advisory Group](#) to support efforts by athletics administrators and other institutional personnel responsible for evaluating and implementing policies and procedures around the resocialization of collegiate sport. The content of the checklist is reflective of the information provided in the following three NCAA resocialization publications released to date: [Core Principles of Resocialization of Collegiate Sport](#); [Resocialization of Collegiate Sport: Action Plan Considerations](#); and [Resocialization of Collegiate Sport: Developing Standards for Practice and Competition](#). As the NCAA resocialization publications were offered as guidance for membership and not intended as mandated requirements, this checklist is not intended and should not be interpreted as a clinical practice guideline or legal standard of care. Rather, like the NCAA resocialization publications, this checklist is offered as a guide and, as such, is of a general nature, intended to be considered and applied as deemed appropriate by the school and its athletics department in consultation with relevant medical and administrative leadership personnel and in a manner consistent with applicable federal, state, local and institutional guidance and requirements.

EDUCATION

There is a plan to share, on an ongoing basis, relevant information from and updates to the NCAA resocialization documents and other related governmental and institutional policies and materials with the following audiences:

- Athletics department staff.
- Coaches and strength and conditioning coaches.
- Sports medicine staff.
- School health department staff.
- Student-athletes.

Before interacting with student-athletes and resuming material responsibilities on campus, staff from each of the above-named departments participate in meetings or other opportunities designed to educate them about the following topics and their professional responsibilities:

- Institutional/athletics department COVID-19 testing process and procedures.
- Prevention of community spread of COVID-19.
- Alignment and intersection of institutional/department policies and government/agency guidelines and requirements.

MITIGATING RISK

Daily Self-Health Checks

- Individuals involved with day-to-day athletics department activities complete a daily symptom check before arrival to campus or athletic facilities, and those with symptoms are directed to remain at home and connect with applicable medical staff for further evaluation and care or to otherwise follow applicable institutional protocols.

Face Coverings and Physical Distancing

- Universal use of face masks/cloth face coverings are considered when feasible, including universal masking for all coaching staff, as well as for student-athletes when they are not playing and when they move from the court/field to the sidelines for timeouts or between period strategy discussions.
- Physical distancing is expected and encouraged when feasible.
- Hand and other sanitization supplies are widely available, and practices are routinely emphasized and reinforced.
- Cough and sneeze etiquette is routinely emphasized and reinforced.

Outdoor Training

- Training, practice and competition are conducted outdoors when feasible.
- For indoor training, ventilation effectiveness is evaluated and maximized as possible.

Practice Considerations

- Face coverings are used during team practice activities when feasible.
- Student-athletes and staff work in functional units when feasible.
- Electronic whistles are used instead of traditional whistles.

Team Travel

- Physical distancing is expected and encouraged, as possible.
- Universal masking is expected for all individuals traveling with others by private car, van, chartered bus, chartered plane or commercial transportation.
- A plan is in place for proper communication of all travel rules, protocols and expectations to everyone in the travel party.
- For overnight stays or same-day travel, pre-packaged meals or room service are identified as preferred options. Where restaurant dining is the only option, takeout food and outdoor eating are identified as preferable alternatives.

Student-Athlete Return to Campus

- Before returning to campus, student-athletes confirm they have had no high contact risk exposure to COVID-19 for at least two weeks.
- Student-athletes are screened (or self-screen) to determine they do not have typical COVID-19 symptoms.
- Risk factors involved in traveling back to school are assessed.
- Plans are in place for infected individuals to be managed in accordance with local public health guidance.

Transition Periods and Return to Activity

- Training plans recognize traditional transition and acclimatization considerations (for example, cardiovascular conditioning, heat, altitude).
- Training plans include a seven- to 10-day initial transition period during which student-athletes are afforded the time to properly progress through the physiologic and environmental stresses placed upon them as they return to required activities.
- Training plans are made considering relevant industry resource materials including, among others, those published by:
 - [American Medical Society for Sports Medicine](#).
 - [College Athletic Trainers' Society](#).
 - [Collegiate Strength and Conditioning Coaches Association](#).
 - [Korey Stringer Institute](#).
 - [National Athletic Trainers' Association](#).
 - [National Strength and Conditioning Association](#).

COVID-19 INFECTION MANAGEMENT

Plan To Manage *Infected Asymptomatic* Individuals:

Time-based strategy

For individuals who test positive but never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive PCR test for SARS-CoV-2.

Plan To Manage *Infected Symptomatic* Individuals:

Time-based strategy

For most people with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and at least 24 hours after resolution of fever, without the use of fever-reducing medications, and with improvement of other symptoms.

RETURN TO ACTIVITY AFTER INFECTION

- Athletes who have tested positive return to activity after completion of a cardiac evaluation based on the most up-to-date guidelines available. If they are cleared from a cardiac standpoint, they then proceed through a re-acclimatization and conditioning program.

SPORT CLASSIFICATION AND TESTING STRATEGIES

Teams have been identified and categorized according to contact risk levels.

Low contact risk: bowling, diving, equestrian, fencing, golf, rifle, skiing, swimming, tennis, track and field.

Intermediate contact risk: acrobatics and tumbling, baseball, beach volleyball, cross country*, gymnastics, softball, triathlon*.

High contact risk: basketball, field hockey, football, ice hockey, lacrosse, rowing, rugby, soccer, squash, volleyball, water polo, wrestling.

**The level of risk in cross country, track and field and triathlon are dependent upon the student-athlete's proximity to other unmasked individuals. For example, the start or finish of a race may involve a group of athletes who are breathing heavily in a group space with a breakdown in physical distancing.*

Surveillance testing strategies are specific to contact risk categories.

Considerations for Low Contact Risk Sports:

- Diagnostic testing upon arrival to campus.
- During summer athletic activities and out-of-season athletic activities: surveillance testing in conjunction with a university plan for all students, plus additional testing for symptomatic and high contact risk individuals.
- During in-season (preseason, regular season, postseason): symptomatic testing and high contact risk testing thereafter.

Considerations for Intermediate Contact Risk Sports:

- Diagnostic testing upon arrival to campus.
- During summer athletic activities and out-of-season athletic activities, and in-season (preseason, regular season and postseason): surveillance PCR testing, for example, 25%-50% of athletes and “inner bubble” personnel every two weeks if physical distancing, masking and other protective features are not maintained, plus additional testing for symptomatic and high contact risk individuals.
- Symptomatic testing and high contact risk testing as appropriate.

Considerations for High Contact Risk Sports:

- Diagnostic testing upon arrival to campus.
- During summer athletic activities and out-of-season athletic activities: surveillance PCR testing, for example, 25%-50% of athletes and “inner bubble” personnel every two weeks if physical distancing, masking and other protective features are not maintained, plus additional testing for symptomatic and high contact risk individuals.
- During in-season (preseason, regular season and postseason): weekly PCR testing of all athletes, plus “inner bubble” personnel for whom physical distancing, masking and other protective features are not maintained.
- Additional testing for symptomatic and high contact risk individuals.

ROUTINE PRE-COMPETITION TESTING IN HIGH CONTACT RISK SPORTS

- Appropriate testing protocols in place.
- Ability to manage the details related to any positive results.
- Limits on the number of “inner bubble” individuals involved with each competition.
- Timely pre-competition testing:
 - Before campus departure and within 72 hours/three days of competition for football and within 72 hours/three days of the first of the week’s set of games for other high-risk sports.
- Testing as above for officials in football and basketball.

- Protocol in place regarding how testing results and related safety assurances are provided to opposing teams before the start of an event, in each case in a manner consistent with applicable health information and education privacy laws.

CLINICAL-BASED PRE-COMPETITION TESTING AND ISOLATION

- Clinical evaluation plan for student-athletes and/or other athletics personnel who develop COVID-19 symptoms after pre-competition testing, including testing for the presence of the virus.
- Isolation of individuals who become symptomatic between testing and competition.
- Protocol consistent with applicable federal, state, local and institutional recommendations.

CONSIDERATIONS AFTER A POSITIVE TEST RESULT

- Plan to notify local public health officials consistent with government regulations and requirements.
- Plan to implement appropriate contact tracing protocols.
- Plan to appropriately identify and quarantine individuals with high-risk exposure.

DISCONTINUATION OF ATHLETICS

- A plan to monitor, evaluate and properly respond to any of the following:
- Lack of ability to isolate new positive cases or to quarantine high contact risk cases on campus.
 - Unavailability or inability to perform symptomatic, surveillance or pre-competition testing when warranted.
 - Campuswide or local community test rates that are considered unsafe by local public health officials.
 - Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.
 - Local public health officials stating that there is an inability for the hospital infrastructure to accommodate a surge in COVID-19-related hospitalizations.