

Report of the Atlantic Coast Conference COVID-19 Medical Advisory Group
Updated December 4, 2020

INTRODUCTION

Since May 14th, the Atlantic Coast Conference COVID-19 Medical Advisory Group (MAG) has met weekly to share information related to the impact of COVID-19 on college campuses and the return of college sports. As a result of the discussions, the MAG has determined it is prudent to recommend minimum standards be established as campus and college sports leaders evaluate the return of college sports for the 2020-21 academic year. Given the nature of the virus, minimum standards will provide guidance on appropriate risk mitigation strategies and engender a level of trust and confidence among members that conference colleagues have taken on the same, if not additional, strategies. The MAG is comprised of each member institution and includes a cross-section of infectious disease experts, public health experts, campus student health experts, team physicians, athletic health care administrators and a mental health expert.

The members of the MAG are:

Dr. Robert Nascimento, Medical Director & Team Physician, Boston College
Dr. Bailey Nevels, Coordinator of Psychological Health Services for Student-Athletes, Clemson University
Dr. Cameron Wolfe, chair, Associate Professor of Medicine – Infectious Diseases, Duke University
Dr. Leslie Beitsch, Chair of Behavioral Sciences & Social Medicine, Florida State University
Dr. Angelo Galante, Chief Medical Officer, Georgia Tech
Dr. Kevin Gardner, EVP of Research & Innovation, University of Louisville
Dr. Luis Feigenbaum, Sr. Associate AD and Clinical Asst. Professor, University of Miami
Dr. Mario Ciocca, Director of Sports Medicine, University of North Carolina
Dr. Julie Casani, Director & Medical Director of Student Health Services, NC State University
Dr. Matt Leiszler, Team Physician, University of Notre Dame
Dr. Aaron Mares, Team Physician, University of Pittsburgh
Brad Pike, Associate AD for Sports Medicine, Syracuse University
Dr. John MacKnight, Medical Director for Sports Medicine, University of Virginia
Dr. Mark Rogers, Chief Medical Officer, Team Physician, Virginia Tech
Murphy Grant, Sr Associate AD, Athletics Health Care Administrator, Wake Forest University

The group has extensively discussed timely updates on campus protocols and the requirements of local and state health officials so that appropriate context could be provided to any discussion on the establishment of the minimum standards across the ACC. Additionally, two members of the MAG have participated in videoconferences that include medical group leadership from each Autonomy Conference and the NCAA to continually share information and attempt to develop protocols that can be used for non-conference competition as well. Throughout, the MAG focused its discussions on protecting the health and safety of student-athletes and staff members, recognizing that any return to close contact sports, and to campus more broadly, brings an inherent risk given the contagious nature of this virus. Further, the MAG recognizes that local

and state requirements, which must be followed, may be stricter than the recommended minimum standards set forth in this document. Finally, as information regarding the virus, testing and public health mitigation strategies evolve, the recommended minimum standards set forth herein are subject to adjustment.

MINIMUM STANDARDS

Effective for competition against another institution as of August 1, 2020, the following minimum standards are required for ACC institutions to compete in athletics. Non-conference opponents shall meet these standards for the seven days prior to competition against an ACC team.

The standards below are defined with the understanding that each institution will prioritize the health and safety of its student-athletes and athletics staff by limiting their interaction with individuals who are not part of the team Minimum Testing Standards. Each institution is charged with creating two groups of individuals associated with each team: (i) those that are part of the Minimum Testing Standards; and (ii) those that are not. The MAG recommends that testing be required for all symptomatic individuals based on public health requirements at this time, even those with minimal symptoms consistent with COVID-19. Further, even with its limitations, testing is a strong way to protect student-athletes and adds a level of certainty for both the health care practitioners and the student-athletes. Testing, however, should always augment screening surveillance methods which should, at a minimum, include daily (including game day) temperature and symptom checks for all student-athletes and for all individuals in contact with the team. Nothing contained herein is intended to restrict team medical staff from following any additional practices that they deem appropriate in light of the conditions existing in their respective locales, information received from their local, state and national public health officials, and/or their own medical judgment.

- Minimum Testing Standards
 - In the sport of football, all members of the football team (“Team Members”) and those that are in close contact with Team Members (as explained below) shall be tested three times each week beginning with the week of the first competition against an opposing team. A molecular (PCR) test must be administered two days prior to the competition (e.g., Thursday for a Saturday game) by the institution’s primary testing source or by a third party identified by the Conference Office. The test results for both teams must be available and a confirmatory discussion between the Chief Medical Officer (or medical designee) at each institution must occur prior to the visiting team traveling. Further, a test shall be administered within 48 hours of the conclusion of a game and may be either a molecular (PCR) or antigen test. All three tests shall have FDA approval or Emergency Use Authorization. A third-party will be available to assist each member institution with testing capacity, if necessary. Additional testing may be done at the institution’s discretion.

- The members of the team include all student-athletes, countable coaches, and any support staff member that is in regular, in-person close contact with student-athletes, as determined by the institution. These support staff members may include, but are not limited to, medical care providers (e.g., athletic trainers, team physicians, nutritionists, psychologists), non-countable coaches or administrative support providers (e.g., directors of operations, player personnel directors, administrative assistants, video directors), academic support providers (e.g., tutors, academic support directors) or other athletic department support providers (e.g., athletic directors, sports information directors, marketing directors, social media directors). Each institution shall attempt to keep support staff members with direct student-athlete contact to a minimum, in accordance with strong social distancing recommendations. Each institution shall also use the contact tracing guidance from the Centers for Disease Control and Prevention to determine whether additional staff members should be tested, or student-athletes and support staff should be quarantined.

- ACC sport transmission risk assessment:

High	Intermediate	Low
Football	Baseball	Golf
M/W Basketball	Softball	Tennis
Wrestling	Fencing (if no face mask)	Fencing (w/mask)
	Field Hockey	Outdoor Track & Field
	Indoor Track & Field	Swimming & Diving
	M/W Soccer	Cross Country
	M/W Lacrosse	
	Rowing (skulls of 2 or more)	
	Volleyball* (w/mask)	

*In order for volleyball to be classified as “intermediate”, the ACC will require each participant to wear a mask for all ACC matches.

- In all high and intermediate risk sports other than football, a molecular (PCR) test shall be administered three (3) calendar days prior to the competition. The visiting team must have results from the test performed within three days prior to the competition before the team travels to the site. In high risk sports, a test shall be administered within 48 hours of the conclusion of a game and may be either a molecular (PCR) or antigen test.
- In high-risk transmission sports, all members of the respective team and those that are in close contact with the team shall be tested three times every week beginning with the week of the first competition against an opposing team. Indoor high-risk transmission sports must have tests administered on nonconsecutive days. One molecular (PCR) test must be administered within

three (3) calendar days of the first competition of the week (e.g., Wednesday test prior to Saturday game). The other two tests may be molecular (PCR) or antigen tests. In the rare occasion that an institution's competition schedule does not permit nonconsecutive day testing, that institution's Chief Medical Officer (or medical designee) shall communicate the institution's testing schedule to the Chief Medical Officer (or medical designee) of that week's opponents and the Conference Office sport contact. All institutions are strongly encouraged to assist conference peers with testing while on the road and a third-party backup is available as an option also.

- In the sports of basketball, wrestling and volleyball, an institution may choose to test its respective team members with rapid antigen tests seven (7) days per week, as opposed to administering three (3) tests.
- While in season, any team member (defined above) who departs the locale of the institution for a three or more day break, for example NCAA-mandated holiday break, must quarantine for 24 hours upon return to campus. During quarantine, team members shall be tested with a molecular (PCR) test and may return to practice if, and when, the result is negative. Further, team members shall achieve a second negative test (either PCR or antigen) prior to the first competition following the break.
- In intermediate transmission risk sports, all members of the respective team and those that are in close contact with the team shall be tested once per week beginning with the week of the first competition against an opposing team. The test must be a molecular (PCR) test administered within three (3) calendar days of the first competition of the week (e.g., Wednesday test prior to a Saturday game). Additional testing may be conducted at the institution's discretion.
- In low transmission risk sports, all members of the respective team and those that are in close contact with the team shall be tested once per week during weeks in which the team competes. Such a test must be a molecular (PCR) test administered within three (3) calendar days of the first competition of the week (e.g., Wednesday test prior to a Saturday game). Outside of weeks in which the team competes, testing should be performed in conjunction with the institution's plan for all students; however, pursuant to local, state and national health guidance, testing of symptomatic members of the respective team would be required. Additional testing may be conducted at the institution's discretion. Testing of asymptomatic close contacts should be at the discretion of the institution in consultation with contact tracing teams.
- Institutions must follow contact tracing protocols as dictated by their local and state health departments. Pursuant to current CDC guidance, prolonged close contact is defined as contact within six (6) feet for at least 15 minutes. The group

acknowledges the difficulty in applying this CDC definition to sport; however, local contact tracing procedures will govern the application of this definition to student-athletes and their interaction in sport. If the CDC provides greater clarity to its guidance for close contact in sport, then the MAG's guidance in this area may also change.

- **Pursuant to CDC guidance**, a team member identified through contact tracing and required to quarantine must complete **one of the following three options after consultation with local and state public health officials**:
 - **Quarantine can end after Day 14 without required testing;**
 - **Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring; or**
 - **When diagnostic testing resources are sufficient and available, then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.**

The MAG notes that the CDC has identified all three options for safe exit from quarantine but understands that each jurisdiction will evaluate its comfort level with each option based on local circumstances. As a result, the MAG accepts differences between jurisdictions do not present safety concerns while acknowledging that local and state health departments must be consulted. The MAG will update its guidance in this area if the CDC guidance changes.

- Pursuant to CDC guidance, a team member who tests positive for COVID-19 shall be isolated for at least 10 days from the onset of symptoms/positive test and at least 1 day (i.e., 24 hours) has passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (e.g., cough, shortness of breath). A student-athlete's medical treatment will be determined by institutional medical staff, and be considered unavailable for training, team/group activities or game play until the student-athlete has both completed necessary isolation and had a medical clearance by team physicians. Based on the MAG's consultation with multiple cardiologists, at a minimum, every student-athlete, symptomatic or otherwise, who tested positive shall undergo a cardiac evaluation that includes an electrocardiogram (ECG), a troponin test, and an echocardiogram after isolation and before a phased return to exercise and re-acclimatization. If abnormalities are found during this

battery of tests, the student-athlete will not be permitted to participate unless and until the abnormalities have cleared after additional screening and the student-athlete has received medical clearance from team physicians. Consistent with NCAA Constitution 3.2.4.19, the institution's medical staff must have unchallengeable autonomous authority to determine medical management and return-to-play decisions related to student-athletes.

- A team member who has tested positive is not subject to weekly pre-competition testing for a period of 150 days from the date of the positive test unless the team member exhibits symptoms consistent with COVID-19 (even those with minimal symptoms). At such time, the team member will be required to be tested. This standard is subject to change as research evolves in this area.
 - Close contact invoking a quarantine period may be implemented after 90 days in conjunction with local public health.
- Given differences in performance characteristics a positive antigen test may be confirmed at the institution's discretion with a molecular (PCR) test within 24 hours of the antigen result. A team member must be presumptively isolated during such a confirmation period. A subsequent negative (molecular) PCR test may allow a team member to return to competition after discussion with local public health.
- A positive molecular (PCR) test shall not be invalidated by subsequent negative antigen or molecular (PCR) test results, in the absence of overt and confirmed laboratory error.
- Standard for reporting of positive test results of Team Members to opponents and/or Conference
 - In all sports, positive test results of any Team Member who came into close contact (within six (6) feet for at least 15 minutes) with any member(s) of any opposing team(s) played during the preceding 48 hours shall be shared as quickly as possible and no later than 24 hours following receipt of the test result, to any such opponent(s). The infected individual's role as a Team Member (e.g., setter, offensive lineman, quarterback, assistant coach, athletic trainer) and a summary of their interactions with the opposing team (e.g., played in the second half) shall be included in the information sharing. Unless authorized by the individual or otherwise required by law, the individual's name may not be shared with the opposing team(s). The Chief Medical Officer (or his or her medical designee) of the school of the infected individual shall share this information with the prior opponent's Chief Medical Officer (or his or her medical designee).
- Standards related to the personnel (e.g., coaches, noncoaching staff) and student-athletes in the team bench area (e.g., football team member spaces, dugout).

- In all sports, all individuals (e.g., coaches, athletic trainers, non-coaching personnel) permitted in the team bench area shall wear a face covering.
- In all sports, student-athletes in the team bench area shall wear a face covering while not in the game. With the exception of student-athletes who are wearing their helmet on the sideline (e.g., football, men's lacrosse), student-athletes in all sports that exit the game will be expected to apply a face covering while in the team bench area.
- In football, face shields are being developed to assist in reducing any potential spread of the virus and several institutions are currently testing those shields. At the current time, the group does not recommend mandating face shields due to the relatively short period of time to validate these products. If a face shield is developed that does not create other safety concerns for the student-athlete (e.g., fogging of shield, increased heat in the helmet), and is an effective method to reduce the spread of the virus, these may be used as a face covering.
- Standards for protocols impacting those individuals on the sidelines outside the team bench area (e.g., athletics staff, media)
 - In all sports, institutional staff at each ACC venue shall develop standards and protocols for safe entry based on local, state and national guidelines. At a minimum, there shall be screening procedures to include temperature and symptom checking for all individuals seeking access to the field enclosure (e.g., field of competition, team areas, sidelines, locker rooms). Any individual who does not pass screening procedures shall be denied access to the field enclosure and be isolated according to local, state and national guidelines.
 - To the greatest extent practicable, everyone on the sideline outside of the team bench area shall adhere to social distancing guidelines (at least six (6) feet apart) and wear a face covering after passing the symptom and temperature screening procedures.
- Standards for sanitizing team, coach and official areas (e.g., locker rooms)
 - Institutional staff are responsible for ensuring that each ACC venue shall be sanitized in the same manner, including all spaces which the home team, visiting team, and game officials will occupy. Institutional staff at each ACC venue shall develop a sanitization plan and include such plan in its Visiting Team Guide. Visiting teams and game officials must comply with each host institution's COVID-19 venue guidelines.
 - Access to sanitized team areas by any person not subject to the Minimum Testing Standards shall be restricted to only those that must enter a sanitized area in order for the contest to be held. In each instance, to the greatest extent practicable, each

individual shall adhere to social distancing guidelines (at least six (6) feet apart) and wear a face covering after passing the symptom and temperature screening procedures.

- ACC venues may continue to provide visiting teams with standard equipment so long as the ACC venue manages such equipment in the same manner as it manages the same equipment of the host institution.
- Visiting teams shall be afforded additional time to access their sanitized spaces to conduct additional sanitization at their discretion.
- Procedures for close contacts of Team Members
 - In all sports, postgame interaction between the competing Team Members shall be limited to a brief greeting at midfield, following which Team Members should clear the field.
 - In football, game officials on the field enclosure shall be tested once per week. The test shall be a molecular (PCR) test administered on Wednesday with a confirmed negative result prior to travel to the game locale. The protocols for testing football game officials will be the responsibility of the Conference Office. Further, game officials will undergo symptom and temperature checks upon arrival at the venue.
 - In men's and women's soccer, the center referee and middle referee shall be tested once per week. In field hockey, both umpires shall be tested once per week. In wrestling, officials shall be tested once per week. Any table officials in soccer and field hockey, and all volleyball, cross-country, swimming and diving, indoor track & field and fencing officials will be required to wear a face covering. All required testing of officials will be the responsibility of the Conference Office. Game officials will undergo symptom and temperature checks upon arrival at the venue.
 - In basketball, officials will be required to have a minimum of three tests per week. All testing of game officials will be the responsibility of the Conference Office. Game officials will undergo symptom and temperature checks upon arrival at the venue. Those seated at the scorer's table must undergo symptom and temperature checks upon arrival at the venue and wear a face covering at all times.
 - Other than the game officials, any individuals that will or may touch the game balls (e.g., footballs, soccer balls, field balls, volleyballs) shall wear protective gloves and mask. These individuals shall be symptom and temperature screened but do not require testing.

- ACC institutions shall review and consider amending the daily interactions by and between student-athletes and other Team Members to mitigate the risk of spread. Institutions must identify any other individuals who are in close contact with Team Members on a regular basis and are therefore subject to the Minimum Testing Standards.
- Game Discontinuation Considerations
 - Inability to isolate new positive cases, or to quarantine high contact risk cases of the traveling and home team University students.
 - Unavailability or inability to perform symptomatic, surveillance or pre-competition testing as required.
 - Campus-wide or local community transmission 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 of the home team state that there is an inability for the hospital infrastructure to accommodate a surge in COVID-related hospitalizations.

Areas of Consideration

- Protection of teams
 - It is the expectation of the Medical Advisory Group that institutional staff at each ACC venue will consider taking all necessary action to eliminate close contact between an individual subject to the Minimum Testing Standards and an individual not subject to the Minimum Testing Standards, including specifically but without limitation:
 - Pregame “festivities” that bring any Team Member within six feet of a non-team individual;
 - Postgame “gatherings” that bring any Team Member within six feet of a non-team individual; and
 - Spacing between fan areas and the field enclosure.
 - To the greatest extent practicable, any close contact deemed necessary between or among individuals from these two groups should adhere to social distancing guidelines (at least six (6) feet apart) and the wearing of face coverings after passing the symptom and temperature screening procedures. Institutional staff at each ACC venue should strongly consider limiting field enclosure/sideline access to only essential game personnel (e.g. team bench members, game management personnel, security, medical personnel, and television personnel).

- To mitigate the risk of virus exposure during travel, institutional staff should evaluate travel policies, including modes of travel, accommodations, travel party size and who is included in the travel party, and team meals.
- Mental Health of Student-Athletes
 - The constant changes associated with competition while mitigating risks associated with COVID-19 can have a significant impact on student-athlete mental health. The Medical Advisory Group recommends all institutions be aware of and attend to the mental health needs of student-athletes as they adapt to these changes.

Other Areas

The Medical Advisory Group received a number of other potential considerations from various ACC stakeholders. Upon discussion, the Medical Advisory Group has determined there is not sufficient medical data to justify their inclusion in the recommended minimum standards at this time. The ACC and/or any member institution may take additional action above these recommended minimum standards.