Rancho Santiago Community College District

ATHLETICS

RESOCIALIZATION PROTOCOL

with Guidance from the CCCATA Sports Medicine Team

as of January 21, 2021

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1. INTRODUCTION

1.1. Amid the ever-changing circumstances surrounding the COVID-19 pandemic, athletics throughout the world have come to a halt for the safety and well-being of student-athletes, fans, and support staff. Prior to entering our "new normal" a plan must be established to ensure a safe return to sport for all [2,4-7]. Education of that plan will be vital to its success. This document aims to provide Athletic Trainers and athletic departments throughout the CCCAA with an outline of what will be the standard for educating Student-Athletes, Coaches, Administrators, and Stakeholders in a COVID-19 Era.

1.2. The intent of this document is to assist California Community College Athletic Departments with preparation and implementation strategies to enhance safe return to campus and athletic activity following the COVID-19 pandemic. Each institution should personalize the content of this plan to incorporate campus-specific policies and resources. It is important to educate throughout all phases of return to sport.

1.3. This guidance is interim. These guidelines and considerations are based on the best available public health data at this time, international best practices currently employed, and the practical realities of managing operations; as new data and practices emerge, the guidance will be updated. This document will be updated as new data is available.

2. CORE PRINCIPLES OF RESOCIALIZATION OF CCCAA ATHLETICS [4]

2.1 State and local health care agency will be utilized to give guidance as we move through the Blueprint of Safer Economy tier assignments. As Orange County moves through the tiers, the OCHCA will be utilized to give updated guidance for practice and conditioning.

2.2. There should be a written plan in place at the university/college level for resocialization of students. In keeping with the federal guidelines, universities/colleges should consider guidance provided to employers to develop and implement appropriate policies regarding the following:

- 2.2.1. Social distancing and protective equipment.
- 2.2.2. Temperature checks.
- 2.2.3. Testing and isolating.
- 2.2.4. Sanitation.
- 2.2.5. Use and disinfection of common and high-traffic areas.
- 2.3.6. School business travel.
- 2.3.7. Monitoring of workforce for symptoms and preventing symptomatic people from physically returning to work until cleared by a medical provider.
- 2.3.8. Workforce contact tracing after an employee's positive test for COVID-19.

2.4. There must be a written plan in place at the university/college level for resocialization of student-athletes within athletics. In keeping with the federal guidelines, athletics should practice the following:

2.4.1. All student-athletes, athletics health care providers, coaches and athletics personnel should practice good hygiene.

2.4.2. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home if they feel sick.

2.4.3. Guidance noted above for university employees should be in place within athletics.

2.5. There must be adequate personal protective equipment for athletics health care providers, and there must be sanitizers to manage infection control in all shared athletics space.

2.6. There must be the ability to assess immunity to COVID-19 at a regional and local level. This could include immunity at the college campus, plus a more focused assessment of herd immunity for athletic teams.

2.7. There must be access to reliable, rapid diagnostic testing on any individual who is suspected of having COVID-19 symptoms.

2.8. There must be in place a local surveillance system so that newly identified cases can be identified promptly and isolated, and their close contacts must be managed appropriately.

2.9. There must be clearly identified and transparent risk analyses in place. Risk analyses consider issues such as economics, education, restoration of society, and medical risk of sport participation, including COVID-19 infection and possible death.

3. EDUCATION

3.1 When to Educate

3.1.1. It is important to educate throughout all phases of return to sport including prior to return to campus. It is also imperative to note that this is unprecedented and daily new research and data are being collected.

3.2 Why Educate

3.2.1 To provide staff and student-athletes with pertinent information on how to deal with and limit spread of illnesses, specifically COVID-19.

3.3 Who To Educate [5-7, 13]

3.3.1 *College* Administrators

- 3.3.1.1 Coaching staff (Paid and Volunteer)
- 3.3.1.2 Athletic Director(s)
- 3.3.1.3 Facility and Custodial Staff
- 3.3.1.4 Student Workers (Athletic Training Students/ Interns)
- 3.3.1.5 Equipment Personnel
- 3.3.1.6 Potential Stakeholders (BOD, VP, Deans, Risk Manager)
- 3.3.1.7 Other Athletic Department Staff

3.3.2 Student-Athletes

- 3.3.2.1 Incoming Student-Athletes: Provide in depth details prior to returning to campus and again once on campus regarding facilities, policies, and procedures for new student-athletes.
- 3.3.2.2 Returning Student-Athletes: Provide education on new policies, procedures, screening, and proper communication when reporting illnesses.

3.4 How to Educate

3.4.1 Prepare

- 3.1.1.1 Platforms
  - 3.1.1.1.1 Online Orientation Modules in Cavas
  - 3.1.1.1.2 Pre-Participation Forms in SportsWare
  - 3.1.1.1.3 Policy and Procedure Manual on Presto Site
- 3.1.1.2 Reinforce during team meetings
- 3.1.1.3 Maintain daily check-ins (if necessarily per state and county guidelines)

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3.5.1 YouTube Links

- 3.5.1.1 Administrators, Faculty, and Staff
- 3.5.1.2 Student-Athletes

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- 3.5.2.1 Definition
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    - 3.5.2.2.1.1 Avoid large gatherings
    - 3.5.2.2.1.2 Handwashing
    - 3.5.2.2.1.3 Face covering use[37]
      a. Proper use of face coverings, including:
        i. -Face coverings are not personal protective equipment (PPE).
        ii. -Face coverings can help prevent exposure of people near the wearer and the wearer, but do not replace the need for physical distancing and frequent handwashing.
        iii. -Face coverings must cover the nose and mouth.
        iv. -Workers should wash or sanitize hands before and after using or adjusting face coverings.
        v. -Avoid touching eyes, nose, and mouth.
        vi. -Face coverings must not be shared and should be washed or discarded after each shift.
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4 SCREENING

Mandatory *for participation in RSCCD Intercollegiate Athletics.*

4.1 COVID-19 Screening Forms

4.1.1 Pre-Participation Questionnaire (PPQ)

4.1.1.1 In addition to the medical history recorded prior to a pre-participation physical exam/screening, we are recommending that every student-athlete fill out a questionnaire about their COVID -19 status (PPQ).
4.1.1.2 This form also contains a COVID-19 risk statement.
4.1.1.3 If someone has tested positive, is symptomatic or has potentially had contact with someone with COVID-19, we are requiring that they receive clearance from a physician. Therefore, all incoming and returning student-atheltes will need to receive clearance.
4.1.1.4 This form also helps to identify Vulnerable Populations[35], who as recommended by this Resocialization document, should not participate until Phase 3 of resocialization into athletics (*See **PHASES** and **TIMELINE***).
4.1.1.5 PPQ may be found in *Appendix A.*

4.1.2 Physician Clearance Form (PCF)

4.1.2.1 If any incoming or returning student-athlete who returns to campus tests positive for COVID-19 or has been in close contact with an individual who tested positive for COVID-19 they will be required to complete a PCF prior to receiving a full clearance for participation and returning to face-to-face activity.
4.1.2.2 The need for this form is based on the potential for cardiovascular and other damage as a result of the virus, as well as the health and safety of all other persons said student-athlete comes in contact with[23-25].
4.1.2.3 We are recommending that anyone who has had symptoms or may be symptomatic will need clearance on this specific form to ensure that they are cleared for any potential COVID -19 issues.
4.1.2.4 The form must be signed, dated and stamped by a physician (MD or DO).
4.1.2.5 The student-athlete must also produce proof of a negative COVID-19 lab test, which will only be necessary if requested by clearing physican[32].
4.1.2.6 PCF may be found in *Appendix B.*

4.2 Daily Screenings

4.2.1 In accordance with the CDC's Considerations for Institutions of Higher Education[33], we require that everyone involved within athletics or athletic facilities be subject to a daily two-part screen.

4.2.1.1 1. Fill out or answer a questionnaire regarding symptoms (See *Appendix C*) pertaining to the student-athlete's own status and the status of others in their household. If it cannot be done virtually, the student-athlete's answers can be recorded on a daily check-in sheet (See *Appendix D*).

4.2.1.1.1 In addition, the CDC has directed individuals who identify any of the following life threatening symptoms, or any other symptoms that are severe or concerning, to seek emergency medical care immediately.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

4.2.1.2 2. Daily temperature check-Done individually with no-touch infrared thermometers. [1, 26]

4.2.1.2.1 It is prudent to take into consideration the ambient temperature, physical activity just performed, and validity and reliability of the instrument being used.

4.2.1.2.1.1 If a student-athlete displays a high temperature of 100.4 F or above as seen in Definitions of Symptoms for Reportable Illnesses

a. It is best practice to have the student-athlete wait 15 minutes in a cool environment, and re-test.
b. If second reading is 100.4 F or above, refer to RSCCD COVID-19 Emergency Action Plan for Scenario 1 in Table 1.

4.2.1.2.2 A person with a fever, or with anyone in their household having a fever, is to stay home until they are fever free for 72 hours. If they have multiple symptoms and meet the Definitions of Symptoms for Reportable Illnesses, or if the symptoms persist, they should be sent for a COVID-19 lab test.1

4.2.1.2.3 After checking in for screening, the athlete will be given a sticker to signify they have completed the screening process for the day. (sticker colors will change daily).

4.3 Screening for Contests

4.3.1 Testing

4.3.1.1 Competition between teams without spectators is permitted to begin only if the IHE can provide COVID-19 testing and results within a 48-hour period in advance of competition in high contact risk sports.4 Based on current evidence and standards, both daily antigen testing and periodic PCR testing are acceptable testing methods for both baseline and ongoing screening testing.

4.3.2 Home Contests

4.3.2.1 Home team will be subject to daily screenings.

4.3.2.2 Visiting Teams will be subject to the institutions' specific COVID-19 procedures of the host institution.

4.3.3 Away Contests

4.3.3.1 We recommend that all teams are screened by qualified and authorized personnel at their home college prior to leaving for an away contest.

4.3.3.1.1 All members of the travel party should complete the daily two-part screen process and inform the host athletic trainer of results (See *Appendix D*).

4.3.3.2 Only individuals who pass the screening process should be allowed to travel (see *Appendix C*).

4.4 Screening for Initial Participation

4.4.1 KINES Intercollegiate Athletic Classes

- 4.4.1.1 RSCCD COVID-19 Education (See EDUCATION)
- 4.4.1.2 COVID-19 PPQ, Assumption of Risk, and Vulnerable Population form (See *Appendix A*)
- 4.4.1.3 Standard Pre-Participation Screening Packet
- 4.4.1.4 If Student-Athlete has had a positive COVID-19 test:
  - 4.4.1.4.1 COVID-19 Physician Clearance Form (See *Appendix B*).

4.4.2 RSCCD Intercollegiate Athletics

- 4.4.2.1 RSCCD COVID-19 Education (see EDUCATION)
- 4.4.2.2 COVID-19 PPQ, Assumption of Risk, and Vulnerable Populations form (See *Appendix*
- 4.4.2.3 Standard Pre-Participation Screening Packet
- 4.4.2.4 If student-athlete has had a positive COVID-19 test:
  - 4.4.2.4.1 COVID-19 Physician Clearance Form (See *Appendix B*)
  - 4.4.2.4.2 Athlete will need to go through appropriate Return to Play Protocol which will be supervised by the Athletic Trainer

5 COVID-19 EMERGENCY ACTION PLAN

5.1 Covid-19 Defined

5.1.1 The World Health Organization defines the COVID-19 as follows, "*Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness*."[30]

5.2 Emergency Action Plan Considerations

5.2.1 In the event that anyone in attendance at a RSCCD sponsored event, practice, class, or meeting shows or reports symptoms of COVID-19, the following procedures are to be followed:

- 5.2.1.1 Prior to any class or event on an RSCCD campus or official off-site venue, an isolation area will be identified. An isolation area refers to a pre-designated area that acts as a waiting location for acutely symptomatic individuals who require medical attention. The location of the isolation area will be determined and distributed to personnel as needed.
- 5.2.1.2 In the event that any of the following scenarios occur, refer and/or contact the on duty athletic trainer.
- 5.2.1.3 In the event of a positive test, or where contact tracing is necessary, refer to RSCCD Return to Work.
- 5.2.1.4 Individual will be transported home, or to a health care facility (non-emergency), by themselves or by a person within their household.
- 5.2.1.5 All Isolation and Quarantine guidelines will follow the OCHCA Health Officers Orders and Recommendations

5.3 Table 1: Emergency Action Plans for Suspected or Confirmed COVID-19 Cases

Scenario	Emergency Action Plan	Line of Communication
Scenario 1: A student-athlete or staff member answers "yes" during the Daily Screening questionnaire (See *Appendix C*) or has a temperature of 100.4 F.	• Send home with the Physician Referral Form (PCF) (See *Appendix B)*. • Instruct to get tested (see **Testing** below). • Send home with OCHCA Guidance for Home Isolation or OCHCA Waiting for Test Results. • Individual instructed to update Sports Medicine staff virtually of test result. • See Scenario 5 for positive test results. • See Scenarios 6 and 7 for negative test results.	• At time of referral: communicate with supervisor (AD/DEAN/EOC) about suspected case. • Once test results are confirmed via virtual communication: inform supervisor (AD/DEAN/EOC) about status of case.
Scenario 2: A family member or someone in close contact with a student or staff member (outside of the school community) has been exposed OR tests positive for COVID-19.	• Instruct to stay home, or to leave campus. • Instruct to get tested (See **Testing** below). • Must complete PCF (See *Appendix B)*. • Send home with OCHCA Guidance for Home Isolation or OCHCA Waiting for Test Results. • Individual instructed to update Sports Medicine staff virtually of test result. • See Scenario 5 for positive test results. • See scenario 7 for negative test result.	• At time of referral: communicate with supervisor (AD/DEAN/EOC) about suspected case. • Once test results are confirmed via virtual communication: inform supervisor (AD/DEAN/EOC) about status of case.

Table 1 Continued

Scenario	Emergency Action Plan	Line of Communication
Scenario 3: A student-athlete or staff member exhibits COVID-19 symptoms during a practice or class.	• Individual with symptoms is removed from practice or class, dons PPE and guided toward the isolation area. • Athletic Trainers notified, dons PPE for evaluation of possible COVID-19 case, goes to isolation area. • Athletic Trainer performs Daily Screening, takes temperature. • Athletic Trainer documents session. • PCF is given (See *Appendix B)*, individual instructed to get tested and sent home (See **Testing** below). • Send home with OCHCA Guidance for Home Isolation OR OCHCA Waiting for Test Results. • If serious illness, call 911. • See Scenario 5 for positive case. • See Scenario 6 and 7 for negative test.	• At time of referral: communicate with supervisor (AD/DEAN/EOC) about suspected case. • Once test results are confirmed via virtual communication: inform supervisor (AD/DEAN/EOC) about status of case.
Scenario 4: A student-athlete or staff member exhibits COVID-19 during a competition.	• Individual with symptoms is removed from competition, dons PPE and guided toward the isolation area. • Athletic Trainers notified, dons PPE for evaluation of possible COVID-19 case, goes to isolation area. • Athletic Trainer performs Daily Screening, takes temperature. • Athletic Trainer documents session. • PCF is given (See *Appendix B)*, individual instructed to get tested and sent home. (See **Testing** below). • Send home with OCHCA Guidance for Home Isolation or OCHCA Waiting for Test Results • If serious illness, call 911. • For visiting team, individual to remain in isolation area, arrangements made for transportation home. • Information given to teams Sports Medicine Staff. • See Scenario 5 for positive case. • See Scenario 6 and 7 for negative test.	• Host administrator is notified of suspected COVID-19 case. The decision to suspend or continue the game is made. • Host administrator instructs coaches and officials to separate teams until said decision is made. • Host administrator communicates suspected case up the chain of command. • Visiting teams Athletic Trainer is informed of situation, who then institutes their institutions EAP for COVID-19 and communication plan. • Once test results are confirmed via virtual communication: inform supervisor (AD/DEAN/EOC) about status of case. • If student-athlete tests positive, must communicate positive test to opposing school as soon as possible.
Scenario 5: A student-athlete or staff member tests positive for COVID-19.	• Individual sent home if not already quarantined. • PCF (See *Appendix B)* given virtually. • OCHCA Guidance for Home Isolation AND COVID Positive Guidelines sent virtually. • See **Isolation Parameters** below. • See **Return to Campus and Return to Athletics** considerations below.	• Inform supervisor of positive case (AD/DEAN/EOC). • EOC to proceed with incident management. • EOC designee documents pertinent contact tracing information for public health officials.
Scenario 6: A student-athlete or staff member tests negative for COVID-19 after having symptoms, without any positive or symptomatic cases in household.	• Individual may return to school 72 hours after resolution of fever and improvement of other symptoms. • Must provide completed PCF (See *Appendix B)* and any further documentation provided by the signing physician.	• Inform supervisor of negative case

Table 1 Continued		
Scenario	**Emergency Action Plan**	**Line of Communication**
Scenario 7: A student-athlete or staff member tests negative for COVID-19 after being in close contact to a COVID-19 positive household member.	• Individual must remain in quarantine for a full 14 days after last contact with a person who has COVID-19 • OR individual must remain in quarantine for the duration that the COVID-19 positive person in same household has to remain in quarantine **if** able to keep social distance. • OR if individual is unable to maintain social distance from the COVID-19 positive person in their household, then they must stay in quarantine for 14 days after the ill person has meet the criteria to end home isolation[28]. • Must provide PCF (See *Appendix B)* and any further documentation provided by the signing physician.	• Inform supervisor of negative case, yet still isolating due to household measures.
Scenario 8: A student-athlete or staff member tests negative for COVID-19 without exposure to virus.	• Must provide PCF (See *Appendix B)* and any further documentation provided by the signing physician.	• Inform supervisor of negative case.

5.4 Testing (Link Testing Strategies Document Once Approved)

5.4.1 Local Testing Facilities

5.4.1.1 Orange County COVID-19 Testing Location Flow Chart Or COVID-19 Testing Resources

5.4.1.2 Orange County Testing Locations

5.4.1.3 General FAQ Regarding COVID-19 Testing

5.4.2 Testing Considerations

5.4.2.1 In the event that a student-athlete does not have health insurance:

- You can be tested at an OC Super Site as long as you meet the criteria
- Health Resources and Services Administrations COVID-19 Claims Reimbursement page

5.4.2.2 Require student-athletes and staff to get tested as soon as possible after they develop one or more COVID-19 symptoms or if one of their household members or non-household close contacts tested positive for COVID-19[32]

5.4.2.3 Require all student-athletes and staff to report either their own positive COVID-19 test results, or that of a household member or non-household close contact, to the sports medicine staff as soon as possible. Refer to Scenarios 2 and 5.

5.4.3 Testing Strategies and Protocol Documents

- No need to re-test until 90 days after positive test
- Refer to Officials masking protocol as adopted by the CCCAA
- In accordance with the IHE PCR testing will be utilized at Santiago Canyon College

5.4.4 Contact Tracing

- Is the responsibility of the Athletic Trainer
- Chain of Command for Reporting Possible Exposure or Possible Positive Case?
- Contact Tracing Questions/Infographic
- Who is Responsible for Reporting to OCHCA (community) and who notifies Student Athletes?

5.5 Isolation Parameters

5.5.1 Table 2: Isolation Parameters

Scenario	Isolation Parameter
Student-athlete that might have been exposed should [1, 3] (See Table 1, Scenario 2)	• Self-quarantine 10 days after your last exposure • Check your temperature twice a day and monitor symptoms • If possible, stay away from people who are at higher-risk for COVID-19

Student-athlete with COVID-19 need to self-isolate unless instructed to do otherwise[1,2]
 	
(See Table 1, Scenario 1,3 4, & 5)
	• Stay home except to get medical care
	  ○ Communicate with your athletic trainer via school policy (telehealth, text, etc.) [24]
	  ○ Take care of yourself; get rest (No exercise/activities), stay hydrated and can take medication that improves symptoms
	  ○ Stay in touch with your medical provider and relay pertinent information to your athletic trainer.
	• Isolate yourself from other people in your home/apartment/dorm
	• Keep track of your symptoms and follow care instructions from your medical provider
	• Seek emergency medical attention if you:
	  ○ Trouble breathing
	  ○ Persistent pain or pressure in chest
	  ○ Inability to wake or stay awake
	  ○ Bluish lips or face
	• Call ahead before visiting your doctor
	• Wear a cloth face cover, covering your nose and mouth when you are around other people (even at home)
	• Avoid sharing personal household items
	• Clean your hands often and all “high touch” surfaces everyday
	• Student-athlete should not return to campus until cleared by a physician and submit a completed PCF (See *Appendix B*)

A student-athlete lives with a COVID-19 positive family member or household member. (See Table 1, Scenario 7)	• Individual must remain in quarantine for a full 10 days after last contact with a person who has COVID-19, **OR** • Individual must remain in quarantine for the duration that the COVID-19 positive person in same household has to remain in quarantine **if** able to keep social distance, **OR** • If individual is unable to maintain social distance from the COVID-19 positive person in their household, then they must stay in quarantine for 10 days after the ill person has meet the criteria to end home isolation[28.] • Must provide PCF (See *Appendix B*) and any further documentation provided by the signing physician.

5.5.2 Table 3: Discontinuation of Isolation/Quarantine [1, 3]

Scenario	Strategy	Parameters for Discontinuation of Isolation
Student-athletes who may have been in close contact with a person diagnosed with or likely to have COVID-19 AND/OR student-athletes with laboratory-confirmed COVID-19 who have NOT had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions. (See Table 1, Scenarios 2 & 5)	Time-based strategy	• At least 10 days have passed since the date of their first positive COVID-19 diagnostic test or last exposure to potentially COVID positive individual. • If symptoms develop with daily monitoring, then the symptom-based or test-based strategy listed below should be utilized
Student-athlete that tested positive for COVID-19 or have symptoms consistent with COVID-19 and were directed to care for themselves at home may discontinue isolation under the following conditions. (See Table 1, Scenario 5)	Symptom-based strategy	• At least 10 days have passed since symptoms first appeared. • At least 24 hours after resolution of fever without the use of fever-reducing medication • Improvement in respiratory symptoms (e.g. cough, shortness of breath)

5.6 Returning to Campus

5.6.1 Student-athletes who have followed the isolation guidelines may return to campus under the following circumstances:

5.6.2 You can be with others after[29]

5.6.2.1 At least 10 days since symptoms first appeared **and**

5.6.2.2 At least 24 hours with no fever without fever-reducing medication **and**

5.6.2.3 Respiratory Symptoms have improved (e.g. cough, shortness of breath)

5.6.2.4 Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19.

5.6.3 *<u>Individual must have documentation of recovery and clearance from an MD:</u>*

5.6.3.1 Provide the PCF, signed, dated, stamped AND

5.6.3.2 Proof of negative test UNLESS noted in the PCF

5.7 Recommendations for Returning to Sport After Positive COVID-19 Test [6,11-13, 34]

5.7.1 Note:

5.7.1.1 *All of the following information is a recommendation for returning to athletics. All directives for returning to activity will come from the treating physician via the PCF and/or additional documentation.*

5.7.2 IF Student-athlete was asymptomatic, non-hospitalized:

5.7.2.1
- Self Isolation for 14 days
- Rest/no exercise for 10 days from positive test result
- Begin RTP on day 11
- No cardiovascular testing necessary
- Return to play is slow and graded escalation of activity
- Development of new CV symptoms during RTP will require examination by a medical doctor

5.7.3 IF Student-athlete had mild symptoms, non-hospitalized:

5.7.3.1
- Self Isolation for 14 days
- No exercise for 10 days from symptom onset and at least 7 days symptom free
- Must have full resolution of symptoms
- Evaluation by a medical doctor for cardiovascular symptoms or protracted course of illness
- Return to play is slow and graded escalation of activity
- Development of new CV symptoms during RTP will require additional follow up examination by a medical doctor

5.7.4 If Student-athlete had Moderate symptoms, non-hospitalized:

5.7.4.1
- Self-isolation 14 days
- No exercise for at least 10 days after symptom resolution and absence of fever for 24 hours
- Evaluation by a medical doctor ECG required
- Normal ECG can begin RTP with clearance by a medical doctor
- Abnormal ECG needs full cardiac screen and may begin RTP with clearance by a medical doctor
- Development of new CV symptoms during RTP will require additional follow up examination by a medical doctor

5.7.5 IF Student-athlete had severe symptoms and/ or was hospitalized:

5.7.5.1
- hs-cTn Testing and Cardiac Imaging
- If testing is normal
    - Rest and no exercise while symptomatic
    - After symptom resolution, 2 more weeks convalescence (no exercise)
    - Evaluation by medical professional for RTP
    - If cardiac test results are normal, slow resumption of activity may start
- If testing diagnoses significant cardiac injury
    - Follow physician recommended RTP guidelines for myocarditis
    - Before returning to sports, athletes diagnosed with a clinical syndrome consistent with myocarditis should undergo a resting echocardiogram, 24-h Holter monitoring, and an exercise 12-lead electrocardiogram no less than 3 to 6 mo after the illness.
    - It is reasonable that athletes can resume training and/or competition if all of the following criteria are met (class IIa; level of evidence C):
        - Ventricular systolic function has normalized.
        - Serum markers of myocardial injury, heart failure, and inflammation have returned to normal levels.
        - Clinically relevant arrhythmias on Holter monitor and graded exercise 12-lead electrocardiogram are absent

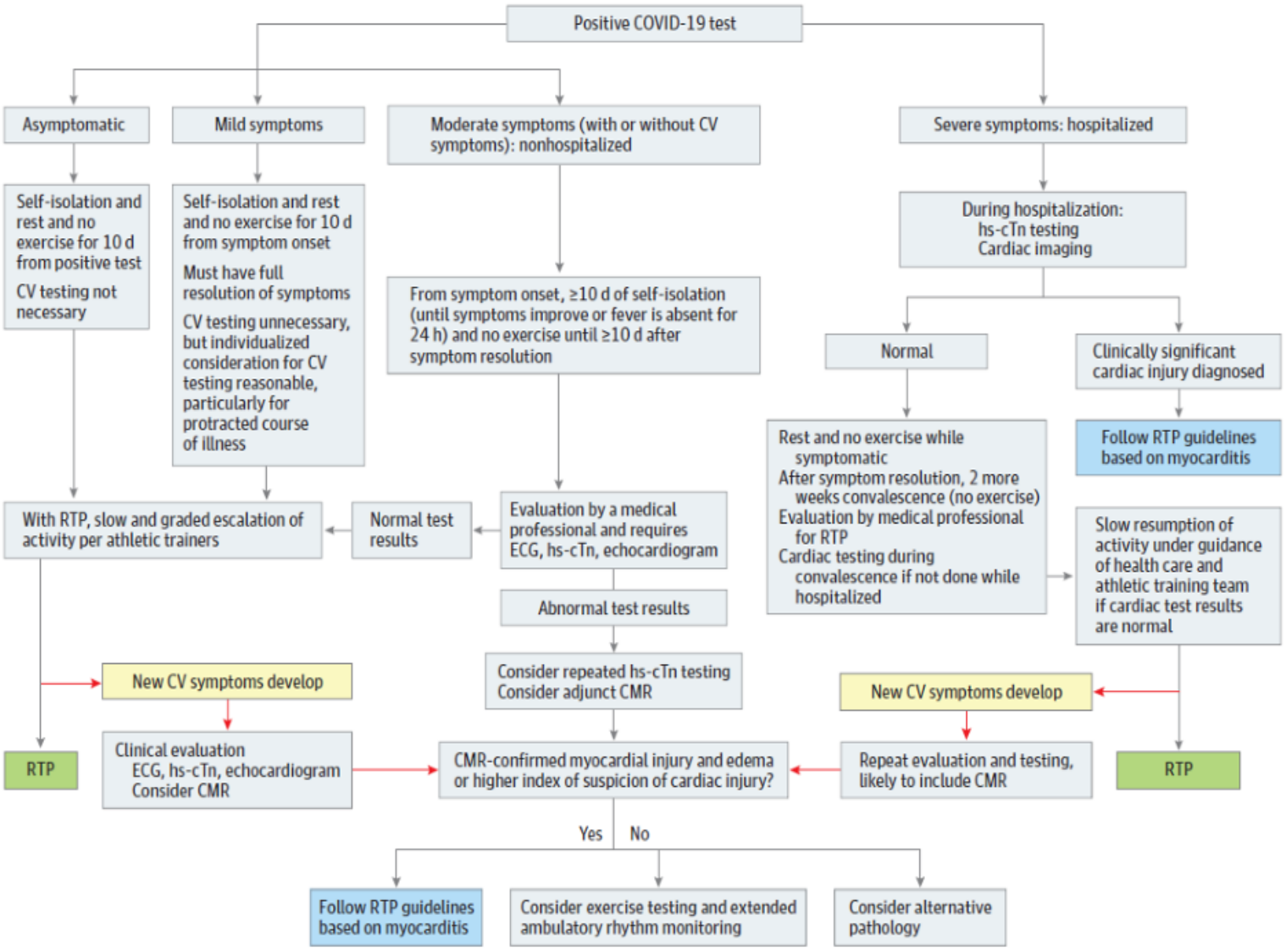
5.7.6 Documentation

5.7.6.1 *Individual must have documentation of recovery and clearance from an MD before starting return to any activity level:*

5.7.6.1.1 Provide the PCF, signed, dated, stamped, **and**

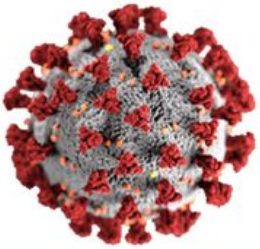
5.7.6.1.2 Proof of negative test IF noted in the PCF as necessary.

Figure 3. Proposed Coronavirus Disease 2019 (COVID-19) Return-to-Play Algorithm for Adult Athletes in Competitive Sports



COVID-19 GRADUATED RETURN TO PLAY FOR PERFORMANCE ATHLETES: GUIDANCE FOR MEDICAL PROFESSIONALS

INDICATORS OF COVID-19 INFECTION



- SHORTNESS OF BREATH
- NEW, PERSISTENT DRY COUGH
- FEVER
- GI SYMPTOMS SUCH AS DIARRHOEA & NAUSEA
- LOSS OF TASTE AND SMELL

THIS GUIDANCE IS AIMED AT ATHLETES WITH MILD TO MODERATE SYMPTOMS OF COVID-19. ATHLETES SHOULD FOLLOW LOCAL GOVERNMENT GUIDELINES OF COUNTRY OF RESIDENCE FOR MANAGEMENT OF SYMPTOMS INCLUDING ISOLATION AND TESTING PROCESSES. ATHLETES WHO HAVE MORE COMPLICATED INFECTIONS, OR REQUIRED HOSPITAL SUPPORT SHOULD HAVE A MEDICAL ASSESSMENT BEFORE COMMENCING GRTP. ASSESSMENT MAY INCLUDE:

- BLOOD TESTING FOR MARKERS OF INFLAMMATION (HS-TROP, BNP, CRP), CONSIDER RENAL & HAEMATOLOGY MONITORING
- CARDIAC MONITORING (ECG, ECHO, ETT, CARDIAC MRI)
- RESPIRATORY FUNCTION ASSESSMENT (SPIROMETRY)

10 DAYS REST FROM ONSET **&** AT-LEAST **7 DAYS** SYMPTOM FREE **&** OFF ALL TREATMENT, E.G. PARACETAMOL → **GRTP** GRADUATED RETURN TO PLAY PROTOCOL

GRADUATED RETURN TO PLAY PROTOCOL

UNDER MEDICAL SUPERVISION

	STAGE 1 10 DAYS MINIMUM	STAGE 2 2 DAYS MINIMUM	STAGE 3A 1 DAY MINIMUM	STAGE 3B 1 DAY MINIMUM	STAGE 4 2 DAYS MINIMUM	STAGE 5 EARLIEST DAY 17	STAGE 6
ACTIVITY DESCRIPTION	MINIMUM REST PERIOD	LIGHT ACTIVITY	FREQUENCY OF TRAINING INCREASES	DURATION OF TRAINING INCREASES	INTENSITY OF TRAINING INCREASES	RESUME NORMAL TRAINING PROGRESSIONS	RETURN TO COMPETITION IN SPORT SPECIFIC TIMELINES
EXERCISE ALLOWED	WALKING, ACTIVITIES OF DAILY LIVING	WALKING, LIGHT JOGGING, STATIONARY CYCLE. NO RESISTANCE TRAINING	SIMPLE MOVEMENT ACTIVITIES E.G. RUNNING DRILLS	PROGRESSION TO MORE COMPLEX TRAINING ACTIVITIES	NORMAL TRAINING ACTIVITIES	RESUME NORMAL TRAINING PROGRESSIONS	
% HEART RATE MAX		<70%	<80%	<80%	<80%	RESUME NORMAL TRAINING PROGRESSIONS	
DURATION	10 DAYS	<15 MINS	<30 MINS	<45 MINS	<60 MINS	RESUME NORMAL TRAINING PROGRESSIONS	
OBJECTIVE	ALLOW RECOVERY TIME. PROTECT CARDIO-RESPIRATORY SYSTEM	INCREASE HEART RATE	INCREASE LOAD GRADUALLY. MANAGE ANY POST VIRAL FATIGUE SYMPTOMS	EXERCISE, COORDINATION AND SKILLS/TACTICS	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS	RESUME NORMAL TRAINING PROGRESSIONS	
MONITORING	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE)

NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT

institute of sport | ENGLISH INSTITUTE OF SPORT ATHLETE HEALTH | sportwales chwaraeoncymru | sport Sports Institute

INFOGRAPHIC CREATED BY UK HOME COUNTRIES INSTITUTES OF SPORT; ELLIOTT, N. ELLIOTT, J. BISWAS, A. MARTIN, R. HERON, N.

5.7.6 Institutional Considerations for Continuation of Athletics

5.7.6.1 Considerations Related to the Discontinuation of Athletics

With the latest update of this document, the rate of spread of COVID-19 has been increasing in many regions of the country. Because of this increase, it may become impossible to safely practice and/or play sports, especially those classified as high risk sports. Due to this, with the guidance of local health authorities schools may consider pausing or discontinuing athletics activities when local circumstances warrant such consideration. Some examples of such local circumstances that might trigger a conversation with local public health authorities include the following:

- A lack of ability to isolate new positive cases or quarantine high contact risk cases on campus.
- Unavailability or inability to perform symptomatic, surveillance and pre-competition testing when as recommended in this document.
- Campus wide or local community test rates that are considered unsafe by local public health authorities.
- Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.
- Local public health authorities stating that there is an inability for the hospital infrastructure to accommodate a surge in hospitalizations related to COVID-19

5.7.6.2 Discontinuation of practice consisting of contact and competition for the rest of the season may be considered by local health departments if more than 10% of athletes on a team test positive within a 14-day period. For teams less than 20 athletes total, if more than 5 members test positive, discontinuation of practice with contact and competition for the rest of the season may be considered.

6 DAILY OPERATIONS

6.1 Personal Protective Equipment (PPE)

6.1.1 Personal protective equipment (PPE) is equipment worn to minimize exposure to hazards that cause serious illnesses and/or injuries. These may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. PPE may include items such as:

6.1.1.1 Gloves, surgical masks, gowns, safety[19] glasses and shoes, hard hats, respirators, or coveralls.

6.1.2 The National Athletic Trainers' Association Intercollegiate Council on Sports Medicine (ICSM) recommends the following PPE be available in the athletic training facility:

6.1.2.1 Masks, Eye Protection, Gloves, and Gowns[6].

6.1.2.1.1 *Employers should select appropriate PPE and provide it to the health care professional in accordance with OSHA PPE standards (29 CFR 1910 Subpart I)*[10]

6.2 PPE Defined:

6.2.1 Face Coverings[1]

6.2.1.1 *All of those involved in collegiate athletics, including coaches, staff, media and players not engaged in play, are subject to these requirements*[37]*:*

6.2.1.1.1 Cloth face coverings are not considered PPE because their capability to protect healthcare personnel (HCP) is unknown. Face coverings, if available, should be reserved for HCP.

6.2.1.1.2 At this time, the N95 respirator is unnecessary for the athletic trainer in the traditional setting.

6.2.1.1.3 Instruct patients to put on their own cloth face covering, regardless of symptoms, before entering the facility.

6.2.1.1.3.1 Institutions should be aware that patients may not have access to cloth masks and may need to provide facemasks to patients before they may have access to the athletic training facility.

6.2.1.1.4 For most sports activities, this guidance assumes that use of face coverings while playing is not feasible, although they should be worn by players and others while on the sidelines.

6.2.3 Gloves [1]

6.2.3.1 Put on clean, non-sterile gloves upon planned patient contact.

6.2.3.2 Wear gloves when handling items contaminated by bodily fluids.

6.2.3.3 Change gloves if they become torn or heavily contaminated.

6.2.3.4 Dependent upon the type of patient contact, the patient may also need to be given gloves at the institution's expense.

6.2.3.5 Remove and discard gloves when leaving the patient room or care area, and immediately perform proper hand hygiene.

6.2.3.5.1 Coaches or referees moving items used by athletes (e.g., balls) or handling trash bags should use disposable gloves (and wash hands before putting them on and after removing them) or wash hands before and after handling shared items[37].

6.2.4 Eye Protection [1, 6]

6.2.4.1 Eye protection is defined as goggles or a face shield that covers both the front and side of the face and eyes.

6.2.4.2 Personal eyeglasses and contact lens are not considered eye protection PPE.

6.2.4.3 The ICSM does note eye protection as a possible PPE for the athletic trainer but the CDC recommends them only for those health care professionals working with COVID19 positive cases.

6.2.4.4 It is the recommendation that the CCCAA athletic trainer does not need to don eye protection while performing regular athletic training duties unless they feel it is warranted.

6.2.5 Isolation Gowns [1,6,22]

6.2.5.1 Isolation gowns are non-sterile gowns used to keep clothing from getting contaminated.

6.2.5.2 Used for care of patients on contact precautions and for splash generating procedures.

6.2.5.3 The ICSM does note isolation gowns as a possible PPE for the athletic trainer.

6.2.5.4 It is the recommendation that the CCCAA athletic trainer carry a minimal amount of isolation gowns in inventory but that they are not used in daily practice until the athletic trainer feels it is warranted.

6.2.6 PPE Considerations [1]

6.2.6.1 Athletic trainers will wear masks in accordance with federal, state and local guidelines.

6.2.6.1.1 Wearing gloves is optional for the athletic trainer for daily operations but recommended for prolonged periods of touch (i.e. soft tissue)[20].

6.2.6.2 Anyone entering the athletic training facility will wear a mask in accordance with federal, state and local guidelines.

6.2.6.2.1 Student-athletes and coaching staff should wear their own personal reusable masks, but disposable masks should be made available in the event that their personal mask was forgotten.

6.3 Sanitization Considerations

6.3.1 Facility Considerations

6.3.1.1 Hand sanitizer is available at every athletic venue will be made available in multiple points through the athletic training facility.

6.3.1.2 Proper sanitization protocols will be in place for any and all equipment and treatment surfaces.

6.3.1.3 According to the CDC, one must wear disposable gloves when cleaning and disinfecting surfaces.

6.3.1.3.1 Gloves should be discarded after each cleaning

6.3.1.3.2 If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes.

6.3.1.4 Cleaning should be done with warm water and soap.

6.3.1.5 EPA approved disinfectant should be utilized after cleaning (Cavicide)

6.3.1.5.1 EPA Approved List

6.3.1.6 Treatment tables and taping tables will be disinfected after each use. Follow the label on the EPA approved disinfectant to ensure proper soaking time.

6.3.1.7 Countertops, ice machines, modalities, and other high touch areas should be sanitized at least every two hours.

6.3.1.8 Ice machines lids and scoop handles should be disinfected after each use.

6.3.1.8.1 Consider limiting personnel allowed to use the ice machine and restrict student-athletes from using the ice machine for filling water bottles.

6.3.1.9 Rehab equipment should be disinfected after each use. Disinfecting wipes or spray should be made available at multiple points throughout the rehab area.

6.3.1.9.1 Consider possibly creating a "dirty" equipment bin where student-athletes can drop items that cannot be disinfected easily (i.e. minibands) to avoid multiple student-athletes using the same contaminated piece of equipment.

6.3.1.10 Prior to modality use, the area of the patient's skin should be wiped with rubbing alcohol.

6.3.1.11 The following modalities should be disinfected after each use:

6.3.1.11.1 E-stim pads

6.3.1.11.2 Ultrasound heads

6.3.1.11.3 Instrument assisted soft tissue tools

6.3.1.11.4 Cupping tools

6.3.1.11.5 Massage guns heads should be covered with a glove, flexi-wrap, or something similar if being used directly on the skin and disinfected after each use until Phase 3 (see **PHASES and TIMELINE**).

6.3.1.11.5.1 Consider placing a towel over the area you are planning to work on to avoid skin contact.

6.3.2 Institutional Considerations[21]:

6.3.2.1 Utilize facilities and custodial staff for cleaning and sanitization.

6.3.2.1.1 Refer to IHE Document for Cleaning and Disinfecting Protocols

6.3.3 How to Clean and Disinfect Specific Surfaces

6.3.3.1 Hard (Non-porous) Surfaces

6.3.3.1.1 Surfaces should be cleaned using a detergent or soap and water prior to disinfection.

6.3.3.1.2 For disinfection, most common EPA-registered household disinfectants should be effective.

6.3.3.1.2.1 Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.

6.3.3.1.3 Diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Bleach solutions will be effective for disinfection up to 24 hours.

6.3.3.1.3.1 Prepare a bleach solution by mixing 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.

6.3.3.2 Soft (Porous) Surfaces

6.3.3.2.1 For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:

6.3.3.2.1.1 If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

6.3.3.2.1.2 Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces.

6.3.3.3 *Electronics*

6.3.3.3.1 For electronics such as tablets, touch screens, keyboards, remote controls, etc., remove visible contamination if present.

6.3.3.3.2 Follow the manufacturer's instructions for all cleaning and disinfection products.

6.3.3.3.3 Consider the use of wipeable covers for electronics.

6.3.3.3.4 If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

6.3.3.4 *Linens, Clothing, and Other Items That Go in the Laundry*

6.3.3.4.1 In order to minimize the possibility of dispersing virus through the air, do not [22] shake dirty laundry.

6.3.3.4.2 Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.

6.3.3.4.3 Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

6.3.3.4.4 Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.

6.3.3.4.5 Gloves should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.

6.3.3.4.6 Clean hands after handling dirty laundry.

6.3.3.4.7 Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.

6.3.3.4.8 Cleaning staff should immediately report breaches in PPE such as a tear in gloves or any other potential exposures to their supervisor.

6.3.3.4.8.1 Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

6.3.3.5 *Bottle Sanitization* [1]

6.3.3.5.1 If you have access to a dishwasher at your facility, utilize that as a best practice for water bottle sanitization.

6.3.3.5.2 The CDC recommends washing the bottle first with warm soap and water followed by spraying or wiping the outside of the bottle with disinfectant.

6.3.3.5.3 Any EPA approved disinfectant can be used to spray down the outside of the bottles.

6.3.3.5.4 According to the CDC, you need to follow manufacturer's instructions for application, ensuring a contact time of at least one minute.

6.3.3.5.5 If an EPA approved disinfectant is unavailable, the following can be used instead:

6.3.3.5.5.1 70% alcohol solutions.

6.3.3.5.5.2 A mixture of ⅓ cup of bleach to 1 gallon of water.

6.3.3.5.6 To sanitize the lids, wash in warm, soapy water and lay out to dry. Spray with 70% alcohol solution to disinfect and allow to evaporate or wipe down.

6.4 Athletic Training Facility (ATF)

6.4.1 Screening

6.4.1.1 All visitors (limited to student-athletes, coaches, and college staff) in the ATF will be screened prior to entering (see **DAILY SCREENING** under the **SCREENING** header).

6.4.2 PPE [1,2]

6.4.2.1 Refer to **DAILY OPERATIONS**, **PPE**

6.4.3 Observe Social Distancing[1,2]

6.4.3.1 Maintain 6 foot spacing between individuals

6.4.3.1.1 Spacing/limiting treatment tables (remove tables if needed)

6.4.3.1.2 Rehab area (continue with home exercise plans)

6.4.3.1.2.1 Implement telehealth

6.4.3.1.2.2 Utilize outdoor spaces as needed

6.4.3.1.2.3 Recommend separating treatment and taping tables with plexiglass

6.4.3.2 Signage throughout clinic

6.4.4 Max Capacity:

6.4.4.1 Continue with telehealth.

6.4.4.2 Schedule appointments.

6.4.4.3 One staff member per 250 square feet.[36]

6.4.4.4 One student-athlete or student per 150 square feet. [36]

6.4.4.5 Provide waiting room area with social distancing outside of ATF

6.4.4.6 To increase capacity depending on local guidelines for each phase.

6.4.5 Flow of traffic

6.4.5.1 Must prevent congestion near entrances/exits to ATR.

6.4.5.2 One entrance and exit.

6.4.6 Facility

6.4.6.1 Refer to **DAILY OPERATIONS, SANITIZATION, AND PPE CONSIDERATIONS.**

6.5 Weight Room (Currently Closed on Campuses)

6.5.1 Current Directive:

6.5.1.1 In accordance with the July 29, 2020 the California Department of Public Health Industry Guidelines - Fitness Facilities. However, outdoor fitness related activities are allowed.

6.5.1.2 Also refer to Blueprint for a Safer Economy for status in Orange County for Gyms and Fitness Centers

6.5.2 Screening

6.5.2.1 All visitors (limited to student-athletes, coaches, college staff[37]) in the weight room will be screened prior to entering (see **DAILY SCREENING** under **SCREENING**)

6.5.2.2 Once state and local ordinances allow in-person classes to resume, and general population students are allowed in fitness facility, they will also be subject to the daily screenings.

6.5.3 Observe Social Distancing [1,2,36]

6.5.3.1 Social Distancing Protocol form to be filled out by the district.

6.5.3.2 Maintain 6 foot spacing between individuals

6.5.3.3 Limit lifts that require spotters

6.5.3.4 Space out equipment 6 feet or more apart. Use every other rack if possible.

6.5.4 Face Covering[36]

6.5.4.1 Must be worn even while exercising. If an individual is uncomfortable or has any difficulty breathing while exercising with a face covering, the individual should immediately stop the activity.

6.5.5 Max Capacity:

6.5.5.1 Indoor[36]: One staff member per 250 square feet, one student-athlete or student per 150 square feet.

6.5.5.2 Outdoor: Maintaining 6 feet social distance.

6.5.6 Sanitization Station [7,19,36]

6.5.6.1 Clean high touch areas with EPA approved products (See *Appendix E*)

6.5.6.2 Clean after each person is done using equipment.

6.5.6.3 At each rack/lifting station.

6.5.6.4 Performed by student-athlete or staff.

6.5.7 Signage[36]

6.5.7.1 Covid-19 Prepared Sign

6.5.7.2 Social Distance Protocol Visitor Information Sheet

6.5.8 Remove/store equipment not being used during the current workout [7, 19]. Potential high danger zone for transmission. [13]

6.5.8.1 Keep workouts short to limit time of exposure.

6.5.8.2 Rooms need to be well ventilated (air flow and or air conditioning)

6.6 Locker Rooms- closed until further notice.

6.6.1.1 When Locker room access is granted:

6.6.1.1.1 Limit access to student-athletes for pre & post practice

6.6.1.1.2 Limit time.

6.6.1.1.3 No congregating.

6.6.1.1.4 Limitations dependent on local guidelines for each phase.

6.6.1.1.5 Flow of traffic considerations.

6.6.1.2 Signage. [2]

7 PHASESandTIMELINE

7.1 Note

7.1.1 CCCAA Board of Directors has postponed all fall and winter sports in accordance with the "Contingency Plan" as of July 9, 2020. The first day Fall and Winter sports may practice is January 18, 2021. The first day a Spring sport may practice is March 27, 2021.

7.2 Introduction

7.2.1 Impact of State and Institutional Guidelines on Early Resocialization Guidance

As states have evaluated regional risks as they relate to emerging data such as COVID-19 infection and death rates and available medical resources, they have established their own reopening (or resocialization) guidelines.[4] The variations in these resocialization practices and requirements between states are often significant with many states implementing strategies and practices that emphasize long-term adherence to practical strategies that mitigate and minimize campus and community spread. The six-week phased-in resocialization approach originally presented in the NCAA Core Principles document should be interpreted and applied in a way that takes into account emerging data and emphasizes risk mitigation strategies for all groups.[4]

The California Department of Public Health Institutions of Higher Education highlights the following risk mitigation strategies:[37]

- Smaller groups are safer than larger
- Outdoor locations are safer than indoor
- Sports that can ensure distance of six feet or more are safer than close contact
- Shorter duration is safer than longer

7.2.2 Strategies for Transition Periods and Return to Activity

Traditional transition and acclimatization considerations (for example, cardiovascular conditioning, heat, altitude) are very relevant, and when coupled with the loss of spring, summer and fall activities and other physical and nonphysical impacts related to COVID-19, they can create complex re-entry challenges for student-athletes.

Recommendation No. 3 of the NCAA's Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes (Catastrophic Materials) speaks to the vulnerability of student-athletes during the first week of activity of a transition period in training and the importance of establishing 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.

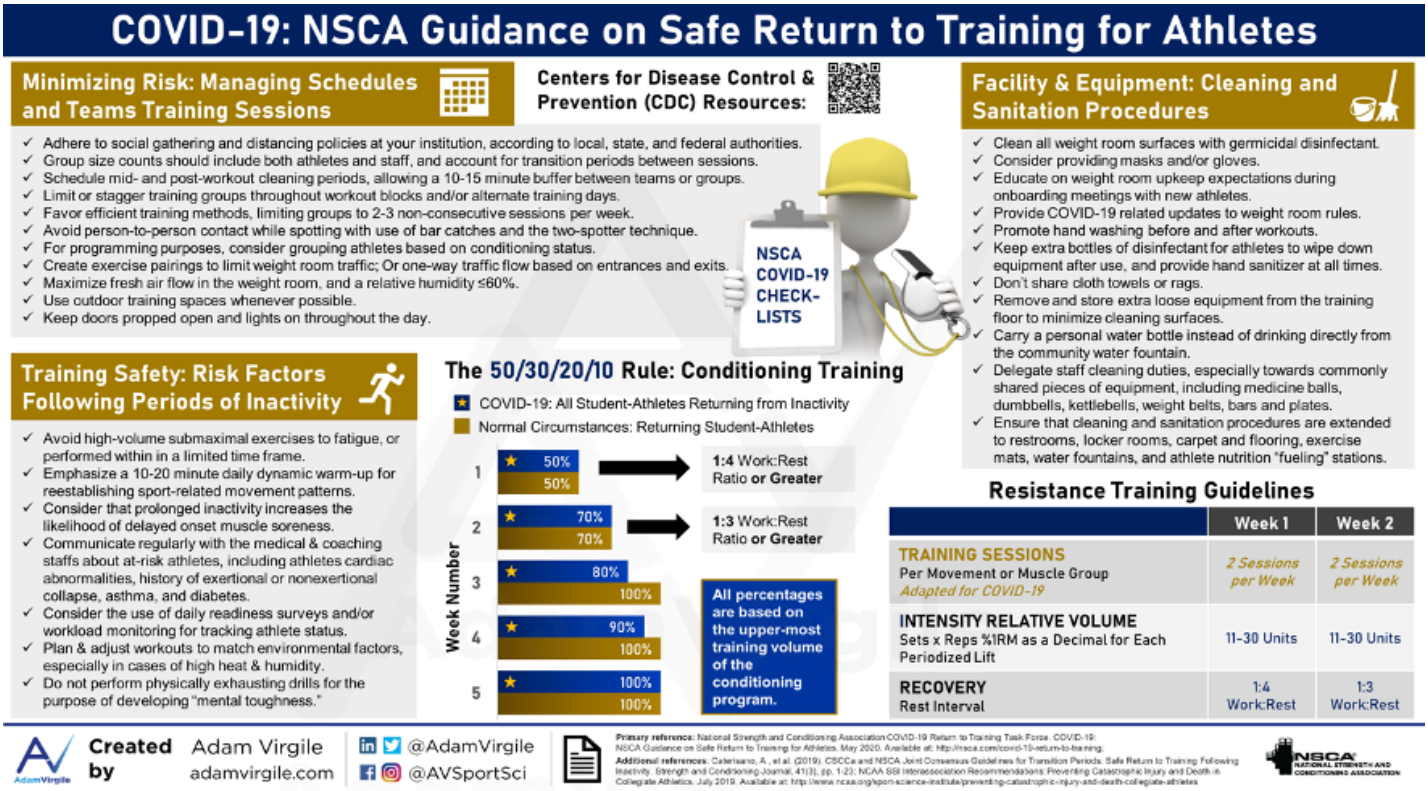
Evidence-based resources have been published by professional organizations in sports medicine and strength and conditioning therefore, schools are encouraged to leverage all available resources and information as they plan for return to campus and athletics activities.

7.1.3 Phases of Resocialization

The following Phases will be implemented once in-person physical activity is permitted on campus and can be safely done according to state and county guidelines. Once athletics are allowed on campus, these Phases will be implemented starting with Phase 1, and progressing every two weeks (at minimum), until permitted to return to normal practices in Phase 4. If, at the end of the two-week minimum per Phase, the state and local gating criteria continues to be satisfied, then the athletics department will move into Phase 2, and so on. These Phases are not linked to the "stages of reopening" as dictated by the state. They are here to help reacclimate student-athletes to the fitness levels needed to compete safely, as well as keep safety measures in place for those vulnerable populations who can be at high risk of severe infection. Not only is there a graded increase in physical activity and levels of contact to consider, there is also the scenario of keeping an outbreak under control by keeping training groups small initially.

7.2.2 Gradual Reconditioning

7.2.2.1 The NSCA has built a collection of resources to help our community of strength and conditioning professionals and athletes safely return to training and adapt to the new challenges created by the COVID-19 (coronavirus) pandemic. NSCA Guidance on Safe Return to Training For Athletes



7.3 Phase 0

7.3.1 Pre-Resocialization

7.3.1.1 *COVID-19 Action Team for Athletics.*

7.3.1.1.1 Athletic Director: Dennis Bailey & Mary Hegarty
7.3.1.1.2 Healthcare Administrator: Beth Hoffman & Mary Steckler
7.3.1.1.3 Athletic Trainers: Kelsey Bains, James Siy, & Jose Sanchez-Uribe
7.3.1.1.4 Strength and Conditioning: N/A
7.3.1.1.5 Team Physician: Bret Powers, DO & Michael Shepard, MD & David Kruse, MD
7.3.1.1.6 Institution Emergency Operation Center: TBD
7.3.1.1.7 Counseling: TBD
7.3.1.1.8 Facility Services: Chuck Wales & Bart Hoffman

7.3.1.2 *Preparation Checklist for Phase 1:*

7.3.1.2.1 Acquiring of proper PPE and total amount needed for proper daily use by staff.
7.3.1.2.2 Meet with team physician and Risk Management to coordinate Emergency Action Plan to ensure best practices protecting student-athletes and staff.
7.3.1.2.3 Coordinate screening plan and procedures for staff and student-athletes.
7.3.1.2.4 Coordinate with Student Insurance for COVID-19 coverage specifics and for student-athletes (Student-Athlete Insurance Network does not cover COVID-19 related insurance claims).
7.3.1.2.5 Coordinate in campus testing for student-athletes.

7.4 Phase 1

7.4.1 Resocialization With Major Social Distancing

7.4.1.1 Phase to start once in person, physical activity is permitted on campus.

7.4.1.2 Vulnerable[35] student-athletes, athletics health care providers, coaches and athletics personnel **SHOULD** continue to shelter in place. [1,4]

7.4.1.3 Those living in dorms and other residences where vulnerable individuals reside should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home, and appropriate isolation precautions should be taken.[4]

7.4.1.4 All personnel must maintain six feet social distancing measures, unless closer proximity is deemed necessary by an emergency.

7.4.1.5 Number of participants to be limited to what the current guidelines require. (10 people per pod)

7.4.1.6 Gymnasium, fitness center and common areas where student-athletes and staff are likely to congregate and interact will remain closed until state and county officials reverse the July 15, 2020 directive to close gyms and fitness centers or until further notice. [1,4]

7.4.1.7 Virtual meetings and remote coaching should be encouraged whenever possible and feasible. [2,4,5]

7.4.1.8 Nonessential travel should be minimized, and Centers for Disease Control and Prevention guidelines regarding isolation after travel should be implemented. [1.4]

7.4.1.9 Educate athletics staff and student-athletes on current best practices for infection control. Continue to implement policies and procedures put in place by your individual institution. [2,5]

7.4.1.10 It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick [1,4,9].

7.4.2 Operations Management

7.4.2.1 *Training/Conditioning (Non-Contact)*

7.4.2.1.1 Facilities - Gymnasium, Football, Soccer, Softball, Baseball Fields, Beach Volleyball Courts [1, 2,19]

7.4.2.1.1.1 Indoor training will be restricted until allowed by state and county guidelines.

7.4.2.1.1.2 Training should be efficient and spaced out.

7.4.2.1.1.3 Maintain equipment a minimum of 6 feet apart.

7.4.2.1.1.4 Hand sanitizer available in all facilities. Use before and after handling equipment.

7.4.2.1.1.5 Single use towels for student-athletes.

7.4.2.1.1.6 Outdoor training should be favored over indoor when possible.

7.4.2.1.1.7 Signage (Proper social distancing, hand sanitizing, etc.).

7.4.2.1.2 Training Groups [2, 3, 4, 7, 19, 21]

7.4.2.1.2.1 Limit size of training groups/cohorts per local and state health organization guidelines. *(10 people)*

a. Train in Cohorts. IHEs should establish cohorts as a strategy to minimize the potential spread of COVID-19. A cohort may be composed of 10 individuals, all members of the same team, who consistently work out and participate in activities together. Cohorts should avoid mixing with other groups[37].

i. Keep different cohorts separate. Consider using signs, cones, or tape to make dividing lines clear.

b. Daily screenings for all personnel (see **Daily Operations**).

c. Considerations for logistics of daily screenings.
d. Athletic Trainers or those trained specifically in screening process, to conduct daily screenings.

7.4.2.1.2.2 Athletes and coaches should maintain at least six feet of separation from others when not on the fields of play or otherwise engaged in play/activity, where feasible.
a. Create distance between players when explaining drills, rules of the game, or huddling.
b. Limit the number of players to spread out into spectator areas if more space is available.
c. Prohibit unnecessary physical contact such as high fives, hand shale lines, and other physical contact with teammates, opposing teams, coaches, umpires, and fans. Coaches should regularly review physical distancing rules with athletes.
d. Consider providing physical guides, such as signs and tape on floors or playing fields, to make sure that coaches and players remain at least six feet apart.

7.4.2.1.2.3 Special consideration for vulnerable student-athletes and staff/coaches.
a. No vulnerable student-athlete or staff/coaches will be allowed to participate at this time.

7.4.2.1.2.4 Groups should train 2-3 non-consecutive sessions per week per NSCA guidelines. [7, 14]

7.4.2.1.2.5 Strategic planning of team practices throughout the day.
a. 15-30-minute time buffer between trainings.
b. Allows for proper cleaning/sanitization of equipment and facility.
c. Prevents overlap of training groups.

7.4.2.1.2.6 Strategic volume training increase based on NSCA guidelines. [14]

7.4.2.1.2.7 Shared equipment should be avoided or cleaned between use by each individual if possible. No sharing of towels or personal equipment will be permitted[37].

7.4.3 Hydration

7.4.3.1 Communal water coolers prohibited. [17-18]

7.4.3.2 Every student-athlete is to bring their own water bottle to training sessions.

7.4.3.2.1 Bottles may be lent and/or single use cups may be provided.

7.4.3.3 Encourage student-athlete to bring enough water for the duration of the session.

7.4.3.4 Use of drinking fountains is prohibited. Faculty, staff and students are encouraged to bring their own water and to use water refilling stations where available for personal water bottles. Water refilling stations should be cleaned and disinfected regularly. Post signs at refilling stations that encourage users to wash or sanitize their hands after refilling[37].

7.5 Phase 2

7.5.1 Resocialization With Moderate Social Distancing

7.5.1.1 Vulnerable individuals should continue to shelter in place [1,4].

7.5.1.1.1 Awareness and proper isolating practices related to vulnerable individuals in residences should continue [4].

7.5.1.2 Physical distancing should continue [1,4].

7.5.1.3 Train in Cohorts. IHEs should establish cohorts as a strategy to minimize the potential spread of COVID-19. A cohort may be composed of no more than 25 individuals, all members of the same team including coaches and staff, who consistently work out and participate in activities together. Cohorts should avoid mixing with other groups.

7.5.1.4 If daily antigen testing is the adopted protocol, teams may train outdoors in groups of no more than 75. It is recommended that the teams, to the extent possible, divide into cohorts of 25.

7.5.1.5 Gyms and common areas where student-athletes and staff are likely to congregate and interact should remain closed, or appropriate distancing and sanitation protocols should be implemented [4].

7.5.1.6 Virtual meetings should continue to be encouraged whenever possible and feasible [4.]

7.5.1.7 Continue to educate athletics staff and student-athletes on current best practices for infection control. Continue to implement policies and procedures put in place by individual institutions [2,5].

7.5.1.8 It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick [1,4,9].

7.5.2 Operations Management

7.5.2.1 Same as Phase 1 Operations Management (*see 7.4.2*)

7.5.3 Hydration

7.5.3.1 Communal water coolers prohibited. [17-18]

7.5.3.2 Every student-athlete is to bring their own water bottle to training sessions.

7.5.3.2.1 Bottles may be lent and/or single use cups may be provided.

7.5.3.3 Encourage student-athlete to bring enough water for the duration of the session.

7.5.3.4 Use of drinking fountains is prohibited. Faculty, staff and students are encouraged to bring their own water and to use water refilling stations where available for personal water bottles. Water refilling stations should be cleaned and disinfected regularly. Post signs at refilling stations that encourage users to wash or sanitize their hands after refilling[37].

7.6 Phase 3

7.6.1 Resocialization of healthy and vulnerable groups with moderate social distancing and appropriate sanitization

7.6.1.1 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 [1,4].

7.6.1.2 Limit size of training groups/cohorts of 25 people (unless using daily antigen testing per IHE)

7.6.1.3 Gyms and common areas where student-athletes and staff are likely to congregate and interact can reopen if appropriate sanitation protocols are implemented, but even low-risk populations should consider minimizing time spent in crowded environments [1,4].

7.6.1.4 Unrestricted staffing may resume [1,4].

7.6.1.5 Continue to educate athletics staff and student-athletes on current best practices for infection control. Continue to implement policies and procedures put in place by individual institution [2,5].

7.6.1.6 It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick [1,4,9].

7.6.2 Operations Management -Practice for Healthy Groups (Limited Physical Contact)

7.6.2.1 Collegiate athletic teams are permitted to begin a return to practice only if[37]: Due to new update to CDPH Industry Guidlines for IHE (September 30, 2020)

7.6.2.1.1 The institution of higher education adopts, and its teams follow, an institution- specific "return to play" safety plan, and

7.6.2.1.2 Regular periodic COVID-19 testing of athletes and support staff must be established and implemented in accordance with the IHE's standards. The institution must agree to a minimum testing standard that includes frequency of testing, who is subject to testing (all athletes and staff that have close contact with the athletes), and what type of testing is done, prior to return to practice. Based on current evidence and standards, both daily antigen testing and periodic PCR testing are acceptable testing methods for both baseline and ongoing screening testing.

7.6.2.1.3 Consistent with requirements imposed by the National Collegiate Athletic Association (NCAA), athletes are not required to waive their legal rights regarding COVID-19 as a condition of athletics participation.

7.6.2.1.4 The institution of higher education adheres to the general guidance for institutions of higher education related to isolation and quarantine of individuals who test positive for COVID-19 and close contacts of those individuals.

7.6.2.2 Facilities (Gymnasium, Football, Soccer, Softball, Baseball Fields, Beach Volleyball Courts). [1, 2, 7]

7.6.2.2.1 Practices should be efficient and spaced out.

7.6.2.2.2 Keep doors/windows open for proper ventilation.

7.6.2.2.3 Have someone prop open doors so there is limited contact to doors.

7.6.2.2.4 Hand sanitizer available in facilities.

7.6.2.2.5 Signage (Proper social distancing, hand sanitizing, etc.)

7.6.2.3 Practice Groups [2, 3, 4, 7, 21]

7.6.2.3.1 Health screens for all personnel (instructors, coaches, student-athletes, athletic trainers, etc.) performed daily before attending training

7.6.2.3.1.1 Considerations for logistics of daily screenings-Athletic Trainers or those trained specifically in screening process, to conduct daily screenings

7.6.2.3.2 Special consideration for **vulnerable student-athletes**

7.6.2.3.3 Limit size of practice groups per local and state health organization guidelines

7.6.2.3.4 Mandatory Directive for Recreational and Athletic Activities and Facilities

7.6.2.3.5 Instruct coaches to limit number of ball transfers between student-athletes (i.e. basketballs, volleyballs, etc.)

7.6.2.3.6 Instruct coaches to limit shared equipment (i.e. gloves, bats, racquets, etc.)

7.6.2.3.7 Single use towels for student-athletes

7.6.3 Hydration

7.6.3.1 Individual water bottles or single use cups—Healthy and Vulnerable Groups[4]

7.6.3.1.1 Cups can be utilized by both healthy and vulnerable group when personal water bottles are not easily accessible but must be discarded after each use.

7.6.3.1.2 If a healthy student-athlete does not have the ability to obtain their own water bottle, leasing water bottles for games/practices from the Athletic Training Facility can be an option.

7.6.3.1.3 Borrowed water bottles must be returned daily for proper cleaning and sanitization to be done by designated personnel (See **Bottle Sanitization** under **SANITIZATION**).

7.6.3.1.4 Vulnerable student-athletes should bring their own individual water bottles.

7.6.3.1.5 Refill suggestions:

7.6.3.1.5.1 Wash or sanitize your hands before and after each refill.

7.6.3.1.5.2 If your facility has touchless water bottle fillers, those should be utilized to refill personal water bottles.

7.6.3.1.5.3 If your facility does not have touchless water bottle fillers, utilize a water cooler for refills.

7.6.3.1.5.4 Consider designating one person to strictly refill water bottles or cups.

7.6.3.1.5.5 Spray water cooler nozzle with any EPA Approved Disinfectant or 70% alcohol solutions between each use. Wash or sanitize your hands before and after each refill.

7.6.3.1.5.6 Cups can be utilized when personal water bottles are not easily accessible but must be discarded after each use. [18]

7.7 Phase 4

7.7.1 Return to Regular Practice and Competitions

7.7.1.1 The transition from the previous core principles to a relaxation of these principles can occur when COVID-19 can be managed in a manner like less virulent influenza strains. For COVID-19, future phases are dependent on the successful development of widely available treatment, including prophylactic immunotherapy, coupled with widespread, effective vaccination [4].

7.7.1.2 Consideration of spectator modifications (i.e. no spectators, physical distancing, etc.) to ensure safety of student-athletes, support staff and spectators [1,3].

7.7.1.3 Return to normal practice

7.7.1.4 Return to normal competitions

7.7.1.5 Continue to educate athletics staff and student-athletes on current best practices for infection control. Continue to implement policies and procedures put in place by individual institution [2,5].

7.7.1.6 It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick [1,4,9].

7.7.2 Operations Management - Competition (Physical Contact)

7.7.2.1 Due to the CDPH Guideline for IHE (September 30, 2020) Competition between teams without spectators is permitted to begin only if:

7.7.2.1.1 The IHE can provide COVID-19 testing and results within a 48 hour period in advance of competition in high contact risk sports.[4,37]

7.7.2.1.2 Athletics departments have considered how best to secure reasonable assurance that the same risks have been adequately considered and addressed by other teams. This includes consideration of how to share testing results and related safety assurances to opposing teams before the start of an event in a manner consistent with applicable health information and education privacy laws. Further, in conjunction with local public health officials and contact tracers, schools must have in place a mechanism for notifying other schools should an athlete from one team test positive within 48 hours after competition with another team.

7.7.2.1.3 Athletics departments, in consultation with institutional leadership, must evaluate the availability of, and accessibility to, local contact tracing resources. Where the availability of local contact tracing resources is inadequate, schools must train on-site personnel or procure contact tracing resources. Staff who complete formal training in contact tracing can be an invaluable resource with respect to institutional risk-management efforts and resources.

7.7.2.2 Facilities (Gymnasium, Football, Soccer, Softball, Baseball Fields, Beach Volleyball Courts.) [1, 2, 7]

7.7.2.2.1 Have someone prop open doors so there is limited contact to doors.

7.7.2.2.2 Hand sanitizer available in facilities.

7.7.2.2.3 Sanitary hydration (See **Hydration** Phase 4 below).

7.7.2.2.4 Signage (Proper social distancing, hand sanitizing, etc.).

7.7.2.3 Personnel[2,6]

7.7.2.3.1 Health screens performed prior to entering facilities (Coaches, officials, administrators, events staff, etc.)

7.7.2.3.1.1 Predesignated area for screening.

7.7.2.3.1.2 Risk form to be required for officials, event staff, and game management crew.

7.7.2.3.1.3 Screening form can be modified version of daily screening form but for contests only.

7.7.2.3.2 Special consideration for vulnerable student-athletes and staff/coaches.

7.7.2.3.3 Health screens for visiting team performed by their respective institution before leaving their campus and again possibly by host athletic training staff.

7.7.2.3.3.1 Communicate to host Athletic Trainer.

7.7.2.3.3.2 Student-athletes at Santiago Canyon College/Santa Ana College not screened prior to departure will NOT be permitted to travel.

a. Exceptions TBD.

7.7.2.4 Treatments [2, 21]

7.7.2.4.1 Host Athletic Training staff will provide limited treatments to visiting team.

7.7.2.4.2 Most visiting team treatments should be done at home school.

7.7.2.4.3 Host Athletic Trainer staff will coordinate location of treatments (i.e. outdoors to control Athletic Training Facility traffic).

7.7.2.5 Equipment [2, 3, 21]

7.7.2.5.1 Visiting team will bring their own Athletic Trainer kit, water bottles, towels, etc. when feasible.

7.7.2.5.2 Emergency equipment made available by host institution. [15]

7.7.2.6 Travel to Resume

7.7.2.6.1 Travel should be limited to essential personnel (e.g., athletes, coaches, medical staff).

7.7.2.6.2 If using more than one vehicle, travel parties should be split according to those already with the closest contact (e.g., cohorts).

7.7.2.6.3 Face coverings must be worn and removed only minimally for eating or drinking.

7.7.2.6.4 If traveling by bus, try to keep seats open in front of and behind each person (e.g., using a "checkerboard" pattern).

7.7.3 Hydration- Return to Regular Practice and Competition [4]

7.7.3.1 Individual water bottles are preferred.

7.7.3.2 Multiple spout hydration station can be used for practices and games.

7.7.3.3 No sanitization practice has been identified at this time.

7.7.3.4 Encourage the development of ongoing, consistent, and reasonable cleaning and sanitization procedures—keeping CDC standards in mind.

7.7.3.5 Dishwasher implementation might be considered for consistent and ongoing sanitization.

7.8 CCCATA Sport Specific Resocialization Plan Guidelines

7.8.1 Note

7.8.1.1 This plan is based on the CCCAA Resocialization Back to Sport Guidelines Timeline which was based on the NCAA Phases. This plan does not address spectators.

7.8.1.1.1 Level "I"sports: *Individual running events, throwing events, individual swimming, Cross-Country, Golf*

7.8.1.1.2 Level "II" sports: *Singles tennis, swimming relays, track relays, pole vault, high jump, long jump, singles badminton*

7.8.1.1.3 Level “lll” sports: *Baseball, Softball, Volleyball, Beach Volleyball, Basketball, Soccer, doubles tennis, doubles badminton*

7.8.1.1.4 Level “IV” sport: *Football, Wrestling, Water Polo*

7.8.2 Table 4: Sport and Phases Simplified

CCCATA Sport-Specific Resocialization Plan Guidelines *Groups can move down into more conservative groups, but cannot move up*
“I” Level Sports *Individual running events, throwing events, individual swimming, cross country, golf* Return to conditioning (strength and fitness): **Phase 1** (groups of 10 or less with physical distancing, NO VULNERABLE STUDENT-ATHLETES) Return to practice: **Phase 1** (groups of 10 or less with physical distancing) Return to competition (remote): **Phase 1** (groups of 10 or less with CDC-defined physical distancing) Return to competition (in-person): **Phase 2** (groups of 50 or less with CDC-defined physical distancing i.e. staggered starts in cross country) **Vulnerable student-athletes cannot return until Phase 3 with CDC-defined physical distancing, and in Phase 4 unrestricted*
“II” Level Sports *Singles tennis, swimming relays, track relays, pole vault, high jump, long jump, singles badminton* Return to conditioning (strength and fitness): **Phase 1** (groups of 10 or less with physical distancing, NO VULNERABLE STUDENT-ATHLETES) Return to practice with no shared equipment: **Phase 2** (groups of 50 or less, NO VULNERABLE STUDENT-ATHLETES) Return to practice with appropriately sanitized shared equipment: **Phase 3** (VULNERABLE STUDENT-ATHLETES WITH PHYSICAL DISTANCING) Return to competition: **Phase 3** (VULNERABLE STUDENT-ATHLETES MAY PRACTICE WITH PHYSICAL DISTANCING) **Vulnerable student-athletes cannot return until Phase 3 with CDC-defined physical distancing, and in Phase 4 unrestricted*
“III” Level Sports *Basketball, volleyball, beach volleyball, baseball, softball, soccer, doubles tennis, doubles badminton* Return to conditioning (strength and fitness): **Phase 1** (groups of 10 or less with physical distancing, NO VULNERABLE STUDENT-ATHLETES) Return to practice with no shared equipment/no contact: **Phase 2** (groups of 50 or less, NO VULNERABLE STUDENT-ATHLETES) Return to practice with appropriately sanitized shared equipment with contact: **Phase 3** (VULNERABLE STUDENT-ATHLETES MAY PRACTICE WITH PHYSICAL DISTANCING/NO CONTACT) Return to competition: **Phase 4** (monitor vulnerable student-athletes) **Vulnerable student-athletes cannot return until Phase 3 with CDC-defined physical distancing, and in Phase 4 unrestricted*
“IV” Level Sports *Wrestling, football, water polo* Return to conditioning (strength and fitness): **Phase 1** (groups of 10 or less with physical distancing, NO VULNERABLE STUDENT-ATHLETES) Return to practice with no shared equipment/no contact: **Phase 2** (groups of 50 or less, NO VULNERABLE STUDENT-ATHLETES) Return to practice with appropriately sanitized shared equipment/no contact: **Phase 3** (VULNERABLE STUDENT-ATHLETES MAY PRACTICE WITH PHYSICAL DISTANCING/NO CONTACT) Return to practice with appropriately sanitized shared equipment with contact: **Phase 4** (monitor vulnerable student-athletes) Return to competition: **Phase 4** (monitor vulnerable student-athletes) **Vulnerable student-athletes cannot return until Phase 3 with CDC-defined physical distancing, and in Phase 4 unrestricted*
What is Our Vulnerable Population? Vulnerable populations include individuals with serious underlying health conditions such as high blood pressure, chronic lung disease, diabetes, obesity and asthma, and those whose immune system is compromised, such as by chemotherapy. (CDC, NCAA). Each college should consult the team physician regarding screening and participation of vulnerable populations.
*This plan is based on the CCCAA Resocialization Back to Sport Guidelines Timeline which was based on the NCAA Phases. This plan does not address spectators. **Please consult “COVID-19: NSCA Safe Return to Training for Athletes” guidelines on 4 week return to 100% training volume. 9

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Appendix