

Return to Campus and Athletic Activity Action Plan for MAAC Institutions

Prior to a MAAC institutions beginning return of student-athletes all Federal, State and respective County criteria should first be met. **According to the NCAA- “in all instances, college athletics must operate with approval of the students’ institutional leadership; and the institution must be operating in accordance with federal, state and local public agencies with regard to return to campus, return to practice, and return to competition. In the end, institutional and governmental leadership determine who can participate in; assist with; travel with, officiate and watch student-athlete practices and competition.** It is recommended that the [NCAA Resocialization of Collegiate Sport: Action Plan Considerations](#) be considered when MAAC member institutions are developing return to campus and return to play protocols for their student-athletes. Institutions should take a 3 phased approach of resocialization and preparation for return to sport.

The following document is intended to highlight considerations for planning purposes of each MAAC institutions. Respective County and State regulations and determinations may be stricter in certain cases and thus should be followed. Ultimately each institution should prepare an implementation plan that works for their specific situations. It is recommended that campuses have mental health programing and/or support available for student-athletes upon return to campus.

NOTE: This document may need to be updated based on emerging evidence, experience, and evolving public health standards.

I. Prior to Return to Campus/University Location

A. Student Athlete/Staff Steps Prior to Return to Campus and Athletic Facilities:

Based upon available data, it is recommended that the following conditions be satisfied before student-athletes and staff return to campus:

1. Prior to Return to Campus/University Location

- a. Symptom free for 14 days prior to travel
- b. No known contact with COVID-19 illness for 14 days prior to travel.
- c. Keep list of close contacts they had for the 14 days prior to returning to campus.
- d. Prior to returning to campus the CDC Travel Recommendations should be reviewed
- e. Institutions should consider contacting student-athletes approximately 2 weeks prior to arrival on-campus, encouraging them to limit travel and public contacts. This is especially important for individuals in Level 3 areas and traveling from abroad (following current CDC guidelines)

2. Return of International student-athletes

- a. International student-athletes may be required to quarantine upon return based on current [CDC Guidelines](#) and institutional policies.

3. Upon return to campus/school location:

a. If driving back to campus or already located on/near campus no self-quarantine in addition to that above recommended.

1) The risk of flying domestically is currently unknown. If flying, consider self-quarantine for 7 days prior to return to athletic facility; all mitigation efforts should be taken when traveling by plane (strict hand hygiene, facial covering or mask, sanitizing wipes to clean the seat screen and tray table)

b. If returning from a Level 3 location, self-quarantine at home for a minimum of 14 days (see: CDC Recommendation)

c. Quarantine

1) Home quarantine provides a window of time in which a recently infected person may develop symptoms and increase the chances of proper identification of COVID-19 and reduce the spread to other campus and community members

2) Communicate quarantine period start time to the local institutions medical team and log daily temperature and symptom list; Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea

3) Limit time out of their house during the self-quarantine period; individual exercise if properly socially distanced from others is allowed

4) Wear masks any time away from the housing area during the self-quarantine period.

d. Other

1) Receive instruction in and practice proper hand hygiene techniques

2) Carry ample alcohol hand sanitizer at all times

B. Staff/Student Athletes Who Are at Higher Risk:

1. During Stage 1 and 2: For those who meet the CDC High Risk definition, education and discussion of risk should be performed. Each individual in this category should make an informed decision about whether to return to work (campus) or to remain at home and not to return to facilities or campus **until federal gating criteria for Stage 3.**

Please review the CDC definition of "[People Who Are at Higher Risk of Severe Illness](#)," e.g. people over 65, and people with existing underlying medical conditions such as: chronic lung disease, moderate to severe asthma, severe heart disease, hypertension, immunocompromised, chronic kidney disease, liver disease, severe obesity, diabetes, etc.

II. Upon Return to Athletic Facilities

A. Initial Screening Upon Return to Campus:

1. The self-quarantine reporting sheet should be transmitted electronically and reviewed by the medical staff prior to the athlete leaving their residence to return to the athletic facility.
2. Temperature should be taken prior to entrance to the athletic or medical facility and symptom questions asked again.
 - a. If the individual displays symptoms, has a temperature >100.4 (our current CDC guidelines), or otherwise indicates high risk for possible infection (I.e. new close exposure), he/she will not be allowed to access the facility.
 - b. The individual should contact respective Institutional Sports Medicine Staff **by phone** to evaluate the individual to determine the appropriate action (return home, seek immediate medical care, etc.)
3. All students and staff should attest they feel totally well and are fit for work or athletic activities each time they enter the athletic facilities.

B. Pre-participation Evaluation

1. There must be adequate time to allow for pre-participation evaluations
2. Should institutions choose to test prior to athletic participation, ample time should be allotted to obtain results prior to pre-participation evaluations.
3. Reported positive cases of COVID-19 shall be referred to respective Institutional Health Services and/or Team Physicians before any athletic activity is allowed for evaluation, potential diagnostic testing and directives for return to play.

C. Laboratory Testing

1. Institutions shall arrange that local medical facilities have the capacity and capability to provide appropriate short turnaround COVID-19 testing as prescribed by institutional medical staff
2. At this time there appears to be insufficient evidence to require COVID-19 antibody testing for clinical decisions.
3. Student-athletes and staff who are being tested for reporting or exhibiting signs and symptoms of potential COVID-19, shall be isolated until results are obtained and follow-up directives from the referring physician and/or local health department are made in accordance with current CDC Guidelines.

D. Health Education Sessions Upon (or Before) Return to Campus:

1. Institutions shall individually develop and present to Student Athletes/Staff/Coaches educational session on COVID-19. To include but not be limited to:
 - a. The importance of physical distancing,
 - b. Good hygiene—especially hand hygiene
 - c. Proper use of face coverings in public and at work with appropriate donning and doffing.
 - d. Importance of staying home and self-isolate

e. Reporting of any signs or symptoms

1. Signs or Symptoms COVID-19 illness may include

- Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea
- Or currently discovered signs or symptoms

2. Temperature should be taken without the use of acetaminophen, ibuprofen or other antipyretic medication.

f. Importance of reporting signs or symptoms to health care providers via telephone and **NOT** in person.

g. How the virus may be transmitted

h. Importance of contact tracing and how it works

i. Communicate facility specific changes such as:

- 1) Expect checkpoints to evaluate temperature and symptoms
- 2) Limit on the number of people in facilities.

j. The importance of appropriate equipment disinfecting and cleanliness

k. Understanding the possibility of shared anonymous health information in positive cases

E. Activity Tracing/Contact Tracing System:

1. During Stage 1 and 2: All personnel, staff, coaches, student athletes should keep detailed logs of their daily activity and close contact interactions with others (within 6 feet for longer than 15 minutes).

a. Close Contacts- According to the CDC

- 1) Household contact
- 2) Close contact, within 6 feet, of an individual with confirmed or suspected COVID-19.
- 3) During the 48 hours before the individual became symptomatic or was diagnosed.
- 4) Direct physical contact with respiratory secretions of the infected individual (e.g., being coughed on).
- 5) For the purposes of athletics, physical contact between players is also considered a close contact.

b. It is essential to assist in contact tracing and notification in the event an acute infection occurs.

- 1) Consider using technology (when developed) if permitted by your institution.

2. Contact institutional and county public health officials for assistance and reporting guidance
3. Consider institutional staff receive training from designated resources to assist with Contact Tracing

- a. [CDC Contact Tracing Training Documents and Tracing Course](#)

- b. [Johns Hopkins University Contact Tracing Course](#)

F. Masks/Mouth-Nose Covering:

1. PPE use (cloth masks for all individuals, appropriate medical-grade equipment for all medical personnel-working in a medical environment) should be strongly encouraged upon arrival to athletic department facilities. It is recommended these should be worn at all times. Replacement masks should be available if the mask becomes wet or soiled.

2. Clean cloth face covering masks should be used each day by athletes and staff.

3. Cloth face covering masks should be cleaned (washed) after each day.

4. Wash hands or use hand sanitizer (when handwashing is not available) before putting on and after removing PPE and masks.

5. Avoid touching mouth, nose, eyes, and nearby surfaces when putting on, using, and removing PPE and masks.

6. All student athletes and staff should be strongly encouraged to wear face coverings at all times, including away from athletic facilities, unless alone at their home. This requirement will be re-evaluated on each campus and based on best scientific information available at that time.

7. Cloth face covering masks reduce exposures to others when the wearer coughs or sneezes (i.e., source control). Cloth face covering masks do not replace the need for social and physical distancing, frequent handwashing, avoiding touching the face, and staying away from people who are ill.

8. Surgical/medical masks should be reserved for healthcare providers.

III. Facility-Specific Considerations

A. Facilities Access Considerations:

1. Institutions should determine occupancy of athletic department areas/rooms based on Stage population density recommendations and implement occupancy limitations.

2. Adjust any Emergency Action Plan as needed for change in facilities use plan or temporary facilities set up

3. Limit building entry points when possible in conjunction with institutional administrator.

4. Encourage a minimum six feet of social distancing whenever possible and the use of appropriate PPE when not possible

5. Make efforts to minimize large concentrations of people in all facilities
6. Develop flow control patterns where foot traffic is one way only indicated by placement of temporary signage
7. Temperature (non-contact type preferred) and Symptom Checks should be done at each entrance
 - a. If person displays symptoms or otherwise indicates high risk for possible infection, he/she will not be allowed to access the facility and immediately referred for appropriate medical care
 - b. Individual should contact Sports Medicine Staff by phone to evaluate the individual to determine the appropriate action (return home, isolate, seek immediate medical care, etc.) following local and CDC guidelines.
8. Frequent reminders to wash hands often for at least 20-30 seconds with soap and warm water before and upon entry to the facility. Use hand sanitizer only when soap and water is not available.
9. No group gatherings outside of Functional group activities (Example: no social hang outs, no facility guests)
10. Minimize high touch areas by leaving doors open where appropriate, use of hands-free dispensers
11. Disinfect all “high-touch” surfaces at facilities, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, multiple times every day using approved cleaning solutions (please refer to link provided below) Also, clean any surfaces that may have blood or body fluids on them.
 - a. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

[List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)

B. Weight Room:

1. Staffing Recommendations
 - a. Temperature and symptom check before arriving at work every day
 - b. Sufficient quantities of PPE need be available to staff for use
 - i. Face covering at all times/face shields when spotting is necessary
 - ii. Gloves- for cleaning or handling any bodily fluids

c. Consider distancing of 10 feet from athletes working out to not be included in the “functional unit”

d. Maintain a list of student-athletes and staff present for each workout session.

2. Scheduling of Facilities

a. Scheduling to adhere to social distancing guidelines at all times

i. Population density guidelines should be followed per Stage of reopening above

ii. In large facilities you may be able to create enough separate spaces to have multiple small functional /social group adhering to physical distancing at one time.

iii. Consider creating smaller satellite weight rooms to increase the number of student-athletes that can be trained at once (especially during Phase 1)

b. A sequenced ingress / egress procedure will control entry to and exit to facility to minimize large concentrations of people and avoid overlapping of training groups

c. Appropriate time needs to be built into schedule to allow cleaning between individual uses

d. No unauthorized personnel within the facility at any time- the people in the weight room should be minimized to essential staff and student athletes only. Each person present will count against the number of the functional /social group working out.

3. Student-Athletes

a. Symptom assessment before going to facility.

i. If athlete had symptoms the previous evening or wake up with symptoms do not go to facility and follow institutional protocol.

b. Temperature and symptom check upon arrival to facility

i. If individual reports or displays signs/symptoms or otherwise indicates high risk for possible infection, do not allow access the facility

1. Individual should follow institutional protocol to evaluate the individual to determine the appropriate action (return home, isolate, seek immediate medical care, etc.) following CDC guidelines.

2. The other athletes within the functional / social group should be placed at least on heightened alertness for symptoms, and

ideally removed from activities that place them in contact with other groups, e.g. gym facilities etc.

3. Staff members working with that functional / social group should also be placed on heightened alertness for symptoms, and ideally removed from activities that place them in contact with other groups. These staff members should await further instructions (i.e. self-quarantine)

c. Wash or sanitize hands before using the facility.

d. Consider student-athletes report directly to their workout area / station (preassigned) after they have been cleared to enter the facility and have washed / sanitized their hands

e. Face coverings should always be used in the facility, including working out.

1. Training Sessions

a. Social distancing will be required until regulations are relaxed. Consider assigning a space to each athlete which they do not move from for the duration of their session

b. Dedicated equipment and avoiding sharing of equipment (foam rollers, bands, etc...)

2. Weight-room specific cleaning

a. All equipment and hard surfaces should be cleaned after each use (ideally between athletes) and session.

b. All athletes and staff wash / sanitize hands after each session or moving between pieces of equipment.

C. Outdoor Fitness Activities:

1. Same as weight room considerations

2. All individuals maintain social distancing of 6 feet when at rest. This may need to be increased with running or sprinting as described in this Action Plan.

3. Large outdoor fields may allow for multiple functional units/groups to be working out at the same time if appropriate spacing (>10 feet) can be maintained between groups.

a. Functional groups should not have individuals mix between the functional units.

b. Personal spacing should be maintained within each functional unit.

4. Hydration safety protocol should be in place to prohibit any sharing of water bottles.

D. Locker Room:

1. Consider locker room capacity to maintain social distancing recommendations during initial Stages.
2. Consider locker and shower layout in order to maintain physical distancing recommendations

E. Athletic Training Room

1. Staff

- a. Sports Medicine staff are required to complete a temperature and symptom check daily when entering the facility
- b. Appropriate PPE should be available for providers when working directly with student athletes. It is recommended that Sports Medicine staff follow the community standard for medical providers. Athletic trainers should be wearing a face mask and student-athletes should be wearing a face mask at all times when working together. Other PPE should be worn when medical care cannot maintain physical distancing.
- c. Appropriate physical distancing within all facilities should be maintained between all patients and by sports medicine staff when able.
- d. When possible, staggering of staff should be considered.
- e. Scheduling considerations need to take into account the availability of medical staff and facility access.

2. Operations

Each institution within the MAAC is unique and should have an updated institutional protocol/policy that may address, but not be limited to:

- a. Temperature and symptom check upon arrival daily.
- b. Illness triage should be remote
- c. Number of student athletes that can utilize a facility at the same time
 - a. Avoid walk-in services and schedule of all treatments and rehabilitations.
- d. Protocol for cleaning that follows medical facility standards that has an emphasis on cleaning and disinfecting all contact surfaces after every use.
- e. Consider mitigation for decreasing touch points (i.e. propping doors open)
- f. Hand washing protocol that follows medical standards and mandating student athletes washing their hands upon arrival in the athletic training room.
- g. Establishing a traffic pattern that limits using the same door for entering and exiting.

- h. Use of appropriate PPE by staff and student athletes.
- i. Insure student-athletes have a sanitary individualized means for proper hydration.

IV. Return to Exercise and Individualized Athletic Activity

A. Institution's Sports Medicine and Strength and Conditioning staff should coordinate plans for incremental return to exercise. Timing of this will be dependent on federal, state and local guidance. Plans should include:

1. Room occupancy plans specific to each institution's athletic facilities
2. Considerations should be to form Functional Units to create functional teams that contain the limits of people suggested in the appropriate stage of reopening (i.e. maximum 10 in Stage 1, etc.)
3. At all times, every person present should maintain a minimum of 6 feet of distance from any other person regardless of functional / social group assignments.
4. Individuals from different functional / social groups should maintain an appropriate distance from individuals from other functional / social groups at all times.
5. Considerations of the contents of the functional / social groups should include discussion with coaches and administrators in factors to consider when forming the teams.
6. Face masks should be worn when practical

B. Contact activities/shared objects/practices/games

1. Continue to wear face masks
2. Work in position or small functional / social groups when possible

V. Travel during competition

A. Institutions should consider limiting travel parties essential personnel (student-athletes, coaches and medical staff).

B. When possible, teams should drive to events.

1. If more than one vehicle, travel parties should be split according to those already with the closest contact
2. Face masks should be worn as much as possible and removal for eating or drinking minimized

C. Air travel

1. Risk will vary according to the prevalence of infection in the community

2. Air travel should be on a carrier with robust infection control methods (requiring face masks for all passengers and flight personnel, enhanced cleaning of planes and increased physical distancing on the planes, adequate air filtration)
3. Athletes and staff should carry and use alcohol-based hand sanitizer at all times and use frequently.
4. Face masks should be worn as much as possible and removal for eating or drinking minimized

D. COVID-19 Screening for Home and Away Contests

1. Prior to departure to an away contest; a temperature check and COVID -19 signs and symptoms screening shall be performed on all student-athletes and staff
 2. Should a visiting team not travel with medical personnel, the visting institution shall designate a staff member to screen and report student-athletes and staff's results
 3. Any student-athlete or staff with fever over 100.4 or any symptoms shall not be allowed to travel and be immediately referred for medical care and potential isolation
 4. Process shall be repeated if game or away practice is next calendar day
 5. Screening shall be completed prior to arrival to host facility
 6. On subsequent dates, any student-athlete or staff with fever over 100.4 or any symptoms shall not be allowed to travel and be immediately referred for medical care and potential isolation
 7. A written form from both host and visiting institution detailing travel and hostparty clearance or failure shall be exchanged prior to facility usage
- SEE APPENDIX 1—SAMPLE FORM

VI. MAAC Championships

- A. Championship sites shall follow the MAAC Championships Handbook.
 1. All participating teams must follow daily the COVID-19 Screening for Home and Away Contests plans. A designated staff member of the host institution shall collect daily screening forms upon team arrival for games and practices.
 2. Access and use of Sports Medicine facilities, locker rooms and athletic facilities shall be dictated by host institution's current plan and availability.
 3. Host Sport Medicine staff shall communicate host institutions current policiesand procedures for Disease Control.
 4. Host venues and facilities will follow state and local regulations related to social distancing, restroom facilities, parking, seating arrangements and spectator admittance and these will apply to the MAAC championship in that jurisdiction.

VII. Response to New Infection or Presumed Infection

- A. Acute new infection/ presumed infection
 1. Utilize the CDC's updated information for [US Institutions of Higher Education](#)

2.

Evaluation in asymptomatic individual

- a. In an individual who reports being asymptomatic but has a temperature reading elevated above 100.4, the student-athlete or staff should not enter the facility and should be tested for COVID-19 as directed by medical providers.
- b. Consider the use of pulse oximetry as an additional objective evaluation tool utilizing current and emerging national protocol standards.
- c. If testing negative and temperature returns to normal for 72 hours on subsequent days the individual can resume activities at the facility, if asymptomatic and cleared by the medical providers.

B. Protocol for COVID-19 positive player or staff

1. Individual is isolated with daily monitoring of symptoms and temperature.
2. Management protocol should be developed and agreed upon by institution medical team and local expertise and resources.
3. Contact tracing and notification protocol should be followed.
4. Consider enlisting help from public health and campus health supporting units.
5. Return to facility in previously symptomatic athlete
 - a. Symptom-based strategy:
 - 1) At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of antipyretic medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**,
 - 2) A minimum of 10 days have passed since symptoms first appeared.
 - b. Test-based strategy:
 - 1) Resolution of fever without the use of antipyretic medications **AND**
 - 2) Improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND**
 - 3) Negative results for COVID-19 from at least two consecutive RNA PCR specimens collected ≥ 24 hours apart (total of two negative specimens).
 - c. Symptomatic require additional medical evaluation and at least 7 days without symptoms before resuming exercise. Athletes may need to undergo additional cardiac (e.g. EKG, hs-troponin, and Echo) and pulmonary screening based on medical decision making of sports medicine team (<https://blogs.bmj.com/bjasm/2020/04/24/the-resurgence-of-sport-in-the-wake-of-covid-19-cardiac-considerations-in-competitive-athletes/>)

6. Return to practice in previously asymptomatic athlete (positive test only)

a. Time-based strategy. Exclude from activity until:

1) 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

b. Test-based strategy. Exclude from activity until:

1) Negative results of at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

c. Note that detecting viral RNA via PCR does not necessarily mean that infectious viral loads are present. Therefore, the strong preference is to use the Time-based strategy as a first option.

d. Return to activity in all cases should follow an acclimatization process

C. Contacts of a COVID-19 positive player or staff

a. Close contacts include all players and staff who have been present for team activities within 48 hours prior to the individual first became symptomatic.

b. For small group training, this includes the entire small group including staff present.

c. For team training, this includes the entire team and staff.

D. Protocol for LOW RISK contacts of COVID-19 positive player or staff

1. Low risk contact defined as:

a. Distance of 6 feet or greater always maintained from infected individual

b. Only brief interaction

c. No physical contact with the infected individual or shared object during practice (e.g., functional / social groups are truly confined and not integrated) but other locations in training facility are shared with physical distancing and cleaning standards (e.g., locker room, weight room)

d. Functional / social groups (if done properly) would qualify as LOW RISK

E. Protocol for HIGH RISK contacts of COVID-19 positive player or staff

1. HIGH RISK contact defined as:
 - a. Prolonged exposure (>3 min) within 6 feet (including meeting rooms, locker room, weight room, & dining hall) even if wearing cloth mask (applies to coaches, staff, and players)
 - b. Direct exposure to infectious secretions (e.g., being coughed on)
 - c. Direct physical contact during practice with the infected individual or shared object
 - d. Handling of uniforms and equipment (even with surgical mask and gloves)
2. Quarantine at home for 14 days from exposure or for duration required by local and national guidelines; shorter quarantine duration may be considered with serial negative PCR testing (i.e. 3 and 7 days from exposure) pending more evidence and approval by local public health officials
3. Monitor temperature twice a day and symptoms daily.
4. Placed on heightened alertness for symptoms.
5. Avoid contact with people at higher risk for severe illness
6. Follow CDC and OSHA guidelines on workplace exposures.

[OSHA Guidance on Preparing Workplaces for COVID-19](#)

VIII. Periodic Surveillance and Monitoring

- A. Importance of continuous surveillance of local and regional consequences of phasing-in approach and timely communications with Institutional and Athletic Administration.

Appendix 1

Sample Wellness Pre-Participation Screening Form

Name	Time	Cough		Fever		Sore Throat		Shortness of breath		Close contact w/ someone with COVID-19		Temperature (if higher than 100.3F)
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	

FINAL