



## COVID-19 Health and Safety Policies

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**Member colleges must maintain and practice current medical protocols as outlined in this document related to COVID-19. The NWAC continues to work with our Sports Medicine Advisory Committee to provide current medical information. Changes to these policies are contingent upon changes in state guidelines or advances in research and medical information.**

**These protocols are intended to provide consistency across the NWAC as the conference spans two countries and three states. Should there be a discrepancy between federal, state, and local health guidelines, member institutions must follow the stricter guidelines. Compliance with these policies will help to ensure that the NWAC has the possibility of participating in intercollegiate athletics.**

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**FAILURE TO COMPLY OR ENFORCE THESE POLICIES MAY BE SUBJECT TO  
DISCIPLINARY ACTION FROM THE NWAC.**

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## SECTION 1: INTRODUCTION AND NWAC POLICY

When the COVID-19 epidemic first hit in March 2020, NWAC was right in the eye of the storm hosting our basketball tournament in Everett, WA. Seemingly NWAC went from an athletic conference to a de-facto triage unit. We have been discussing and planning our future by identifying concerns, priorities, and trying to sort out the known and the unknown ever since.

From day one of possibly the biggest challenge in NWAC history, member colleges, executive board members, NWAC athletic trainers, and support personnel, have worked to respond wisely to the pandemic, address eligibility issues, and among other things, work on a return to play guidelines.

From the outset, it was clear that NWAC would have to think differently about how to accomplish our mission while trying to prepare for a multitude of ever changing situations. The ultimate goal is to provide a season surrounded by as much normalcy as possible while continuing to protect the safety of our student-athletes and our staff members, and slow the spread of COVID-19. We have been transparent, providing weekly updates, which included among other things, our timeline and thoughts about returning to competition.

We also know with 36 member colleges in three states and British Columbia, 36 community college presidents, 72 commissioners, and 36 vice presidents of student services, hundreds of coaches, and a few thousand student-athletes and parents, decisions made to please everyone was not possible. What we could do and what we chose to do from the outset, was to be thoughtful in our decision making and respond well and not over react.”

### 1.1 Competitive Season

The competitive season calendar for 2020-2021 is published and can be found in [Appendix A](#). Changes to the season are outlined below

- All inter-regional competition has been canceled
- The competitive season window for regional play is March 1- June 15 2021
- Cross Country has a separate window of competition, to avoid combining with Track and Field. (Competition begins Feb 13<sup>th</sup>.)
- All sports maintain a 20% reduction in total contests.
- The color phase principles must be adhered to. ([Section 2](#))
- Non-traditional sports seasons (e.g., fall baseball, etc.) and showcases will not be conducted in 2020-2021.

### 1.2 Alignment of NWAC Policy

All member institutions are to adopt these policies or align their institutional policies with the policies set forth in this document. This document also serves to provide guidance on scenarios that also are not policy.

#### 1.2.1 Sport Classes

Member institutions that utilize sports courses for NWAC practices must also abide by the policies set forth in this document in order to ensure that there is equitable compliance with COVID-19 policies.

#### 1.2.2 Local Health Authority

All member institutions are to send their COVID-19 plan to their local health authority upon request of the local health authority or state institution.

#### 1.2.3 Workplace Safety

All member institutions must follow specific workplace safety guidance as defined by state requirements and the Occupational Safety and Health Administration (OSHA).

### 1.3 Common Definitions

**Local Health Authority (LHA):** The governmental authorities which administer health laws in any country, state, county, or city. Institutions should be able to identify and contact their area representative at the county level.

**Shelter in Place:** A period of time where the individuals are only permitted to perform essential activities. These individuals do not have symptoms or are not suspected of having COVID-19. (*NO KNOWN EXPOSURE*).

**Quarantine:** Quarantine refers to the practice of confining individuals who may have had close contact with a suspected or confirmed COVID-19 case to determine whether they develop symptoms of the disease. (*KNOWN or POTENTIAL EXPOSURE, & POTENTIALLY INFECTIOUS*).

**Isolation:** Is the physical separation of persons with symptoms associated with COVID-19 ([section 3.3](#)) from people who are not sick. (*CONFIRMED EXPOSURE & INFECTIOUS*).

**Close Contact:** Close contact is defined by [CDC](#) as someone who:

- Was within 6 feet of an infected person for a total of 15 minutes (or more) within a 24 hour period starting from 2 days before illness onset (or, for asymptomatic clients, two days prior to positive specimen collection) until the time the patient is isolated.
- Provided care at home to someone who is sick with COVID-19
- Had direct physical contact with a person who is sick with COVID-19 (i.e., hugged or kissed)
- Has shared eating or drinking utensils with someone who is sick with COVID-19
- Was sneezed, coughed, or somehow got respiratory droplets on them by someone who is sick with COVID-19

**Vulnerable Individual:** Individual's that have been defined by the CDC as specific populations that are at an increased risk of severe illness from the virus that causes COVID-19. See [2.2.1 Vulnerable Individuals](#)

**Medical Provider:** a healthcare professional who is certified and licensed to practice health care within their scope of practice as defined by State law who can serve as a primary care provider (PCP). This includes Doctor of Medicine or Osteopath, Doctor of Nursing Practice, Certified Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant.

**Healthcare Provider:** a healthcare professional who is certified and licensed to practice health care within their scope of practice as defined by State law and provide patient care. This includes Certified Athletic Trainers (ATC), Doctor of Medicine or Osteopath, Doctor of Nursing Practice, Certified Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant.

**Sport Risk Category:** In both Washington and Oregon, sports are classified based on the risk-potential for spreading COVID-19. The following table aligns with NWAC offered sports and gaiting criteria ([Section 2.3](#))

Low-Risk Sports	Medium-Risk Sports	High-Risk Sports
Tennis, Golf, Cross-Country, & Track and Field	Softball, Baseball, Soccer, & Volleyball	Basketball

## SECTION 2: SPORT PHASING

### 2.1 Overview

Presented in this chapter are the requirements for the resocialization of sports within NWAC member institutions. The NWAC has four phases to assist with the resocialization in order; Grey, Red, Yellow, and Green. All teams must follow the progression and abide by the gating criteria, as outlined in this section. Following these protocols will allow for the NWAC to make effective decisions regarding league play, as well as ensure the safety of student-athletes, coaches, athletics staff, and others in the community by preventing the uncontrollable spread of COVID-19.

### 2.2 NWAC Phases

#### Grey Phase: Mandatory 14-day Shelter-in-Place

- Student-athletes are to shelter-in-place at their place of residence for the school year.
  - This shelter in place begins 14 days prior to the start of the Red phase, as determined by NWAC Sports Calendar.
- Essential activities are permitted
  - Work as necessary.
  - Food shopping.
  - Non-athletic scholastic activity, such as classes or laboratories.
- Student-athletes and coaches are permitted to;
  - Meet virtually to perform conditioning
  - Perform conditioning on their own, in their residence for the year. If they are rooming with teammates or other athletes, they may perform these activities together in their place of residency.
- Student-athletes are not permitted to;
  - Use athletic/practice facilities for athletic conditioning.
  - Attend in-person extracurricular school-sponsored activities.
- Coaches are not permitted to;
  - Hold in-person team meetings.
  - Use athletic/practice facilities for athletic conditioning.
- Personal Travel is not permitted ([Section 7](#)).
- INDIVIDUALS CANNOT TEST OUT OF THIS PHASE.

#### Red Phase (Minimum of 14 days) Small group

- Student-athletes have completed the NWAC required documents
  - Education requirements as documented by the institution
  - COVID-19 High Risk Assessment ([Appendix D](#))
    - COVID-19 Addendum ([Appendix E](#)), if appropriate
- Refer to the NWAC sports calendar to identify the earliest date on which you can begin the Red Phase
- Small group training should occur based on local health authority restrictions.
- Gatherings of no more than ten people, including coach/staff, with physical distancing measures in place.
- Virtual meetings, when at all possible.
- Gyms and common areas where student-athletes and staff are likely to congregate and interact should remain closed *unless* strict distancing and sanitation protocols can be implemented.
- Nonessential travel or personal travel should be minimized, and the Centers for Disease Control and Prevention guidelines regarding isolation after travel should be implemented ([Section 7](#)).

### Yellow Phase (Minimum of 14 days) Partial team training

- Gatherings are limited and based on local health authority guidelines.
- Full team practices can take place with physical distancing measures in place. Contact activities are permitted in this phase when necessary for sport, based on local health authority guidelines.
- Nonessential travel should be minimized, and the Centers for Disease Control and Prevention guidelines regarding isolation after travel should be implemented. ([Section 7](#))
- Indoor practice facilities and weight room activities must be in compliance with local health authority guidelines for indoor athletic facilities.

### Green Phase (minimum of 14 Days) Full team practice and Competition

- 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.
- Nonessential travel should be minimized, and the Centers for Disease Control and Prevention guidelines regarding isolation after travel should be implemented. ([Section 7](#))
- Unrestricted staffing (video, table, game management, etc.) may resume with sanitation and physical distancing protocols in place.
- No spectators will be allowed.

### Blue Phase (All Clear)\*

The transition from the previous core principles to a relaxation of these principles can occur when COVID-19 can be managed in a manner consistent with 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.

- Return to normal practice
- Return to normal competitions

*\*Based on current projections, while limited, this phase may not be applicable until 2022.<sup>1</sup> As of 12/2020 there has been a rush on vaccination approval by the FDA. This may still take time to become widely available to the general populace.*

#### 2.2.1 Vulnerable Individuals

It can include; student-athletes, athletics health care providers, coaches, and athletics personnel. These individuals are identified as having a higher risk of complicated outcomes if they were to contract COVID-19. These definitions are based on CDC guidance and physician evaluation through the COVID-19 Addendum ([section 3.2](#)). Definitions of risk are as follows;

Adults of any age with certain underlying medical conditions are at increased risk for severe illness from the virus that causes COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies

- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>)
- Severe Obesity (BMI ≥ 40 kg/m<sup>2</sup>)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently, there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, adults of any age with the following conditions might be at an increased risk for severe illness from the virus that causes COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m<sup>2</sup>, but < 30 kg/m<sup>2</sup>)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

All participants are to be screened for high risk conditions through the COVID-19 High Risk Assessment ([Appendix D](#)) and student-athlete assessments will be reviewed by the institution's healthcare provider.

- If no healthcare provider is available to review the COVID-19 High Risk Assessment ([Appendix D](#)) or a student-athlete is identified as high risk for complications, then an external medical provider review is necessary to complete the COVID-19 Addendum ([Appendix E](#)) with student-athletes prior to the start of organized athletic face-to-face activities.

All vulnerable individuals are strongly discouraged from participation, given the novelty of the virus and the serious risk of injury or death that could occur in high-risk individuals. Vulnerable participants must be identified and cleared to play by a medical provider (see [section 3.2](#)). Vulnerable individuals must be hypervigilant in protecting themselves by taking extra precautions to mask as much as possible and remain distanced when appropriate.

## 2.3 Gating Criteria

Gating criteria are defined metrics used to determine the safety of introducing high-risk activities into a community. The following criterion is identified by NCAA, Washington Department of Health & Governor Inslee and Oregon Health Authority (OHA) & Governor Brown. Gating criteria are principles that have been established to provide an effective regional response based on county case metrics. These criteria may be updated or changed as new guidance is released at the national, state, and local health authorities.

### 2.3.1 NWAC Gating Criteria

These gating criteria are provided as a premise to ensure that there is alignment between the local health authority and the college. These gating criteria dictate which phase you may be in at any given point.



NWAC member institutions must follow these metrics in their county before progressing into new phases. As the NWAC spans three states and two countries, should there be a discrepancy between the provided metrics and criteria, you should follow the more stringent criteria.

NWAC Phase	NWAC Gating Criteria Metrics
Red	<b>HIGH-LEVEL COUNTY COVID ACTIVITY &gt;75 cases/100K/14 days OR &gt;5% positivity</b>
Yellow	<b>MODERATE-LEVEL COUNTY COVID ACTIVITY &gt;25-75 cases/100K/14 days AND &lt;5% positivity</b>
Green	<b>LOW-LEVEL COUNTY COVID ACTIVITY &lt;25 cases/100K/14 days AND &lt;5% positivity</b>

### 2.3.2 Washington: As of 10/06/2020<sup>2</sup>

The risk of COVID-19 spread linked to sporting activities depends on the level of COVID-19 spread in the community. The following COVID-19 activity level classifications are based on the Washington Department of Health's school reopening decision tree recommendations, which classify counties based on their current COVID-19 activity level.

To better understand this policy, the following link provides the current infection rate trends in each county (scroll down and click on "Summary Data Tables" for county-by-county info): <https://coronavirus.wa.gov/whatyou-need-know/covid-19-risk-assessment-dashboard>

#### **HIGH LEVEL COUNTY COVID ACTIVITY >75 cases/100K/14 days OR >5% positivity**

Team practices and/or training can resume for low, medium, and high risk sports if players are limited to groups of six in separate parts of the field/court, separated by a buffer zone. Brief close contact (ex: 3 on3 drills) is permitted. It is preferable for the groups of six to be stable over time. Attendance rosters should include group contact information. Each athletic department of each member college must publish and follow a "return to play" safety plan. Any practice or training activities that can be done outdoors should be done outdoors.

The scrimmage, intra-team competitions, and league games or competition allowed for low-risk sports but are discouraged if the school is not conducting in-person learning.

No tournaments allowed.

#### **MODERATE LEVEL COUNTY COVID ACTIVITY >25-75 cases/100K/14 days AND <5% positivity**

Attendance rosters should include group contact information. Each athletic department of each member college must publish and follow a "return to play" safety plan. Any practice or training activities that can be done outdoors should be done outdoors. The scrimmage, intra-team competitions, and league games allowed for both low and moderate risk sports.

The scrimmage, intra-team competitions, but no competitions of any kind against other teams, allowed for high-risk sports.

No tournaments allowed.

#### **LOW LEVEL COUNTY COVID ACTIVITY <25 cases/100K/14 days AND <5% positivity**

Attendance rosters should include group contact information. Each athletic department of each member college must publish and follow a "return to play" safety plan. Any practice or training activities that can be done outdoors should be done outdoors.

The scrimmage, intra-team competitions, and league games allowed for low, moderate, and high-risk sports.

Tournaments allowed. All teams and individuals participating in tournaments must reside in low-level COVID activity counties.



NWAC Phase	Washington State Gating Criteria
Red	<b>HIGH-LEVEL COUNTY COVID ACTIVITY</b> >75 cases/100K/14 days OR >5% positivity
Yellow	<b>MODERATE-LEVEL COUNTY COVID ACTIVITY</b> >25-75 cases/100K/14 days AND <5% positivity
Green	<b>LOW-LEVEL COUNTY COVID ACTIVITY</b> <25 cases/100K/14 days AND <5% positivity

### 2.3.3 Oregon as of 10/27/2020

Oregon State has not provided guidelines from their Governor's office regarding gating criteria for epidemiological case counts or for county phase limitations. Oregon has also not provided information from the governor's office regarding what sports teams are permitted to do based on county COVID-19 activity, only that at the current time (11/15/2020), "High-Risk" sports are not permitted to scrimmage or participate in games. Thus, Oregon schools should utilize the NWAC-provided gating criteria listed in [section 2.3.1](#). and verify what is permitted with their local health authority.

## 2.4 Forward Progression of Phases

Teams are permitted to progress through the NWAC phases wherein the institution meets the NWAC, county, and state gating criteria. The institution is responsible for managing the details of individual team progression.

**Should there be a discrepancy between the NWAC phases and guidance from the state, institutions must follow the stricter guidelines to ensure compliance.**

***For example,** Team A has been practicing in the red phase and is scheduled to move into yellow. However, the county is still considered high risk, so the team must stay in the red phase.*

***For example,** Team B has completed its grey phase and is scheduled to move into red. Their county is considered low risk, which allows for full-team practice. Team B must uphold the NWAC phase structure and move into red, despite being permitted by the county for full team practice.*

## 2.5 Halting Progression of Phases

As institutions progress through the NWAC Phases, an institution must halt the progression of a team under the following circumstances. *Note, this section is not in reference to quarantine ([section 4](#)).*

- Positive case on a team
- Local health authority or contact tracers have quarantined an individual associated with the team (coach, athlete) until it is verified that there was no exposure to the team.
- Reverse in trends in gating criteria (see [section 2.3](#))
- Failure to comply with health policies

The NCAA offers other guidance regarding the halting of athletics, and are outlined below.<sup>3</sup>

- A lack of ability to isolate new positive cases or quarantine high contact risk cases on campus.
- Campus-wide or local community test rates that are considered unsafe by local public health officials.
- Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.
- Local public health officials stating that there is an inability for the hospital infrastructure to accommodate a surge in hospitalizations related to COVID-19.

## 2.6 Resumption of Phases

The resumption of phases will be a highly variable situation given the innumerable potential situations leading up to resumption of activity.

A team may resume the progression of their phases under the following criteria;

- Impacted individuals who have been in isolation or quarantine will need to follow specific guidance by the healthcare provider and local health authority regarding the duration of their isolation and quarantine as well as criteria met for completing quarantine and isolation.
- Positive athletes have safely been released from isolation protocols and are in the process of returning to play under medical provider guidance ([Section 6](#)).
- Normalized and/or reduction of epidemiological cases in the county, directly under the guidance of local health authority.

Once these criteria have been met, impacted individuals, whether it be a full team or portion of a team, will return to the *last attempted phase*.

- Please note that during this time of quarantine and isolation, deconditioning may occur and a period of re-acclimatization may need to occur to reduce the risk of injury and illness.
- Recommendations can be found via the [CSCCa and NSCA Joint Consensus Statement](#)<sup>4</sup>

## 2.7 Cessation of Sport Guidance

There may be situations that prohibit sports from occurring due to guidance from the institution, local, state, or federal health authority. This may include any face-to-face activities such as practices, scrimmages, games, or other team activities. Decisions regarding this may come from county health authority's interpretation of current epidemiological data. Prolonged time in the Red Phase may also warrant decisions from the institution regarding cessation of sport.

## 2.8 Exemptions

The following exemptions are permitted

- Golf, as a low-risk sport of transmission and under consideration of team size, may skip the NWAC red phase. This exemption is not permitted where team size exceeds red phase guidance, meaning that team/group activities are not permitted based on local health authority guidance.

# SECTION 3: COVID-19 SAFETY & RISK MITIGATION STRATEGIES

## 3.1 Overview

COVID-19 is a serious global health risk and has infected millions globally<sup>5</sup>, and as research evolves, it can include serious risk of complications for cardiac health even in asymptomatic cases.<sup>6</sup> With effective risk mitigation measures, as outlined below, resocialization of sports can occur safely.

## 3.2 Pre-Participation Physical Screening and COVID-19

All participants should be screened for high risk conditions through the COVID-19 High Risk Assessment ([Appendix D](#)) and student-athlete assessments will be reviewed by the institution's healthcare provider.

- If no healthcare provider is available to review the COVID-19 High Risk Assessment ([Appendix D](#)) or a student-athlete is identified as high risk for complications, then an external medical provider should complete the COVID-19 Addendum ([Appendix E](#)) with student-athletes prior to the start of the face-to-face activities.

## 3.3 Daily Screening

All athletic department staff and student-athletes must complete daily symptom screening and temperature checks. At a minimum, prior to any in-person team activity, practices, games, or travel, the following symptoms need to be screened for potential infection:

- Shortness of breath or difficulty breathing.
- Cough or other respiratory symptoms.
- Headache.
- Chills.
- Muscle aches.
- Sore throat.
- Congestion or runny nose.
- New loss of taste or smell.
- Nausea, vomiting, or diarrhea.
- Pain, redness, swelling, or rash on toes or fingers (“COVID-toes”).
- High-risk exposure: contact with an infected individual or prolonged contact with a crowd without physical distancing (for example, attended a party in which there was no masking or physical distancing).
- A temperature of 100.4° Fahrenheit or above

These screenings can be done individually or with designated personnel on campus.

### 3.4 Physical Distancing

At every time possible, all involved individuals should be a minimum of six feet apart. Following sport phasing guidelines ([Section 2](#)), individuals partaking in athletics inherently understand that it is a high-risk activity, and the potential to be within six feet of another individual and for longer than 15 minutes is possible. Changes to sports rules to address this can be found in [section 8.4](#). Where physical distance is not possible, individuals must wear masks to limit spread of the virus. (See [section 3.5](#)).

### 3.5 Face Coverings and Masks

The use of face coverings and masks has been researched and proven to be effective in reducing the risk of spread<sup>7</sup> from infected individuals to non-infected individuals, and may provide a protective effect for the wearer.

Masks are required by student-athletes, staff and anyone present at organized team practices, trainings, events, or competition. This includes coaches, referees/umpires, athletic trainers, managers, spotters, and any other paid or volunteer staff. Between this policy document and an institutions state and local health authorities, athletic departments within the NWAC will be expected to follow the more stringent masking guideline and/or requirement.

### 3.6 Training Location

Evidence currently shows that outdoor training is a safer location to perform physical activity. However, given the nature of some sports, outdoor training is not feasible. To all extent possible, maximizing outdoor physical activity is an effective risk mitigation strategy.

#### 3.6.1 Outdoor Requirements

When training outdoors, ensure that small groups are separated by a buffer zone between groups. Following phasing guidelines, large groups can be permitted when appropriate ([Section 2](#)).

#### 3.6.2 Indoor Requirements

Following state-specific guidance on indoor training, indoor facilities cannot accommodate as many persons per square feet as outdoor facilities. The following are measures institutions can take to mitigate the risk of training in an indoor facility.<sup>6</sup>

- Ensure proper maintenance of ventilation systems.
- Increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and following other related methods if doing so does not create a hazard.

- Install transparent shields or other physical barriers in common areas of training where physical distancing may be compromised.
- Use signs, tape marks, or other visual cues placed 6 feet apart to encourage physical distancing in common training areas.
- Increase the percentage of outdoor air in HVAC systems.
- Increase total airflow supply to occupied spaces.
- Disable demand-control ventilation controls that reduce air supply based on temperature or occupancy.
- Improve central air filtration.
- Consider running the building ventilation system even during unoccupied times to maximize dilution ventilation.
- Generate clean-to-less-clean air movement.
- Consider using portable high-efficiency particulate air fan/filtration systems to help enhance air cleaning, especially in higher-risk areas.
- Ensure exhaust fans in restroom facilities are functional and operating at full capacity when the building is occupied.
- Consider using ultraviolet germicidal irradiation as a supplement to help inactivate the coronavirus.

When performing practices indoors, state and local health guidelines must also be met. Institutions should pay strict attention to limitations in the number of persons permitted in indoor facilities based on size and occupancy.

### 3.7 Contact Tracing and Protected Health

On January 31<sup>st</sup>, 2020 the U.S. Department of Health and Human Services (HHS) declared a Public Health Emergency regarding COVID-19. The U.S. Department of Education and the Student Privacy Policy Office has created updated guidance specific to the [“Family Educational Rights and Privacy Act \(FERPA\) and Coronavirus Disease 2019 \(COVID-19\)”](#) document addressing Frequently Asked Questions (updated March 2020). Due to the current state of Public Health Emergency, institutions may disclose personally identifiable information (PII) to a public health agency without prior written consent in connection with an emergency if the public health agency’s knowledge of the information is necessary to protect the health or safety of students or other individuals. As part of preparing for returning to athletic activity, each institution will develop a plan for sharing and coordination of necessary PII with their local health authority (LHA) to help protect their institution and community.

In order to ensure appropriate contact tracing can occur in a timely manner, participation by any staff or student-athlete in any in-person activity should be documented, including a breakdown of any small group activities and maintained for the 2020-21 academic year or in accordance with guidance from your LHA or institution. This may be incorporated in your daily screening process or maintained separately.

If there is a positive case on campus, report to appropriate personnel that has been identified by your institution.

It is strongly encouraged by the Sports Medicine Advisory Board for all athletes and athletics staff to download the appropriate state Contact Tracing Application (android) or by turning on your exposure notifications in your settings on an iPhone.

<b>Android</b>
<a href="#">Washington</a>
<a href="#">Oregon</a>

## SECTION 4: QUARANTINES AND ISOLATIONS

### 4.1 Overview

In the event of a **POTENTIAL** case of the novel coronavirus (COVID-19) of an athletic individual or athletics staff member, the following policies have been written to ensure consistent compliance across member institutions.

#### Definitions:

**Shelter in Place:** A period of time where the individuals are only permitted to perform essential activities. These individuals do not have symptoms or are not suspected of having COVID-19. (*NO KNOWN EXPOSURE*).

**Quarantine:** Quarantine refers to the practice of confining individuals who may have had close contact with a suspected or confirmed COVID-19 case to determine whether they develop symptoms of the disease. (*KNOWN EXPOSURE, & POTENTIALLY INFECTIOUS*).

**Isolation:** Is the physical separation of persons with symptoms associated with COVID-19 ([section 3.3](#)) from people who are not sick. (*CONFIRMED EXPOSURE & INFECTIOUS*).

**Close Contact:** Close contact is defined by [CDC](#) as someone who:

- Was within 6 feet of an infected person for a total of 15 minutes (or more) within a 24 hour period starting from 2 days before illness onset (or, for asymptomatic clients, two days prior to positive specimen collection) until the time the patient is isolated.
- Provided care at home to someone who is sick with COVID-19
- Had direct physical contact with a person who is sick with COVID-19 (i.e., hugged or kissed)
- Has shared eating or drinking utensils with someone who is sick with COVID-19
- Was sneezed, coughed, or somehow got respiratory droplets on them by someone who is sick with COVID-19

### 4.2 Local Health Authority

**IT IS CRITICAL TO FOLLOW THE GUIDANCE OF LOCAL, STATE, AND FEDERAL HEALTH AUTHORITIES.** All institutions must work with their local health authority (LHA) to assist in the development of guidelines for screening, testing, and removal from play.

### 4.3 Quarantine and Isolation of Individuals

If an individual has one or more symptom(s) on their Daily Screening they must be evaluated and their status reviewed by a healthcare provider. This healthcare provider will utilize their clinical competence to make decisions about isolation and quarantine and referral for testing

#### 4.3.1 Daily Screening: Symptomatic Student-Athlete

If a student-athlete is removed from participation based on being symptomatic, the individual **MUST:**

- Isolate immediately and consult a healthcare provider or external medical provider if the institution does not have a healthcare provider on campus.
- Even for small and minor symptoms
- Continue to be withheld from all athletic activities until cleared through the isolation protocol and have healthcare provider clearance to return to sport. ([Appendix B](#))
- Contact tracing occurs.
- A minimum of 48 hours before symptom onset will need to be reviewed for contact tracing.

Because of the potential for asymptomatic and/or pre-symptomatic transmission, it is important that contacts of individuals diagnosed with COVID-19 be quickly identified, quarantined, and tested. The feasibility of identifying and testing close contacts will likely vary by institution, availability of testing, and their local health authority.

#### 4.3.2 Isolation Protocol

Any individual who has shown symptoms of COVID-19 (*presumed case*) or has tested positive for COVID-19 will be required to complete the isolation protocol in accordance with the [CDC guidance](#). Those in the Isolation Protocol should avoid all contact with others, even in their home, to minimize the spread of the infection.

- Experiencing symptoms of COVID-19 (with or without test)
  - Isolate from others until the following criteria are met:
    - At least 10 days since symptoms first appears and
    - At least 24 hours with no fever without fever-reducing medication and
    - Other symptoms of COVID-19 are improving.
      - **Note:** loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation
  - If you had severe illness from COVID-19 (you were admitted to a hospital and needed oxygen), your healthcare provider may recommend that you stay in isolation for longer than 10 days after your symptoms first appeared (possibly up to 20 days) and you may need to finish your period of isolation at home.
- Tested positive for COVID-19, but had no symptoms:
  - If you continue to have no symptoms, you can be with others when the following criteria are met:
    - 10 days have passed since the date you had your positive test.
    - If you develop symptoms after testing positive, follow the guidance for “Experiencing symptoms of COVID-19 (with or without a test)” outlined above.
- I had COVID-19 or I tested positive for COVID-19 and I have a weakened immune system
  - If you have a [weakened immune system \(immunocompromised\)](#) due to a health condition or medication, you might need to stay home and isolate longer than 10 days. Talk to your healthcare provider for more information.
  - Your doctor may work with [an infectious disease expert at your local health department](#) to determine when you can be around others.
- Getting testing again for COVID-19
  - If you have recovered from your symptoms after testing positive for COVID-19, you may continue to test positive for three months or more without being contagious to others. For this reason, you should be tested only if you develop new symptoms of possible COVID-19. Getting tested again should be discussed with your healthcare provider, especially if you have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.
  - If you have symptoms and test positive for COVID-19, follow the guidance above for “Experiencing symptoms of COVID-19 (with or without test)”. Your doctor may work with [an infectious disease expert at your local health department](#) to determine when you can be around others.

#### 4.3.3 Quarantine Protocol

Any individual who might have been exposed to COVID-19, i.e., someone with a known or potential exposure with a presumed or confirmed case of COVID-19, should enter into the [Quarantine](#) Protocol. Those in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state and local health departments.

1. Stay home and monitor your health
  - a. Stay home for 14 days after your **last contact** with a person who is a presumed or confirmed COVID-19 case
  - b. Watch for fever (100.4 F), cough, shortness of breath, or other symptoms of COVID-19

- c. If possible, stay away from others, especially those who are at a higher risk for getting a severe illness from COVID-19.
2. If the individual lives with someone who has COVID-19 and cannot avoid continued close contact, the 14-day quarantine timeframe will not complete until the individual has ended their home isolation. I.e., Isolation protocol + 14 days = end of Quarantine Protocol.

#### 4.4 Teammates

There is a possibility that an individual may infect close contacts on the team. Based on definitions of close contact, and understanding of exercise physiology, teammates may also need to be quarantined in order to prevent spread.

1. Once an individual on a team (Person A) is removed from play for having a symptomatic screen, close contacts are then placed into QUARANTINE.
  - Contact tracing initiated
  - All close contacts team workouts are halted
  - All individuals continue to monitor symptoms daily
  - All individuals may continue to practice individually at home if symptom-free.
2. **If Person A tests negative**, then the close contacts may return to practices.
  - For returning a symptomatic individuals with a negative test, refer to [section 5.2](#).
3. **If person A tests positive**, then all team personnel in close contact with Person A will be tested in addition to the team will continue the 14-day quarantine. Testing of quarantined individuals provides opportunities to identify asymptomatic COVID-19 cases. Individuals in quarantine with a negative test will still be required to complete the full 14-day quarantine due to the potential onset of illness being up to 14 days after last exposure.
  - Person A may not come out of isolation until Isolation Protocol ([section 4.3.2](#)) is completed. They may return to sport after completing the return-to-play progressions ([section 6](#)) and have been cleared by a medical care provider.
  - Continual symptom tracking must occur and individuals.
4. If multiple student-athletes on a single team test positive, the institution and NWAC will assess whether the team should be removed from the competition.

#### INDIVIDUALS CANNOT TEST OUT OF A 14 DAY QUARANTINE PERIOD ONCE EXPOSED TO A KNOWN SYMPTOMATIC INDIVIDUAL.

#### 4.5 Roommates

Should an individual's roommate become symptomatic and is awaiting testing or tests positive for COVID-19, the athlete must quarantine. Follow local health authority guidance regarding the rest of the team and secondary contacts.

Depending on your institution's campus, individuals with COVID-19 may be moved to an isolation dorm. If your institution does not have student dorms, follow this guidance from the CDC for non-infected individuals.<sup>5,8</sup>

- Wear a mask when it is necessary to be in shared spaces. (Apartment, house, etc.)
- People who are sick, their roommates, and those who have a higher risk of severe illness from COVID-19 should eat in their room, if possible.
- If you are sick, do not help prepare food. Also, eat separately from the family.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher.
- Sinks could be an infection source and should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items, so they do not touch the bathroom countertop. If possible, have only one person in the household take care of the person who is sick. This caregiver should be someone



who is not at higher risk for severe illness and should minimize contact with other people in the household.

- If possible, maintain 6 feet between the person who is sick and other family or household members.
- If you need to share a bedroom with someone who is sick, make sure the room has good airflow.
- Open the window and turn on a fan to bring in and circulate fresh air if possible.
- Maintain at least 6 feet between beds, if possible.
- Sleep head to toe if sharing a bed.
- Put a curtain around or place other physical dividers (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- If you need to share a bathroom with someone who is sick, the person who is sick should clean and disinfect the frequently touched surfaces in the bathroom after each use. If this is not possible, the person who does the cleaning should:
- Open outside doors and windows before entering and use ventilating fans to increase air circulation in the area.
- Wait as long as possible before entering the room to clean and disinfect or to use the bathroom.

## SECTION 5: TESTING RECOMMENDATIONS

### 5.1 Overview

Testing resources have significantly increased in recent months, however, still remains problematic in some areas. As an essential aspect of controlling viral infection, testing allows us to understand current risks and assists us in making appropriate decisions regarding risk and our community. Overall, there are two types of tests available, the antigen and nucleic acid amplification tests, such as polymerase chain reaction (PCR), with a significant number of these tests receiving emergency use authorizations (EUA) from the Food and Drug Administration (FDA). It is important to note that EUA tests have not undergone the formal, rigorous approval process that the FDA uses to approve clinical tests.<sup>9</sup> Testing, as previously stated, is a significant tool to understand viral growth in a community. Given that a majority of COVID-19 tests have EUA, there are concerns regarding the accuracy of the test when administered at the wrong time.

### 5.2 Testing Timeline

- All symptomatic individuals should be tested as recommended by their healthcare provider.
- If testing results in a negative test, the individual cannot return to campus or team activities until they have been symptom-free without medication for at least 24 hours.
- If an individual who is symptomatic refuses testing, they will be treated as a presumed COVID-19 positive case and will be required to follow and complete the Isolation Protocol ([section 4.3.2](#)) and Return-to-Play After COVID-19 guidelines ([section 6](#)).

### 5.3 Application of Testing

Should your institution have access to adequate and robust testing tools, there are two methods for utilizing testing to make decisions effectively.

#### 5.3.1 Surveillance Testing

For asymptomatic surveillance screening during athletic-related activities, the preseason, regular season, and postseason, testing should be considered via PCR or rapid antigen testing. The institution would require a Clinical Laboratory Improvement Amendments (CLIA) licensed facility (either onsite or in a relationship with a CLIA laboratory) in order to perform these tests on campus

#### 5.3.2 Symptomatic Only Testing

If the institution is only testing as a result of a failed symptom screen, it is recommended to utilize a PCR based test in conjunction with a physician.

### 5.4 Limitations to Testing

As stated throughout this section, it must be understood that testing can provide significant insights into the health of the community. However, its limitations must be noted in a couple of areas.

1. Availability can be limited based on numerous factors, such as
  - Sudden rise in cases locally
  - Testing supplies needed to analyze the test
2. Testing is only a snapshot of the person's health at the time of the test. It cannot predict future outcomes.
3. Limitations in testing accuracy exacerbate the possibility that a known direct contact may have contracted COVID-19 but may also not have enough viral load in them for the tests to be accurate. Various tests have different levels of sensitivity based on the number of days from exposure. Most tests have better sensitivity roughly 6-8 days after initial exposure. Testing too soon may lead to false-negative results.

## SECTION 6: RETURN TO PLAY AFTER COVID-19

COVID-19 has been identified as a virus that can affect multiple systems throughout the body.<sup>10</sup> Of significance, and increasing concern, is the potential for cardiac injury.<sup>6,11</sup> Evidence of cardiac injury has been found in asymptomatic cases as well. Because the risk of heart injury is becoming increasingly known, a graduated return to play (GRTP) must be adopted.

A graduated return allows the healthcare provider or medical provider at the institution to fully evaluate the functional capacity of the athlete as they begin their return to activity.

### 6.1 Principles of Gradual Return

According to the best evidence, a graduated return to play protocol will take at least seven days.<sup>12,13</sup> Athletes who have recovered from COVID-19 will need to have a gradual re-introduction into the sport. Depending on the severity of the condition, the athlete may never return to prior physical performance levels.

### 6.2 Gradual Return to Play Timeline

The following section outlines a progressive program that introduces physical activity and sport in a stepwise fashion. It is to be performed under the guidance of a medical professional who can monitor for symptom changes during the protocols.

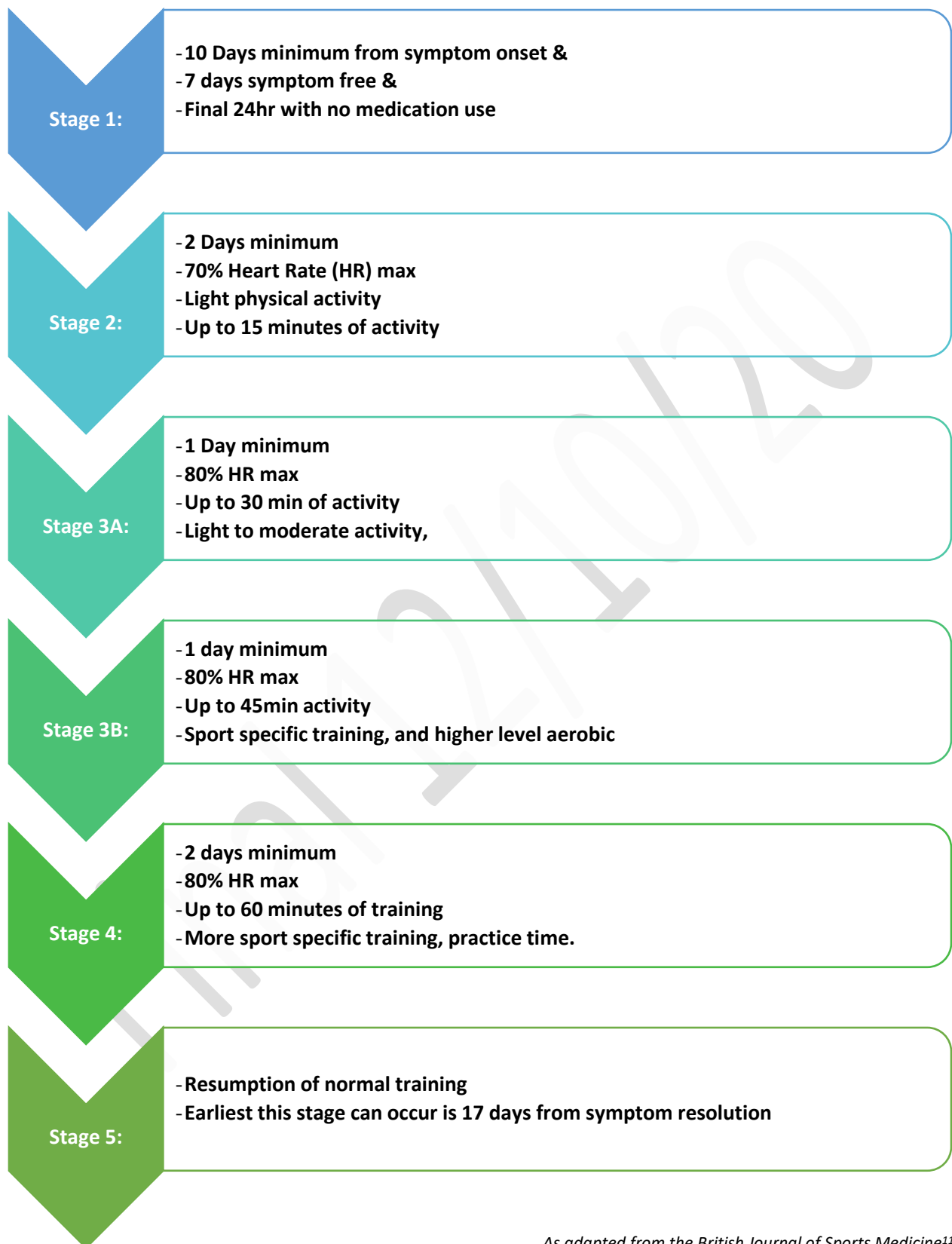
Key considerations

- Before considering a graduated return to play, the athlete must be able to complete activities of daily living and walk roughly 500 m without excessive fatigue or breathlessness.
- They should have at least ten days' rest from symptom onset and be seven days symptom-free before starting.
- Less aerobically intense sports like golf may progress quicker. However, some evidence suggests that athletes can take over three weeks to recover.<sup>12</sup>

Additional monitoring may add value, which could include:

- Resting heart rate.
- Rated perceived exertion.
- Sleep, stress, fatigue, and muscle soreness.

If any symptoms occur (including excessive fatigue) while going through GRTP, the athlete must return to the previous stage and progress again after a minimum of 24 hours' period of rest without symptoms.



*As adapted from the British Journal of Sports Medicine<sup>11</sup>*

## 6.3 Diagnostic Testing for Cardiac Injury

Prior to returning to participation in the graduated return to play, the following medical considerations should be addressed with a licensed healthcare practitioner.

Confirmed infection (positive test):

1. Mild to moderate illness or asymptomatic (managed at home)
  - a. Medical evaluation
  - b. Symptom screening
  - c. Consider ECG
  - d. Further work-up as indicated
2. Severe Illness (hospitalization)
  - a. Medical evaluation
  - b. Symptom screening
  - c. Additional testing:
    - i. Cardiology consult, ECG, hs-Tn, Echo
      1. Confirmed myocarditis, pulmonary embolism, or other cardiopulmonary disorders should be managed per medical guidelines
    - ii. Consider Cardiac MRI, Holter, Stress Test, Chest X-ray, Spirometry, PFTs, and Chest CT
3. Ongoing Cardiovascular (CV) Symptoms
  - a. CV Symptoms: chest pain, shortness of breath, exercise intolerance, palpitations
  - b. Medical evaluation
  - c. Symptom screening
  - d. Additional testing:
    - i. Cardiology consult, ECG, hs-Tn, Echo
      1. Confirmed myocarditis, pulmonary embolism, or other cardiopulmonary disorders should be managed per medical guidelines
    - ii. Consider Cardiac MRI, Holter, Stress Test or CPET, Chest X-ray, Spirometry, PFTs, D-Dimer, and Chest CT

## SECTION 7: TRAVEL

Travelling has the potential for spreading COVID-19; however, with these policies in place, we can help to ensure that travel can occur as safely as possible.

### 7.1 Personal Travel

To the greatest extent possible, all personal travel is not permitted during the competitive season for student-athletes. Personal travel will be defined as;

- Leaving a specific region, as defined by the institution.
  - This may be county, city, or multiple counties based on institution location

Should personal travel occur for any given reason, the student-athlete must enter a 14-day shelter in place before returning to practices with the team. They are to specifically avoid any contact with teammates or coaches during this time (see [section 4.4](#) and [section 4.5](#)).

### 7.2 Safety During Travel

During travel, the following policies must be followed.

1. Masks are always to be worn during travel
2. Ensure that bus companies have put in place coronavirus measures

3. Stops are to be limited
  - a. Bring food prior to arrival for travel
  - b. Rest stops as needed.
4. Overnight stays are not permitted unless previously approved by the NWAC office and the presidents of the institutions.
5. If multiple teams are traveling;
  - a. Increase the number of buses or vans
    - i. No two teams should be on the same vehicle
  - b. No interaction between teams

### 7.3 Essential Personnel

Teams are to travel with only the essential personnel, which is defined as;

1. The minimum number of athletes to compete safely
  - a. Substitutes are permitted to travel
2. Head Coach
3. Assistant Coaches
4. Athletic Trainer
5. Additional drivers as necessary

### 7.4 Pre-Travel Requirements

Prior to travel, teams must meet the following criterion;

1. Any symptomatic individual will need to:
  - a. Have had a negative test within 72hrs prior to competition
  - b. **AND** be symptom free with no medication use
  - c. **AND** participate in one full practice prior to travel for the competition.
2. No individuals have left for personal travel within the last **14 days** ([section 7.1](#))
3. A symptom screen is completed before leaving and on arrival at the host facility.
  - a. The symptom screen must be documented and presented via email by the visiting team's athletic director to the host team's athletic director.
  - b. The host facility will also perform additional symptom screens on site
4. Teams are not allowed to enter the athletic facilities until the team has been checked by the host facility.
  - a. Host facilities may designate an area inside the facility for screening purposes when screening outside is not ideal.
  - b. The screening area should be distanced away from common areas and any spaces that student-athletes and/or staff may occupy during competition.

### 7.5 Post-Travel Requirements

After the competition has completed and the visiting team has returned, the following steps need to be taken;

1. All individuals are monitored daily for symptoms.
  - a. If an individual becomes symptomatic within **3 days** of travel, the institution must contact all previously played institutions within those 3 days and notify their COVID-19 liaison that as possible exposure has occurred to ease LHA contact tracing efforts.
  - b. If an individual becomes symptomatic within **14 days** after travel, the institution must contact all previously played institutions within those 14 days and notify their COVID-19 liaison that a possible infection has occurred that may have potentially been initiated by contact.

### 7.6 Recruiting

As an essential task for teams, recruiting is currently permitted based on the following requirements

1. Bringing recruits onto campus as permitted by the institution
  - a. Recruits need to be screened like any other individual visiting campus
2. Recruits may meet members of the team under the following circumstances;
  - a. All individuals are masked at all times
  - b. Physical distancing is **strictly enforced**
  - c. Standard screening and sanitization measures are in place
  - d. There are no other restrictions in place from local health authorities that prevent recruits from coming to campus.
  - e. Coaches and recruits must wear masks, as well as maintain physical distancing
3. At this current time, recruits are not permitted to participate in team activities such as
  - a. Practices
  - b. Scrimmages
  - c. Other organized team events

It is **STRONGLY** recommended that recruiting be done virtually to reduce any possible chances of infection.



## SECTION 8: COMPETITION AND EVENT MANAGEMENT

### 8.1 Officials, Event, and Game Management

All games should operate with the minimum number of management staff and personnel necessary to operate the game. Individuals at all institutions must:

- Be screened prior to work as required by state ordinances
- Wear masks
- Be physically distanced from athletes and coaching staff

### 8.2 Spectators/Crowd

Spectators and crowds will not be permitted.

### 8.3 Facility Usage

Changes to facility requirements listed in the NWAC Codebook

#### 8.3.1 Locker Rooms | Team Rooms

If the use of locker rooms is necessary for changing and team meetings, maximize ventilation and use tape or cones to distinguish 6 feet of distance for student-athletes. Each team and officials must have a designated locker room/changing area to be used solely by them. If locker rooms are used, cleaning protocols must be included in the sporting activity safety plan. Stagger entry to the changing area and use of these facilities as appropriate with members of the same team or training cohort only. Limit occupancy of the locker rooms to only essential team members.

Student-athletes and team personnel are to wear masks/face coverings within their assigned team locker room/meeting space. If spacing allows, 6 foot spacing between seats within the home and away team locker rooms must be maintained.

#### 8.3.2 Showers

The team is encouraged to depart the facility immediately after their game. Showering should be limited to prevent non-physically distant interactions.

#### 8.3.3 Cleaning and Disinfection

Cleaning supplies such as alcohol-based hand sanitizer, tissues, disinfectant, trash can, trash bags, disposable gloves, etc., will be provided by the host institution. Student-athletes are encouraged to bring their own hand sanitizer for personal use. Each member institution will have a cleaning plan to sanitize all contacted surfaces immediately at the conclusion of its use. Frequent cleaning and disinfecting of high-traffic areas and commonly touched surfaces in areas accessed by staff, student-athletes, and other personnel must be done.

Member colleges should follow their local and state procedures. At a minimum, the following procedures should be adhered to:

- Clean surfaces and objects that are visibility soiled first. This includes:
  - Toilet cleaning
  - Mirror cleaning
  - Sink cleaning
  - Mop floors
  - Appliance and furniture cleaning
  - Check and refill stock as necessary – paper towel, toilet, and soap dispensers
  - Check all vents for airflow

- Removal of trash
- Use an EPA-registered disinfectant.
- Follow manufacturer's instructions for safe and effective use of all cleaning and disinfection products.
- Routine cleaning of "high-touch" surfaces.
- Cart with cleaning supplies provided in all workout locations and check-in points. The cart should include alcohol-based hand sanitizer, tissues, Virex or Oxivir disinfectant spray bottle, towels, microfiber towels, trash can, disposable gloves, and trash bags for all players, coaches, and staff usage at will.
- Custodial staff runs will include all bathrooms, check-in tables, elevators, doors, faucets, sinks, handrails, and any other high-touch surfaces inaccessible parts of each facility.
- Cleaning staff will clean all areas 2-3 times per activity day.
- Coaches and trainers will supplement the cleaning of equipment with wipes or Virex/Oxivir spray between each individual workout.

## 8.4 Competition Protocols

Member colleges must provide information on health screening locations, screening requirements, points of entry, path of travel, access needs, availability of restrooms, locker rooms, and other designated facilities with visiting member college teams at least 48 hours before the scheduled event. This document must be kept on file and at a minimum include:

- Time of arrival and what entrance and exit to use.
- Any screening requirements needed to prior to entry (NWAC documents)
- Availability of locker rooms and/or meeting space.
- Protocol for use of the athletic training facility, if needed.
- Schedule of events to both teams for the day of the game.

### Traveling Institution Considerations

Members of the institution traveling to participate in competition should be prepared to have their own:

- Personal towels
- Personal water bottles
- Backup supply of face masks
- Additional sanitation supplies for in route needs
- Hand sanitizer
- Disinfecting wipes or spray and towels

### Protocols

- Follow protocols mandated in section 8 on social distancing, masks and cleaning.
- Medical staff should follow strict hand sanitization, especially during sessions with student-athletes. Whenever feasible, athletic training staff and student-athletes they are treated should maintain masking/face coverings and physical distancing.
- The pregame meeting between game officials and coaches be conducted virtually or in a place that allows for 6 feet of physical distance among participants. Officials should always wear masks/face coverings and maintain physical distancing during all activities except active competitive play.
- Remind teams and officials to follow personal health guidelines (e.g., wash hands frequently; do not touch your eyes, nose, or mouth; use hand sanitizer; maintain physical distance and wears masks whenever possible).
- No physical interactions, such as high-fives, fist bumps and hugs, should occur with members of other teams.

- Provide hand sanitizer stations and disinfectant spray bottles and/or disinfecting wipes in each team dug out, locker room, bench, press box, and/or scorer's table.
- Designate a member of the host institution to clean game floor, balls, and equipment as outlined.

#### Hydration

- Team members should drink only out of their own cup/personal water bottle.
- Single-use cups with proper disposal are preferred.
- Water bottles should be labeled for individual use.
- Contactless water dispensers may be used.
- Each team should have its own set of hydration coolers (two — one for water, one for sports drink, if applicable), water bottles and bottle carriers. Cooler carts may remain behind the benches/dugouts, but coolers shall be replaced once competition concludes.

#### Rules, policies, and protocols

- Recommend eliminating stats to the bench after each set.
- Institutions may place sanitized printers in close proximity to each bench area, allowing coaches to retrieve updated hard copies of stats.
- For doubleheaders, add additional time between games to allow for cleaning at minimum of one hour.
- In-venue catering should be limited to packaged, grab-and-go-type options.

#### Cleaning Protocols and Supplies

- Clean all equipment to manufacturers protocols with cleaning agents or disinfectants rated to disinfect for COVID-19.
- Coaches and athletes are responsible for cleaning equipment between uses.
- Cart with alcohol-based hand sanitizer, tissues, Virex or Oxivir disinfectant spray bottle, microfiber towels, trash can, disposable gloves, and trash bags will be provided

## 8.5 Sport Specific Changes

### 8.5.1 Outdoor Sports

#### Pre-Game/Match Warmup

Masks/face coverings must be worn while transitioning from vehicles, and/or the locker room to field. Once the student-athletes reach the field to warm up, masks/coverings may be removed. Players must replace their masks/face coverings before leaving the field to return to their to the team bench/sideline or designated locker room.

#### Pre-Game & Transition between Doubleheaders

A schedule provided by the host athletic department must clearly delineate times as to when teams may enter the field in preparation for the second game of a doubleheader.

#### Hydration:

- Team members should drink only out of their own cup/personal water bottle.
- Single-use cups with proper disposal are preferred.
- Water bottles should be labeled for individual use.
- Contactless water dispensers may be used.
- Each team should have its own set of hydration coolers (two — one for water, one for sports drink, if applicable), water bottles and bottle carriers. Cooler carts may remain behind the dugouts or team benches, but coolers shall be replaced once competition concludes.

#### Team Area/Bench

- Only essential personnel (players in the official scorebook, athletic trainer, and coaches on the bench.

- If spacing allows, recommend using multiple rows of seats (with appropriate distance between each seat). Seats should be assigned to specific players and coaches. Extra players may only sit in a designated area in the stands with masks on.
- *Individual water bottle and towel.* Each player and coach will have their own water bottle and towel by their seat. Players and coaches will be responsible for getting their own water and towels, including during timeouts.
- *Masks/face coverings on the bench.* All personnel on the bench must always wear masks/face coverings. Even if a face shield is worn, masks must be worn.
- *Timeouts.* Recommend movable chairs be used during timeouts and set/match breaks. At the conclusion of each timeout or period break, the timeout chairs will be removed to a location to be cleaned by team staff.

#### Press Box

- Only essential personnel are in the press box/score table and proper ventilation and the ability to social distance must occur.
- Press Box personnel must wear a mask at all times.
- Even if a face shield is worn, masks must be worn.

#### Field Prep (natural surfaces)

- Coordinate use with grounds-crew

#### 8.5.1.1. Soccer

##### Handling equipment

- Each team should have its own soccer balls for pregame use while in the venue.
- Game balls should be cleaned during media timeouts and halftime.
- Officials' water/towels should be located in a designated areas. These must be specific to each official and handled only by the officials.

#### Field operations

- Eliminate any coach/official physical contact (e.g., handshakes, fist bumps) at all times.
- Eliminate the postgame handshake line involving the two participating teams. Consider some act of sportsmanship, such as the teams lining up in front of their respective penalty box lines and giving congratulatory waves to each other.
- Eliminate extra time allotted between doubleheaders for promotions to allow for sanitization.
- Recommend assigned work areas for the media to minimize the need for cleaning workstations until after media representatives have exited the venue.

#### Essential Personnel

Ball shaggers: 2	Stat person: 1	Scoreboard: 1
Announcer: 1	Video: 3	Gate: 3
Team	Photographer: 1	Game Management: 3
Campus Safety: 2	Custodial: 1	Local Press: 1-3

### 8.5.1.2. Cross Country

#### Pre-Meet Warmup

Masks/face coverings must be worn while transitioning from the changing areas, vehicles, and the course. Once the student-athletes reach the course to warm up, masks/coverings may be removed. On-course runners must replace their masks/face coverings before leaving the course to return to their designated changing area.

#### Pre-Meet & Transition between Two Meets

Teams must wait for permission to enter the course once the previous runners have cleared the area, appropriate sanitation procedures have been executed, and the official deems itself to take the course.

#### Score Personnel

- Score personnel should have a different entry to the course than teams and coaches.
- Universal masking and distancing address infection control mitigation. Consideration needs to be given to officials who need access to replay monitors.
- Even if a face shield is worn, masks must be worn.
- If the facility allows, member colleges should adjust their team tents to ensure proper social distancing transpires.

#### On-course Operations

- Eliminate any coach/official/scorers' table physical contact (e.g., handshakes, fist bumps) at all times.
- Eliminate the post-race handshakes and hugs.
- Recommend assigned work areas for the media to minimize the need for cleaning workstations until after media representatives have exited the venue.

#### Additional Protocols

- Runners are asked to get to the starting area 5 minutes before the start of the race.
- Gatherings are prohibited – players and spectators are asked to leave the host facility after their round is complete. If there is a possibility you might be in a playoff, we ask that you still leave the host facility and we will contact you well in advance with instructions on returning to the host facility that same day.
- Signs must be posted and followed.
- Each team will identify coaching staff and essential personnel who has access to the teams.
- Bathrooms need to be identified and sanitized multiple times during the event.

#### Essential Personnel

- Only student-athletes who are identified to compete may be present/travel. No red-shirts, team managers, injured athletes, etc.
- For travel purposes for NWAC events, 10 runners, 4, coaches, and a travel substitute are allowed to travel.
- No more than 20 meet personnel are allowed to work the event. Personnel will be identified by the host.

### 8.5.1.3. Track and Field

#### Pre-Event Warmup

Masks/face coverings must be worn while transitioning from vehicles, locker room, and T&F facilities. Once the student-athletes reach the track and/or field, masks/coverings may be removed. Student-athletes must replace their masks/face coverings before leaving the court to return to their designated locker room, tents and/or vehicles.

## Pre-Event & Transition Between Events

Teams may stretch and warm up pre-game within a designated area. Teams must wait for permission to enter the facility once cleared by the previous teams and appropriate sanitation procedures have been executed.

## Score Personnel

If the facility allows, member colleges should adjust their setup to allow for physical distancing from track and field.

## Handling Equipment

- Host team equipment should be cleaned by a designated member of the host institution's game operations staff.
- Each schools must designate someone to clean their athletic equipment while at the event.

## Additional Protocols

- Signs must be posted and followed.
- Each team will identify coaching staff and essential personnel who has access to the teams.
- Bathrooms need to be identified and sanitized multiple times during the event.
- Bathrooms need to be identified and sanitized multiple times during the event.

## Hydration

- Water brought in by student-athletes

## Essential Personnel

- Only those student-athletes who are participating in the meet may be present/travel.
- Coaches: 6
- Athletic Trainer: at least 1

### 8.5.1.4. Baseball

## Handling Equipment

- Each team should have its own baseballs for pregame use while in the venue. Game balls should be cleaned by a designated member of the host institution's game operations staff according to manufacturer's recommendations with dish soap and water, and not with a disinfectant.
- Game balls should be cleaned during media timeouts, halftime and each period break.
- Officials' water/towels should be located in a designated areas. These must be specific to each official and handled only by the officials.

## Additional Protocols

- Signs must be posted and followed.
- Each team will identify coaching staff and essential personnel who has access to the teams.
- If using an indoor hitting cage, the doors must remain open while hitting cage is in use.
- After the first team finished their scheduled hitting practice in the cage, the second team cannot enter until the first team clearly exists the facility, cleaning has taken place, and the second team is then motioned to enter.
- Bathrooms need to be identified and sanitized multiple times during the event.

## Essential Personnel

- Roster Size. Currently, the NWAC is allowing three additional travel roster players for 2021. 2021 travel roster size: 27.
- Encouraged measures to reduce traveling parties to insure proper social distancing in vehicles and in dugouts.
- Red Shirts, Non Participants and injured players stay at home.
- If possible, traveling bullpen catchers should be members of the 27 man rosters.

## Non Playing Personnel Staffing Home Baseball Games

Scorekeeper/Presto Stats: 1	Video Streaming: 1-2	Play-By-Play Announcer: 1
Scoreboard Operator: 1	Public Address Announcer: 1	Photographer/Social Media: 1
Athletic Trainer: 1-2	Umpires: 3	Game Supervisor: 1

### 8.5.1.5. Softball

#### Handling Equipment

- Each team should have its own softballs for pregame use while in the venue. Game balls should be cleaned by a designated member of the host institution's game operations staff according to manufacturer's recommendations with dish soap and water, and not with a disinfectant.
- Game balls should be cleaned during media timeouts, between innings, and between double header breaks.
- Officials' water/towels should be located in a designated areas. These must be specific to each official and handled only by the officials.

#### Field Operations

- Eliminate any coach/official physical contact (e.g., handshakes, fist bumps) at all times.
- Eliminate the postgame handshake line involving the two participating teams. Consider some act of sportsmanship, such as the teams lining up in front of their respective foul lines and giving congratulatory waves to each other.
- Eliminate extra time allotted between doubleheaders for promotions to allow for sanitization.
- Recommend assigned work areas for the media to minimize the need for cleaning workstations until after media representatives have exited the venue.

#### Additional Protocols

- Signs must be posted and followed.
- Each team will identify coaching staff and essential personnel who has access to the teams.
- If using an indoor hitting cage, the doors must remain open while hitting cage is in use.
- After the first teams finished their scheduled hitting practice in the cage, the second team cannot enter until the first team clearly exists the facility, cleaning has taken place, and the second team is then motioned to enter.
- Bathrooms need to be identified and sanitized multiple times during the event.

## Essential Personnel

- Roster Size. Currently, the NWAC is allowing three additional travel roster players for 2021. 2021 travel roster size: 21.
- Encouraged measures to reduce traveling parties to insure proper social distancing in vehicles and in dugouts.
- Red Shirts, Non Participants and injured players stay at home.



### *Non Playing Personnel Staffing Home Softball Games*

Scorekeeper/Presto Stats: 1	Video Streaming: 1-2	Play-By-Play Announcer: 1
Scoreboard Operator: 1	Public Address Announcer: 1	Photographer/Social Media: 1
Athletic Trainer: 1-2	Umpires: 3	Game Supervisor: 1

#### 8.5.1.6. Tennis

##### Handling Equipment

- Host team should have its own rack tennis balls for use while in the venue. The balls should be cleaned by a designated member of the host institution's game operations staff.
- Balls should be cleaned during set/match breaks.
- Officials' water/towels should be located behind each basket or on a table across from the scorers' table. These must be specific to each official and handled only by the officials.

##### On-Court Operations

- Eliminate any coach/players/official/scorers' table physical contact (e.g., handshakes, fist bumps) at all times.
- Eliminate the post-match handshake line involving participants. Consider some act of sportsmanship, such as the player's lining up at their respective end line and giving congratulatory waves to each other.
- Recommend assigned work areas for the media to minimize the need for cleaning workstations until after media representatives have exited the venue.

##### Equipment Needs

- Nets provided by host institution
- Tables, chairs, or other facility equipment to be provided by host institution.

##### Essential Personnel

- Only those student-athletes who are on the roster and deemed eligible to play may attend/travel.
- Coaches: 3
- Athletic Trainer: 1

#### 8.5.1.7 Golf

Member colleges who are working with a public/private golf course to host a NWAC Golf event need to ensure that the golf course is a healthy facility in accordance with state and federal law. The golf course must also comply with the following COVID-19 worksite-specific safety practices, as outlined in Gov. Jay Inslee's "Stay Home, Stay Healthy" Proclamation 20-25, and in accordance with the Washington State Department of Labor and Industries General Coronavirus Prevention Under Stay Home-Stay Healthy Order (DOSH Directive 1.70:

<https://www.lni.wa.gov/safety-health/safety-rules/enforcement-policies/DD170.pdf>) and the Washington State Department of Health Workplace and Employer Resources & Recommendations at <https://www.doh.wa.gov/Coronavirus/workplace>.

Golf is widely seen as an activity that is viable and relatively low risk, however there are additional precautions that need to be in place to ensure the safety of players, golf course staff and club/course officials. In order to operate, the following requirements must be implemented at golf courses.

##### GENERAL INFORMATION

- Social distancing must be practiced at all times by maintaining a minimum 6-foot distance from others.
- A mask or facial covering should be worn in accordance with state/provincial government guidelines when a 6-foot distance cannot be met.
- There are no restrictions on spectators attending championships. Spectators are asked to remain on cart paths and to maintain proper social distancing for other spectators and players.

- No Shotgun starts.
- Threesomes recommended.
- No snacks drinks on course provided by host.
- Coaches must be active on course to ensure all NWAC and COVID special rules are being followed.

#### BEFORE STARTING TIME

- Players are asked to not arrive to the golf course more than **60 minutes** prior to their starting time.
- Practice range stations will be spaced to promote social distancing. Practice balls will be set out at each station and practice putting green cups will be removed or modified.

#### STARTING AREA

- Players are asked to report to the starting tee **7 minutes** prior to their starting time.
- Players are responsible for providing their own pencil, golf tees, ball markers, divot tool, marking pens, etc. Starter boxes with supplies will NOT be available.
- Scorecards set out by starter or given to coach to distribute to players.
- Players keep their own official scorecard but also keep the score of one other competitor in the group. Scores can be compared after the round to ensure accuracy but players should not exchange cards.
- Championship paperwork (Local Rules and Terms of the Competition, Notice to Competitors, hole locations and pace of play policy) will be emailed to coaches the evening prior to each round. (No paperwork will be provided on the starting tee other than the official scorecard).

#### DURING ROUND

- No handshakes, fist bumps, elbow bumps, etc. permitted at any time.
- Do not touch flagstick at any time.

#### AFTER ROUND

Gatherings are prohibited – players and spectators are asked to leave the host facility after their round is complete. If there is a possibility you might be in a playoff, we ask that you still leave the host facility and we will contact you well in advance with instructions on returning to the host facility that same day.

#### HOST AND HOST FACILITIES

Any course used by the NWAC for a NWAC golf event, the host school and the course must comply with State Guidelines Specific to Golf Return to Play Protocols.

### 8.5.2 Indoor Sports

#### Towels

- An allotment of clean towels should be placed in the locker room prior to the arrival of the visiting team.
- Towels should be used by only one individual for one practice or one half of the competition, then laundered.
- Multiple towel bins will be needed to discard used towels (locker rooms, athletic training room, bench area, game officials).
- An alternative is the use of disposable towels and appropriate disposal container.

#### Team Bench

- Only essential personnel (players in the official scorebook, athletic trainer, and coaches on the bench
- If spacing allows, recommend using multiple rows of seats (with an appropriate distance between each seat). Seats should be assigned to specific players and coaches.

- *Individual water bottle and towel.* Each player and coach will have their own water bottle and towel by their seat. Players and coaches will be responsible for getting their own water and towels, including during timeouts.
- *Masks/face coverings on the bench.* Require that all bench personnel who are not on the court should always wear masks/face coverings. If a face shield is used, it should be done in conjunction with a face mask.
- *Timeouts.* Recommend movable chairs be used during timeouts and period breaks. At the conclusion of each timeout or period break, the timeout chairs will be removed to a location to be cleaned by team staff.

#### Score Table Set-up

- Score table personnel should have a different entry door to the court than the players, coaches, and officials.
- Universal masking and distancing address infection control mitigation. Consideration needs to be given to officials who need access to replay monitors.
- Even if a face shield is worn, masks must be worn.
- If the facility allows, member colleges should adjust the courtside set up to allow for physical distancing from playing court and benches. If spacing allows, recommend using multiple rows of seats with an appropriate distance between each seat.
- On the team bench sideline, Row 1 shall be set back from the playing court sideline a minimum of 6 feet to allow distancing from the court. Row 2 should be a minimum of 6 feet behind Row 1.
- If the facility allows, a minimum 12-foot physical distance barrier must separate the scorers' table and bench areas from the general seating area.
- Similar spacing is recommended for "broadcast tables" on the other side of the court.

#### On-court operations

- Eliminate any coach/official/scorers' table physical contact (e.g., handshakes, fist bumps) at all times.
- Eliminate the postgame handshake line involving the two participating teams. Consider some act of sportsmanship, such as the teams lining up at their respective free throw lines and giving congratulatory waves to each other.
- Eliminate promotions, events, or other entertainment during any halftime and/or timeout to allow extra time for the court to be cleaned.
- Recommend assigned work areas for the media to minimize the need for cleaning workstations until after media representatives have exited the venue.

#### 8.5.2.1 Basketball

##### Handling equipment

- Each team should have its own rack (6-12 or an equal amount) of basketballs for use while in the venue. The basketballs should be cleaned by a designated member of the host institution's game operations staff.
- Recommend three or four basketballs be set aside for game use only.
- Recommend replacing the game ball each time a ball goes out of bounds and is touched by someone other than the players on the floor.
- Game balls should be cleaned during media timeouts, halftime, and each period break.
- Officials' water/towels should be located behind each basket or on a table across from the scorers' table. These must be specific to each official and handled only by the officials.

#### Essential Personnel

No more than three administrators to provide supervision and support.	Gym manager: 1	Officials:3
Student-athletes who are on the current roster and eligibility reports. No more than 15.	Athletic Trainer: 2 at the most	Video Crew: 3
Table Crew: 4 (scoreboard, timer, shot clock, book)	Cleaning Crew: 3	

#### 8.5.2.2 Volleyball

##### Team Bench

- For the duration of the match, teams will sit on the same bench. There will be no switching benches after each set is played.

##### Handling equipment

- Each team should have its own balls for use while in the venue. The volleyballs should be cleaned by a designated member of the host institution's game operations staff.
- Recommend 3-4 volleyballs be set aside for game use only.
- Game balls should be cleaned during timeouts and after the completion of each set.
- Officials' water/towels should be located on a table across from the scorers' table. These must be specific to each official and handled only by the officials.

#### Essential Personnel

Officials: 4	Scorebook: 1	Score clock: 1
Stats: 2	Game Management: 1	Video: 2
Ball Shaggers: 2	Libero Tracker	

## Appendices

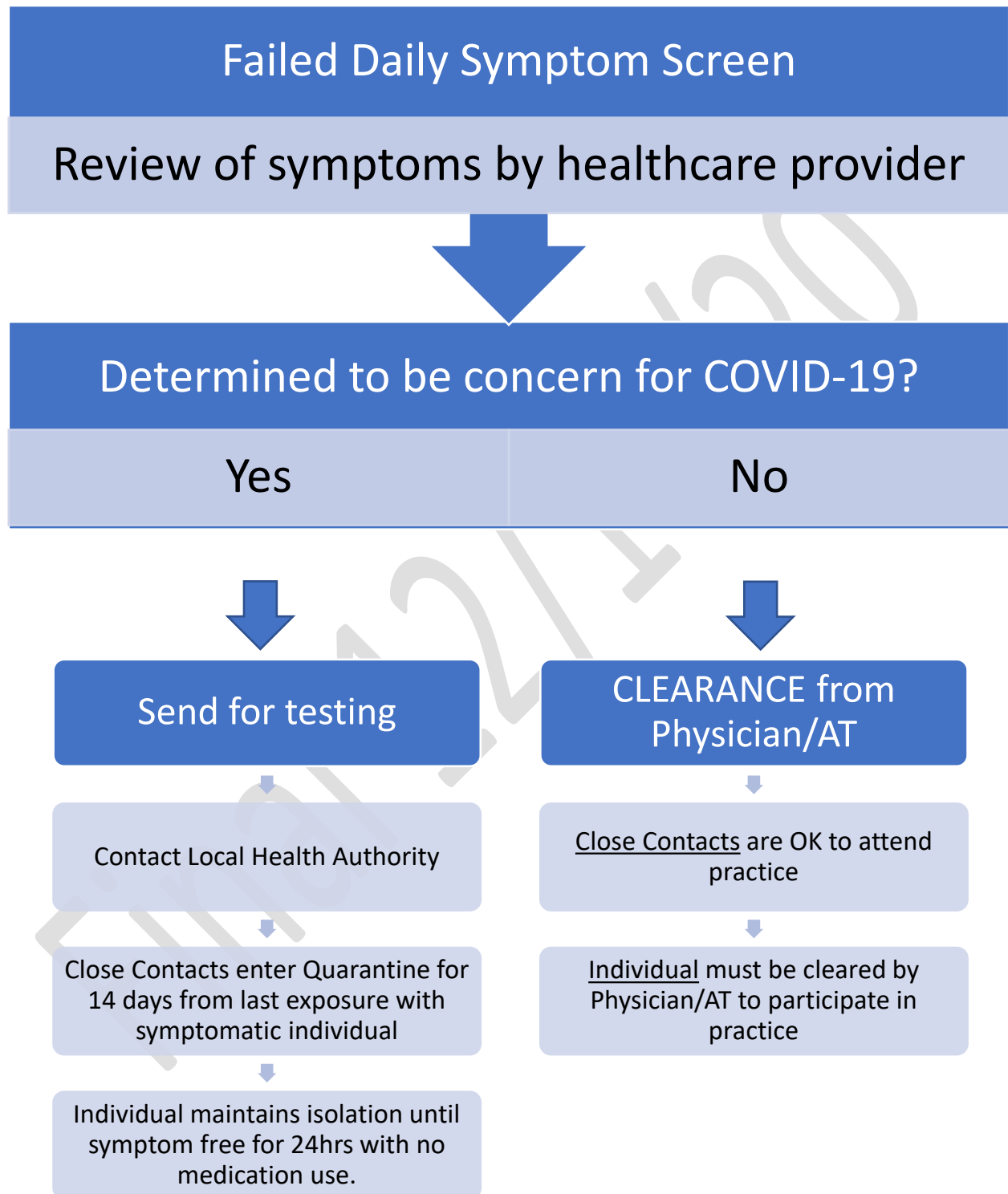
### APPENDIX A

#### NWAC SPORTS 2020-2021 SEASON CALENDAR

See [Section 2](#) for sport phase progressions.

<b>Fall Sports</b>	<b>Grey Phase</b>	<b>Red Phase</b>	<b>Yellow Phase</b>	<b>Green Phase (Competitive Window)</b>	<b>Notes</b>
Cross Country	1/2/21	1/16/21	1/30/2021	2/13/2021	Regionally dependent
Soccer	1/2/21	1/16/21	1/30/2021	3/1/2021 - 6/15/2020	Regionally dependent
Volleyball	1/2/21	1/16/21	1/30/2021	3/1/2021 - 6/15/2020	Regionally dependent
Golf	See below	8/15/20	8/29/20	9/12/20	Regionally dependent
<b>Winter Sports</b>	<b>Grey Phase</b>	<b>Red Phase</b>	<b>Yellow Phase</b>	<b>Green Phase (Competitive Window)</b>	
Basketball	1/2/21	1/16/21	1/30/2021	3/1/2021 - 6/15/2020	Regionally dependent
<b>Spring Sports</b>	<b>Grey Phase</b>	<b>Red Phase</b>	<b>Yellow Phase</b>	<b>Green Phase (Competitive Window)</b>	
Baseball	1/2/21	1/16/21	1/30/2021	3/1/2021 - 6/15/2020	Regionally dependent
Softball	1/2/21	1/16/21	1/30/2021	3/1/2021 - 6/15/2020	Regionally dependent
Golf	1/2/21	1/16/21	1/30/2021	3/1/2021 - 6/15/2020	Regionally dependent
Tennis	1/2/21	1/16/21	1/30/2021	3/1/2021 - 6/15/2020	Regionally dependent
T&F	1/2/21	1/16/21	1/30/2021	3/1/2021 - 6/15/2020	Regionally dependent
T&F ME					

APPENDIX B  
SIMPLIFIED QUARANTINE & ISOLATION PROTOCOL

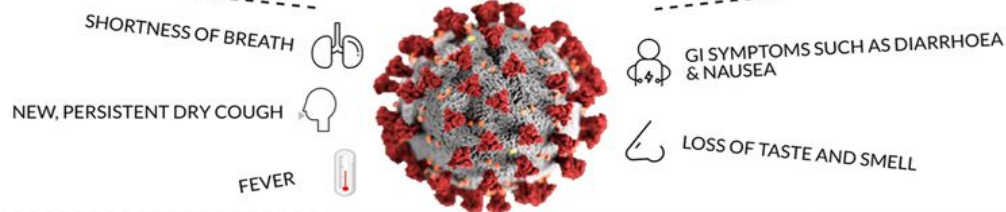


## APPENDIX C

### GRADUATED RETURN TO PLAY PROTOCOL FOR COVID-19

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

### INDICATORS OF COVID-19 INFECTION



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)



### 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	
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-PPRS	SUBJECTIVE SYMPTOMS, RESTING HR, I-PPRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PPRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PPRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PPRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PPRS, RPE	

RETURN TO COMPETITION  
IN SPORT SPECIFIC TIMELINES

ACRONYMS: I-PPRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE)  
NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT



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



## APPENDIX D

### COVID-19 High Risk Assessment

#### COVID-19 HIGH RISK ASSESSMENT

##### COVID-19 PRE-PARTICIPATION SCREENING

To ensure the health and safety of all individuals resuming in-person activities during the COVID-19 pandemic, all participants are required to complete the following risk screening prior to participation in any team related activities.

##### STUDENT-ATHLETE INFORMATION

Name (Last, First MI): _____	
Student ID#: _____	Date of Birth (MM/DD/YYYY): _____
Cell Phone: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

##### COVID-19 SCREENING

Please complete the following information to assess your risk of exposure and symptom experiences related to COVID-19.

QUESTION	YES	NO
Have you been diagnosed with COVID-19?		
Do you have medical documentation to support your diagnosis and treatment of COVID-19?		
Date of Diagnosis (MM/DD/YYYY): _____	Did hospitalization occur with diagnosis?	
Medical Provider Name/Contact Information: _____		
Have you been in contact with anyone diagnosed with COVID-19 in the past 14 days?		

Do you have any of the following conditions that will put you at higher risk for severe illness from COVID-19?

CONDITION	YES	NO
Cancer		
Chronic Kidney Disease		
COPD		
Immunocompromised state from organ transplant		
Obesity (BMI of 30 or higher)		
Serious Heart Conditions		
Sickle Cell Disease		
Type 2 Diabetes Mellitus		

Do you have any of the following conditions that might put you at higher risk for severe illness from COVID-19?

CONDITION	YES	NO
Asthma (moderate-to-severe)		
Cerebrovascular Disease		
Cystic Fibrosis		
Hypertension or high blood pressure		
Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines		
Neurologic Conditions		
Liver Disease		
Pregnancy		
Pulmonary Fibrosis (having damaged or scarred lung tissues)		
Smoking		
Thalassemia (a type of blood disorder)		
Type 1 Diabetes mellitus		

I certify that I have provided true and accurate information to the best of my knowledge.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX E

### COVID-19 Addendum



## COVID-19 ADDENDUM SCREENING

### NWAC COVID-19 ADDENDUM

To ensure the safety of all student-athletes within the Northwest Athletic Conference (NWAC), all incoming and returning student-athletes who have been determined to be high risk for severe complications or are at an institution where a risk assessment could not be completed by a healthcare provider prior to participation are required to complete the following screening with a medical provider prior to participation in any team related activities.

#### STUDENT-ATHLETE INFORMATION

Name (Last, First MI):	
Student IDS:	Date of Birth (MM/DD/YYYY):
Local Address:	
Permanent Address:	
Cell Phone:	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female

#### COVID-19 SCREENING

Please complete the following information to assess your risk of exposure and symptom experiences related to COVID-19.

QUESTION	YES	NO
Have you been diagnosed with COVID-19?		
Do you have medical documentation to support your diagnosis and treatment of COVID-19?		
Date of Diagnosis (MM/DD/YYYY):	Did hospitalization occur with diagnosis?	
Physician Name/Contact Information:		
Have you been in contact with anyone diagnosed with COVID-19 in the past 14 days?		

Have you experienced any of the following symptoms in the last 14 days?

SYMPTOM	YES	NO	DATE OF LAST SYMPTOM EXPERIENCE
Fever			
Extreme Fatigue			
Dry Cough			
Shortness of Breath			
Body/Muscle Aches			
Loss of Taste or Smell			
Pain or Difficulty Breathing			

I certify that I have provided true and accurate information to the best of my knowledge.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### MEDICAL PROVIDER EVALUATION

Cardiac History/Symptom Review	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Respiratory History/Symptom Review	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Is this individual at high risk for complications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you recommend further COVID-19 screening or follow up testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the individual been tested for COVID-19	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Notes/Recommendations:		Date Completed:

Student-athlete is: ☐ Not cleared for participation until follow up is completed

- OR -

☐ Cleared to return to participation in accordance with the institutions return to activity

Medical Provider Name \_\_\_\_\_ Medical Provider Phone: \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



#### ACKNOWLEDGEMENT

In the interest of health and public safety during the COVID-19 pandemic, I acknowledge that I have truthfully and accurately disclosed the above information regarding my health status, including any symptoms and exposure to COVID-19 in order for INSTITUTION to evaluate before allowing my return to campus. I further acknowledge that, if additional evaluation or assessment is required and requested by the institution, I hereby consent and will cooperate.

In addition, if any of the symptoms mentioned above appear after I am allowed to return to campus, I agree to stay at home and to immediately report my change in status to the proper medical authorities at the INSTITUTION and to complete a new Assessment, Acknowledgement and Consent form for approval before returning to campus. At all times while on campus, I agree to follow all safety protocols and social distancing guidelines established by INSTITUTION, the City of \_\_\_\_\_, County, and the State \_\_\_\_\_.

Student–Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature may be that of a student or athlete over 18 years of age.  
If under 18, this form must be signed by the Parent or Guardian.

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