



**HEALTH AND WELL BEING CONSIDERATIONS FOR PAC-12 INSTITUTIONS**  
**GUIDANCE FOR LOCAL PLANNING FOR RETURN TO SPORTING ACTIVITY**

**RETURN TO CAMPUS**

**SHOULD BE SYMPTOM FREE...**

Monitor symptoms, limit contacts (and keep list), and have no known Covid-19 contact for 14 days prior to return to campus

**ON ARRIVAL TO CAMPUS**



**If living** in local area, additional isolation may not be necessary



**If traveling** by air, recommended isolation for 7 days prior to return to athletic facility

**HIGH RISK STAFF AND STUDENTS...**

(CDC high risk definition) should consider delay until Stage 3 of national re-opening criteria OR go through an informed decision-making process with medical staff before a return to the athletic facility

**RETURN TO ATHLETIC FACILITY**

**MUST BE FEVER & SYMPTOM FREE**



**COMPLETE PRE-PARTICIPATION EVALUATION AND LABORATORY TESTING**

**HEALTH EDUCATION FOR ATHLETES / STAFF & SETTING OF CULTURAL EXPECTATIONS INCLUDING HYGIENE**

**SET UP ACTIVITY / CONTACT TRACING SYSTEM**

**FACE COVERINGS AT ALL TIMES**



**FACILITY SPECIFIC CONSIDERATIONS**

**FACILITIES ACCESS**

- Negative symptom & temperature check prior to admittance
- Consider strategies to keep distance
- Increased cleaning



**WEIGHT ROOMS**

- Work out in small groups, schedule to minimize crowding & maintain physical distance
- Clean equipment between each individual use

**OUTDOOR ACTIVITIES**

- May need to increase space if running / sprinting

**LOCKER ROOMS**

- Consider having athletes come prepared to work out and shower at home during early stages
- Consider how distance will be maintained

**ATHLETIC TRAINING ROOM**

- Limit number of students in training room
- Consider appointments/no walk-ins

**FOOD DISTRIBUTION/DINING**

- Only pre-packaged foods available in facility
- No eating in the facility
- Meals provided "To-Go"



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## RETURN TO EXERCISE

### DAILY SYMPTOMS AND TEMPERATURE TESTS CONTINUE

### SHOULD FOLLOW GRADUAL PROGRESSION...

in accordance with best practice for acclimatization and considerations for transition periods



### WEIGHT ROOM / CONDITIONING / SMALL-GROUP ACTIVITY

- Create small functional units and keep distance
- Wear cloth face covering at all times
- Team activities done outside the functional group should be **on-line**
- If done properly, these contacts would be considered **LOWER RISK**

### CONTACT ACTIVITIES / SHARED OBJECTS / PRACTICES / GAMES

- Timing of this will be dependent on state guidance
- Continue to wear cloth face coverings whenever possible
- Work in housing, position or small groups when possible
- These activities are considered **HIGHER RISK**

## COVID TESTING RECOMMENDATIONS

### BASELINE

Serology and PRC testing to inform medical evaluation prior to accessing athletic facilities upon initial arrival to campus

### SURVEILLANCE

Based on the level of contact risk within the sport, surveillance testing may be used to help mitigate risk of an outbreak due to the sport activity

### CLINICAL

In addition to routine surveillance and pre-competition testing, if Student Athletes and staff develop COVID symptoms at any point they should undergo a clinical evaluation which includes testing for the presence of viral RNA



### ALTERNATIVE TESTING METHODS

May best considered if sufficient data to support use develops. This should include consultation with conference and local health officials before implementation

## TRAVEL DURING COMPETITION

### ESSENTIAL PERSONNEL

Travel parties should be limited to essential personnel (athletes, coaches, and medical staff)

### WHEN POSSIBLE TEAMS SHOULD DRIVE TO EVENTS

- If more than one vehicle, travel parties should be split according to those already with the closest contact
- Face coverings should be worn as much as possible and removal for eating or drinking minimized
- If traveling by bus allow one row per passenger
- If possible, teams should charter a flight and limit passengers to essential personnel

### AIR TRAVEL

- Air travel: when able, charter flights should be considered. Commercial air travel should be on a carrier with robust infection control methods and enforcement of universal masking requirements
- Athletes and staff should carry alcohol-based hand sanitizer at all times and use it frequently
- Face coverings should be worn as much as possible



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## RESPONSE TO INFECTION/ PRESUMED INFECTION

### QUARANTINE INDIVIDUAL WITH INFECTION / SUSPECTED INFECTION

- Screen prior to entry into facilities
- If in the athletic facility provide a mask, isolate, and close the door until the person can be transferred home or to a medical facility if needed
- Contingency plans will need to be created for cases that are developed while traveling



1. Monitor for symptom development and manage as medically indicated

2. Return to activity is dependent on symptom course and severity of illness
  - Symptom free x 24 hours AND at least 10 days since onset of symptoms (preferred)
  - Consider follow-up testing as recommended (cardiac, etc.)
  - Athletes who test positive for SARS-CoV-2 but are asymptomatic should not exercise for 10 days
  - Athletes who are mildly symptomatic with Covid-19 should return to exercise only after being asymptomatic for 2 weeks
  - Re-acclimatization as appropriate



### LOW RISK CONTACTS OF COVID-19 POSITIVE / SUSPECTED INFECTION

Functional / social group with appropriate physical distancing

- Monitor closely for symptoms
- Individuals with high risk conditions may choose a more conservative approach and opt to isolate

### HIGH RISK CONTACTS OF COVID-19 POSITIVE / SUSPECTED INFECTION

1. Those with contact within 6 feet for > 15 minutes or as defined by CDC
  - This would include anyone participating in face-to-face or contact drills against each other or using equipment that is not cleaned between uses
2. Quarantine at home
  - 14 days (no testing) per current national guidelines (recommendations may evolve with emerging evidence)
3. Return to play after **HIGH RISK** contact
  - Allowable if no symptoms develop while quarantined
  - Has quarantined for the recommended time
  - Cleared by team medical personnel

