



CCCAA Resocialization Back to Sport Guidelines Best Practices

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The following document has been created by the California Community College Athletic Trainers' Association (CCCATA) COVID-19 Work Group to provide guidelines for CCCAA member institutions to use when creating individual institutional resocialization back to sport plans. Federal, state, county and local guidelines take precedent over these guidelines.

It is recommended that each member institution create an Athletics COVID-19 Action Team that will work collaboratively and in alignment with the institution COVID-19 Action Team.

Disclaimer:

The CCCATA developed these Resocialization Back to Sport Guidelines to encourage individuals, schools, sports medicine facilities, organizations, and institutions to consider carefully and independently each of the recommendations. The information contained in this statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines and state or federal statutes, rules, or regulations may affect the relevance and implementation of these recommendations, and references to laws and specific organization recommendations are assumed to be current at the time of this document's publication. The CCCAA, CCCATA and the CCCATA COVID-19 Work Group advise individuals to carefully and independently consider each of the recommendations' applicability to any particular district, college, circumstance or individual. The statement should not be relied on as an independent basis for care but rather as a resource available for all to use. The CCCAA, CCCATA and the CCCATA COVID-19 Work Group reserve the right to rescind or modify this statement at any time. It is the responsibility of each member institution to consult and maintain currency with the most recent federal, state, county and local guidelines often, as COVID-19 research and recommendations may and will change.

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INTRODUCTION

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

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

CCCA Resocialization Back to Sport Guidelines Timeline

Core Principles of Resocialization of CCCAA Athletics⁴

1. There must not be directives at the national level that preclude resocialization.
2. State and local authorities must have in place a plan for resocialization.
 - a. In accordance with the federal guidelines, such a plan assumes the following state/local **GATING CRITERIA** have been satisfied:
 - i. A downward trajectory of influenza-like illnesses reported within a 14-day period **and** a downward trajectory of COVID-like syndromic cases reported within a 14-day period.
 - ii. A downward trajectory of documented cases of COVID-19 within a 14-day period **or** a downward trajectory of positive tests as a percentage of total tests within a 14- day period.
 - iii. Hospitals can treat all patients without crisis care **and** there is a robust testing program in place for at-risk health care workers, including emerging antibody testing.
3. There should be a written plan in place at the university/college level for resocialization of students. In keeping with the federal guidelines, universities should consider guidance provided to employers to develop and implement appropriate policies regarding the following:
 - a. Social distancing and protective equipment.
 - b. Temperature checks.
 - c. Testing and isolating.
 - d. Sanitation.
 - e. Use and disinfection of common and high-traffic areas
 - f. School business travel.
 - g. Monitoring of workforce for symptoms and preventing symptomatic people from physically returning to work until cleared by a medical provider.
 - h. Workforce contact tracing after an employee’s positive test for COVID-19.
4. There must be a written plan in place at the university/college level for resocialization of student- athletes within athletics. In keeping with the federal guidelines, athletics should practice the following:
 - a. All student-athletes, athletics health care providers, coaches and athletics personnel should practice good hygiene.
 - b. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home if they feel sick.
 - c. Guidance noted above for university employees should be in place within athletics.
5. There must be adequate personal protective equipment for athletics health care providers, and there must be sanitizers to manage infection control in all shared athletics space.
6. There must be the ability to assess immunity to COVID-19 at a regional and local level. This could include immunity at the college campus, plus a more focused assessment of herd immunity for athletics teams.
7. There must be access to reliable, rapid diagnostic testing on any individual who is suspected of having COVID-19 symptoms.
8. There must be in place a local surveillance system so that newly identified cases can be identified promptly and isolated, and their close contacts must be managed appropriately.
9. There must be clearly identified and transparent risk analyses in place. Such risk analyses consider issues such as economics, education, restoration of society, and medical risk of sport participation, including COVID-19 infection and possible death.
10. Reference NSCA attachment for best practices on safe return to training.⁷

PHASE 0

Pre-Resocialization

PHASE 1

Resocialization with Major Social Distancing (Healthy group only): Minimum 14 days

PHASE 2

Resocialization with Moderate Social Distancing (Healthy group only): Minimum 14 days

PHASE 3

Resocialization of Healthy Groups + Appropriate Sanitation
Resocialization of Vulnerable Group with Moderate Social Distancing: Minimum 14 days

PHASE 4

Return to Regular Practice and Competitions

PHASE 0

Pre-Resocialization Period

PHASE CHECKLIST

- 1. Create an Athletics COVID 19 Action Team that works in close coordination with district COVID 19 Action Team.²
- 2. All aspects of the Core Principles of Resocialization of Athletics are in place.⁴
- 3. School must be operating in accordance with local and state public officials, the CCCAA and approval of school leadership regarding a return to campus, return to practice and return to competition.^{1,2,4}
- 4. Ensure alignment with state, local, district guidelines.¹⁻²
- 5. Successfully procured all necessary PPE and proper disinfecting solvents and materials should begin in this phase.⁴
- 6. Working with team physicians to ensure policies adhere to best practices and ensure the safety of all people involved.⁴
- 7. Athletics must meet with other departments involved with infection control (facilities and custodial).⁴
- 8. Essential staff will begin to work to implement policies and procedures set forth by their respective institutions as well as the department of athletics.^{4,6}
- 9. All personnel should be screened in accordance with their institutional policy and use safe social distancing practices.⁴

EDUCATION:

- Identify who will be responsible for educating staff and student-athletes.²
- Educate all athletics staff (including medical staff, strength and conditioning staff, equipment managers, administrators, and all other athletics staff) on policies and procedures regarding infection control and new operational policies. Educate coaching staff on how to educate student-athletes.^{2,4,6}
- Education of student-athletes begins. Student-athletes should be educated in the prevention of spread of infectious disease, policies and procedures set forth by the institution must be adhered to completely. Education should include personal care and hygiene.²
- Depending on specific district needs, education should take a multi-faceted approach based on current social distancing guidelines and district policies.
- It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick.^{1,4,9}

CRITERIA FOR PROGRESSION

- Above checklist is completed, and state and local gating criteria have been satisfied.⁴

****Upward spikes in infection spread may cause resocialization efforts to halt or even retreat until infection spikes lower again. Consult state, local and district authorities for current directives.⁴**

PHASE 1

Resocialization with Major Social Distancing (Healthy Group Only): Minimum 14 days

PHASE CHECKLIST

In accordance with the federal guidelines, resocialization of sport for Phase One assumes the following:

- 1. Gating criteria have been satisfied for a minimum of 14 days.⁴
- 2. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel should continue to shelter in place. Vulnerable populations include individuals with serious underlying health conditions such as high blood pressure, chronic lung disease, diabetes, obesity and asthma, and those whose immune system is compromised, such as by chemotherapy.^{1,4}
- 3. Those living in dorms and other residences where vulnerable individuals reside should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home, and appropriate isolating precautions should be taken.⁴
- 4. Physical distancing should continue.^{1,3,4}
- 5. Gatherings of more than 10 people should be avoided unless precautionary measures of physical distancing and sanitization are in place.^{4,5}
- 6. 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.^{1,4}
- 7. Virtual meetings/coaching should be encouraged whenever possible and feasible.^{2,4,5}
- 8. Nonessential travel should be minimized, and Centers for Disease Control and Prevention guidelines regarding isolation after travel should be implemented.^{1,4}

- Continue to educate athletics staff and student-athletes on current best practices for infection control. Continue to implement policies and procedures put in place by your individual institution.^{2,5}
- It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick.^{1,4,9}

NATIONAL STRENGTH & CONDITIONING ASSOCIATION (NSCA) CONDITIONING RECOMMENDATIONS FOR PHASE 1:

- Healthy group only, **small groups**, social distancing: Due to inability to ensure at-home training during shelter in place across the CCCAA, coaches must assume student-athletes are coming off of a period of inactivity as outlined by the National Strength and Conditioning Association. The 50/30/20/10 reduction provides recommended percentages of weekly volumes and/or workloads for conditioning in the first 2-4 weeks of return to training following periods of inactivity. Week 1: 50%, Week 2: 70%, Week 3: 80%, Week 4: 90%, Week 5: 100%.⁷ Be aware that environmental conditions (i.e. heat) require a minimum of a 2 week acclimatization period.^{6,8}

CRITERIA FOR PROGRESSION

- Above checklist is completed, and state and local gating criteria continue to be satisfied

****Upward spikes in infection spread may cause resocialization efforts to halt or even retreat until infection spikes lower again. Consult state, local and district authorities for current directives.⁴**

PHASE 2

Resocialization with Moderate Social Distancing (healthy group only): Minimum 14 days

PHASE CHECKLIST

In accordance with the federal guidelines, if Phase One has been implemented successfully, with no evidence of a rebound, and gating criteria have been satisfied for a minimum of 14 days since the implementation of Phase One:

- 1. Vulnerable individuals should continue to shelter in place.^{1,4}
- 2. Awareness and proper isolating practices related to vulnerable individuals in residences should continue.⁴
- 3. Physical distancing should continue.^{1,4}
- 4. Gatherings of more than 50 people should be avoided unless precautionary measures of physical distancing and sanitization are in place.^{1,5}
- 5. Gyms and common areas where student-athletes and staff are likely to congregate and interact should remain closed, or appropriate distancing and sanitation protocols should be implemented.⁴
- 6. Virtual meetings should continue to be encouraged whenever possible and feasible.⁴
- 7. Nonessential travel may resume.^{1,4}

- Continue to educate athletics staff and student-athletes on current best practices for infection control. Continue to implement policies and procedures put in place by individual institution.^{2,5}
- It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick.^{1,4,9}

NSCA CONDITIONING RECOMMENDATIONS FOR PHASE 2:

- Healthy group only, **larger groups**, social distancing: Due to inability to ensure at-home training during shelter in place across the CCCAA, coaches must assume student-athletes are coming off of a period of inactivity as outlined by the National Strength and Conditioning Association. The 50/30/20/10 reduction provides recommended percentages of weekly volumes and/or workloads for conditioning in the first 2-4 weeks of return to training following periods of inactivity. Week 1: 50%, Week 2: 70%, Week 3: 80%, Week 4: 90%, Week 5: 100%.⁷ Be aware that environmental conditions (i.e. heat) require a minimum of a 2 week acclimatization period.^{6,8}

CRITERIA FOR PROGRESSION

- Above checklist is completed, and state and local gating criteria continue to be satisfied

****Upward spikes in infection spread may cause resocialization efforts to halt or even retreat until infection spikes lower again. Consult state, local and district authorities for current directives.⁴**

PHASE 3

Resocialization of Healthy Groups + Appropriate Sanitation

Resocialization of Vulnerable Group with Moderate Social Distancing: Minimum 14 days

PHASE CHECKLIST

In accordance with the federal guidelines, if Phase Two has been implemented successfully, with no evidence of a rebound, and gating criteria have been satisfied for a minimum of 14 days since the implementation of Phase Two:

- 1. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel can resume in-person interactions, but should practice physical distancing, minimizing exposure to settings where such distancing is not practical.^{1,4}
- 2. Gyms and common areas where student-athletes and staff are likely to congregate and interact can reopen if appropriate sanitation protocols are implemented, but even low-risk populations should consider minimizing time spent in crowded environments.^{1,4}
- 3. Unrestricted staffing may resume.^{1,4}

- Continue to educate athletics staff and student-athletes on current best practices for infection control. Continue to implement policies and procedures put in place by individual institution.^{2,5}
- It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick.^{1,4,9}

NSCA CONDITIONING RECOMMENDATIONS FOR PHASE 3:

- Healthy group only, unrestricted group size, social distancing. Vulnerable group added with social distancing: Due to inability to ensure at-home training during shelter in place across the CCCAA, coaches must assume student-athletes are coming off of a period of inactivity as outlined by the National Strength and Conditioning Association. The 50/30/20/10 reduction provides recommended percentages of weekly volumes and/or workloads for conditioning in the first 2-4 weeks of return to training following periods of inactivity. Week 1: 50%, Week 2: 70%, Week 3: 80%, Week 4: 90%, Week 5: 100%..⁷ Be aware that environmental conditions (i.e. heat) require a minimum of a 2 week acclimatization period.^{6,8}

CRITERIA FOR PROGRESSION

- Above checklist is completed, and state and local gating criteria continue to be satisfied

****Upward spikes in infection spread may cause resocialization efforts to halt or even retreat until infection spikes lower again. Consult state, local and district authorities for current directives.⁴**

PHASE 4

Return to Regular Practice and Competitions

PHASE CHECKLIST

- 1. The transition from the previous core principles to a relaxation of these principles can occur when COVID-19 can be managed in a manner like less virulent influenza strains. COVID-19 has essentially shut down society because it is highly contagious and has an unacceptably high death rate. More common strains of influenza do not close society because society has learned to adapt to and develop acceptable management strategies for influenza. For COVID-19, future phases are dependent on the successful development of widely available treatment, including prophylactic immunotherapy, coupled with widespread, effective vaccination.⁴
- 2. Consideration of spectator modifications (i.e. no spectators, physical distancing, etc.) to ensure safety of student-athletes, support staff and spectators.^{1,3}
- 3. Return to normal practice
- 4. Return to normal competitions

- Continue to educate athletics staff and student-athletes on current best practices for infection control. Continue to implement policies and procedures put in place by individual institution.^{2,5}
- It is the duty of athletics staff, teammates and individual student-athletes to report any possibility of self or others with symptoms of infection to appropriate medical staff. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home and report remotely if they feel sick.^{1,4,9}

NSCA CONDITIONING RECOMMENDATIONS FOR PHASE 4:

- All groups back to regular practice and competition: Vulnerable group added with social distancing: Due to inability to ensure at-home training during shelter in place across the CCCAA, coaches must assume student-athletes are coming off of a period of inactivity as outlined by the National Strength and Conditioning Association. The 50/30/20/10 reduction provides recommended percentages of weekly volumes and/or workloads for conditioning in the first 2-4 weeks of return to training following periods of inactivity. Week 1: 50%, Week 2: 70%, Week 3: 80%, Week 4: 90%, Week 5: 100%.⁷ Be aware that environmental conditions (i.e. heat) require a minimum of a 2 week acclimatization period.^{6,8}

****Upward spikes in infection spread may cause resocialization efforts to halt or even retreat until infection spikes lower again. Consult state, local and district authorities for current directives.⁴**

COVID-19: NSCA Guidance on Safe Return to Training for Athletes

Minimizing Risk: Managing Schedules and Teams Training Sessions



- ✓ Adhere to social gathering and distancing policies at your institution, according to local, state, and federal authorities.
- ✓ Group size counts should include both athletes and staff, and account for transition periods between sessions.
- ✓ Schedule mid- and post-workout cleaning periods, allowing a 10-15 minute buffer between teams or groups.
- ✓ Limit or stagger training groups throughout workout blocks and/or alternate training days.
- ✓ Favor efficient training methods, limiting groups to 2-3 non-consecutive sessions per week.
- ✓ Avoid person-to-person contact while spotting with use of bar catches and the two-spotter technique.
- ✓ For programming purposes, consider grouping athletes based on conditioning status.
- ✓ Create exercise pairings to limit weight room traffic; Or one-way traffic flow based on entrances and exits.
- ✓ Maximize fresh air flow in the weight room, and a relative humidity $\leq 60\%$.
- ✓ Use outdoor training spaces whenever possible.
- ✓ Keep doors propped open and lights on throughout the day.

Centers for Disease Control & Prevention (CDC) Resources:



Facility & Equipment: Cleaning and Sanitation Procedures



- ✓ Clean all weight room surfaces with germicidal disinfectant.
- ✓ Consider providing masks and/or gloves.
- ✓ Educate on weight room upkeep expectations during onboarding meetings with new athletes.
- ✓ Provide COVID-19 related updates to weight room rules.
- ✓ Promote hand washing before and after workouts.
- ✓ Keep extra bottles of disinfectant for athletes to wipe down equipment after use, and provide hand sanitizer at all times.
- ✓ Don't share cloth towels or rags.
- ✓ Remove and store extra loose equipment from the training floor to minimize cleaning surfaces.
- ✓ Carry a personal water bottle instead of drinking directly from the community water fountain.
- ✓ Delegate staff cleaning duties, especially towards commonly shared pieces of equipment, including medicine balls, dumbbells, kettlebells, weight belts, bars and plates.
- ✓ Ensure that cleaning and sanitation procedures are extended to restrooms, locker rooms, carpet and flooring, exercise mats, water fountains, and athlete nutrition "fueling" stations.

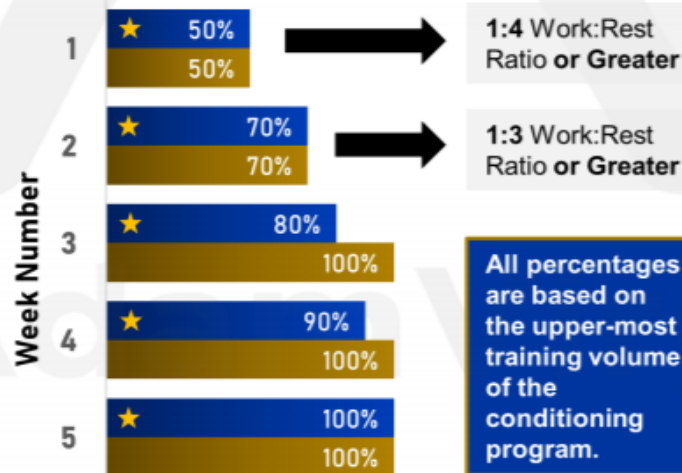
Training Safety: Risk Factors Following Periods of Inactivity



- ✓ Avoid high-volume submaximal exercises to fatigue, or performed within in a limited time frame.
- ✓ Emphasize a 10-20 minute daily dynamic warm-up for reestablishing sport-related movement patterns.
- ✓ Consider that prolonged inactivity increases the likelihood of delayed onset muscle soreness.
- ✓ Communicate regularly with the medical & coaching staffs about at-risk athletes, including athletes cardiac abnormalities, history of exertional or nonexertional collapse, asthma, and diabetes.
- ✓ Consider the use of daily readiness surveys and/or workload monitoring for tracking athlete status.
- ✓ Plan & adjust workouts to match environmental factors, especially in cases of high heat & humidity.
- ✓ Do not perform physically exhausting drills for the purpose of developing "mental toughness."

The 50/30/20/10 Rule: Conditioning Training

- ★ COVID-19: All Student-Athletes Returning from Inactivity
- Normal Circumstances: Returning Student-Athletes



The F.I.T. Rule: Weight Training

F.I.T.	Week 1	Week 2
FREQUENCY Sessions per Movement or Muscle Group <i>Adapted for COVID-19</i>	2 Sessions per Week	2 Sessions per Week
INTENSITY Sets x Reps %1RM as a Decimal for Each Periodized Lift	11-30 Units	11-30 Units
TIME Rest Interval	1:4 Work:Rest	1:3 Work:Rest



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Primary reference: National Strength and Conditioning Association COVID-19 Return to Training Task Force. COVID-19: NSCA Guidance on Safe Return to Training for Athletes. May 2020. Available at: <http://nsca.com/covid-19-return-to-training>;
Additional references: Catersano, A., et al. (2019). CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity. Strength and Conditioning Journal, 41(3), pp. 1-23; NCAA SSI Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletics. July 2019. Available at: <http://www.ncaa.org/sport-science-institute/preventing-catastrophic-injury-and-death-collegiate-athletes>



COVID-19 EDUCATION

Introduction

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

Section 1: Who to Educate ^{5-7, 13}

College Administrators

- Coaching staff (Paid and Volunteer)
- Athletic Director(s)
- Facility and Custodial Staff
- Student Workers
- Equipment personnel
- Potential Stake-holders (BOD, VP, Deans, Risk Manager)

Student-Athletes

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

Section 2: Why Educate

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

Section 3: When and Why to Educate

PREPARE

- Platforms
 - Online orientation modules
 - Pre-Participation Forms
 - Policy and Procedure Manual

REINFORCE

- During team meetings

MAINTAIN

- Daily check-ins (if necessarily per state and county guidelines)

Section 4: Recommended Content of Education Slideshow

COVID-19 POWERPOINT OUTLINE: ADMINISTRATORS, FACULTY, AND STAFF (see Appendix A)

Definition

- Signs & Symptoms
- High Risk Individuals
- COVID-19 Complications

Transmission

Prevention of Spread

- Avoid large gatherings

Myth Buster

Treatment

Personal Responsibility

- What to do when you are ill/monitor symptoms/isolate
- Handwashing
- Cover your cough/sneeze
- Shared equipment
- High touch surfaces

What can we do for our teams

Fluidity

A. COVID-19 POWERPOINT OUTLINE: STUDENT-ATHLETES (see Appendix B)

Definition

- Signs & Symptoms
- High Risk Individuals
- COVID-19 Complications

Transmission

Prevention of Spread

- Avoid large gatherings
- Handwashing
- Facemask use

Myth Buster

Treatment

Personal Responsibility

- What to do when you are ill/monitor symptoms/isolate
- Handwashing
- Cover your cough/sneeze
- Shared equipment
- High touch surfaces

Fluidity

DAILY OPERATIONS

Clinical Operations

For Phases 1-3 of the CCCAA Back to Sport Guidelines

Phase 4 will allow a return to normal facility operations

Athletic Training Facility

- Observe social distancing^{1,2}
 - Maintain 6 foot spacing between individuals
 - Spacing/limiting treatment tables (remove tables if needed)
 - Rehab area (continue with home exercise plans)
 - Signage throughout clinic
 - Will last for phases 1-2.
- Limit number of student-athletes in clinic at a time
 - Continue with telehealth (need appropriate staffing)
 - Schedule appointments
 - Recommend limiting number of student-athletes
 - Will increase capacity depending on local guidelines for each phase.
- Flow of traffic
 - Try to establish separate entrances and exits, if possible
 - Prevent congestion near entrances/exits
- PPE^{1,2}
 - Refer to Daily Operations Sanitization and PPE Considerations
- Facility
 - Refer to Daily Operations Sanitization and PPE Considerations

Weight Room

- Observe social distancing^{1,2}
 - Maintain 6 foot spacing between individuals
 - Limit lifts that require spotters
 - Use every other rack if possible
 - Signage
 - Will last for phases 1-2
- Limit number of student-athletes dependent on local guidelines for each phase.
- Sanitization station^{7, 19}
 - Clean after each person is done using equipment
 - At each rack/lifting station
 - Performed by student-athlete or staff
- Remove/store equipment not being used during the current workout^{7, 19}
- Potential high danger zone for transmission
 - Keep workouts short to limit time of exposure

- Rooms need to be well ventilated

Locker Rooms

- Limit access to student-athletes for pre & post practice
 - Limit time
 - No congregating
 - Limitations dependent on local guidelines for each phase
- Flow of traffic
- Signage²

Event Management

The event management of each physical activity setting is described below. Considerations for facilities, personnel, and protocols have been detailed but have been left general enough to allow for differences in institutions. The recommendations are listed in order of social distancing progression starting from most conservative.

Phases 1 & 2: Training/Conditioning

- Facilities (Gymnasium, track, field, etc.)^{1, 2, 19}
 - Training should be efficient and spaced out
 - Keep doors/windows open for proper ventilation
 - Have someone prop open doors so there is limited contact to doors
 - Maintain equipment a minimum of 6ft apart
 - Hand Sanitizer available in facilities
 - Use before and after handling equipment
 - Single use towels for student-athletes
 - Outdoor training should be favored over indoor when possible
 - Signage (Proper social distancing, hand sanitizing, etc.)
- Training Groups^{2, 3, 4, 7, 19, 21}
 - Limit size of training groups per local and state health organization guidelines
 - Health screens for all personnel (instructors, coaches, student-athletes, athletic trainers, etc.) performed daily before attending training
 - Considerations for logistics of daily screenings
 - Special consideration for at-risk student-athletes and staff/coaches
 - Asthma, diabetes, high B/P, etc.
 - Groups should train 2-3 non-consecutive sessions per week
 - Strategic planning of team practices throughout the day
 - 15-30 minute time buffer between trainings
 - Allows for proper cleaning/sanitization of equipment and facility
 - Prevents overlap of training groups
 - Strategic volume training increase based on NSCA guidelines

Phase 3: Practice for Healthy Groups

- Facilities (Gymnasium, track, field, etc.)^{1, 2, 7}
 - Practices should be efficient and spaced out
 - Keep doors/windows open for proper ventilation
 - Have someone prop open doors so there is limited contact to doors
 - Hand Sanitizer available in facilities
 - Signage (Proper social distancing, hand sanitizing, etc.)
- Practice Groups^{2, 3, 4, 7, 21}
 - Health screens for all personnel (instructors, coaches, student-athletes, athletic trainers, etc.) performed daily before attending training
 - Considerations for logistics of daily screenings
 - Special consideration for at-risk student-athletes and staff/coaches
 - Asthma, diabetes, high B/P, etc.
 - Limit size of practice groups per local and state health organization guidelines
 - Limit number of ball transfers between student-athletes (i.e. basketballs, volleyballs, etc.)
 - Limit shared equipment (i.e. gloves, bats, racquets, etc.)
 - Single use towels for student-athletes

Phase 4: Game

- Facilities (Gymnasium, track, field, etc.)^{1, 2, 7}
 - Have someone prop open doors so there is limited contact to doors
 - Hand Sanitizer available in facilities
 - Sanitary Hydration (See hydration policies)
 - Signage (Proper social distancing, hand sanitizing, etc.)
- Personnel^{2, 6}
 - Health screens performed prior to entering facilities
 - Coaches, officials, administrators, events staff, etc.
 - Special consideration for at-risk student-athletes and staff/coaches
 - Asthma, diabetes, high B/P, etc.
 - Health screens for visiting team performed by their respective institution before leaving campus
 - Communicate to host Athletic Trainer
 - Student-athletes not screened cannot travel
- Treatments^{2, 21}
 - Host Athletic Training staff will provide limited treatments to visiting team
 - Most visiting team treatments should be done at home school
 - Host Athletic Trainer staff will coordinate location of treatments (i.e. outdoors to control Athletic Training Facility traffic)
- Equipment^{2, 3, 21}
 - Visiting team will bring their own Athletic Trainer kit, water bottles, towels, etc. when feasible

- Emergency equipment made available by host institution

Addendum to Institutional Emergency Action Plans

“Isolation Area” refers hereafter as a pre-designated area located at each venue at which intercollegiate athletics takes place that acts as a waiting location for acutely symptomatic individuals who require medical attention.

The following procedures should be taken if any of the below scenarios occur:

- **If a student-athlete starts showing acute symptoms but has not had a positive test (CDC):**
 - *Symptoms include but not limited to fever of 100.4 F or higher, dry cough, difficulty breathing, runny nose, sore throat, etc.*
 - Prior to athletic activities resuming, isolation areas are designated at each participation venue.
 - Coaches/student-athletes should notify medical staff immediately
 - Athletic Trainer notifies athletic administrators, don PPEs and advises coach to guide sick student-athlete toward designated isolation area until Athletic Trainer arrives
 - Athletic Trainer gives student-athlete PPE and transports to designated next step as determined by each institution, team physician
- **Privacy Concerns**²⁰
 - Take into consideration and be sensitive to the following:
 - Student-athlete’s individual interests such as privacy, religious freedoms, due process and equal protection.
 - Communal interests, such as surveillance, treatment, isolation & quarantine, and curfews and closures

SCREENING

Pre-Participation Questionnaire (PPQ)

In addition to the medical history recorded prior to a pre-participation physical exam/screening, we are recommending that every athlete fill out a questionnaire about their Covid-19 status. This form also contains a Covid-19 risk statement. If someone has tested positive or is symptomatic, we are also recommending that they receive clearance from a physician. An example of the questionnaire and a separate Covid-19 only assumption of risk form can be found in Appendices C and D respectively.²

Referral Form

We are recommending that anyone who has had or may be symptomatic will need clearance on a specific form to ensure that they are cleared for any potential Covid-19 issues. The form must be signed and stamped by a physician (MD or DO) and the athlete must also produce proof of a negative Covid-19 lab test. The need for this form is based on the potential for cardiovascular and other damage as a result of the virus. An example of this form can be found in Appendix E.²³⁻²⁵

Daily Screening

In accordance with local health and safety, we are recommending that everyone involved with athletics or athletic facilities be pre-screened daily. There are two distinct parts to this screening. Part one consists of questions regarding symptoms [see Appendix F] pertaining to the athlete's own status and the status of others in their household. Ideally, this can be done virtually. If it cannot be done virtually, the athlete's answers can be recorded on a daily check-in sheet [see Appendix G]. Part two is a daily temperature check. Ideally this could be accomplished automatically, but it also could be done individually with no-touch infrared thermometers.^{1, 26}

On the instruction/information forms we are recommending that a person with a fever, or with anyone in their household having a fever, stay home until they are fever free for 72 hours. If they have multiple symptoms, or if the symptoms persist, they should be sent for a Covid-19 lab test. Please refer to your local public health department regarding Covid-19 protocols.¹

SANITIZATION

Hydration

Phase One:

Communal Water coolers prohibited¹⁷⁻¹⁸

- Provide and Encourage Sanitizer with at least 70% alcohol
- Encourage washing hands with warm water and soap
- Every student-athlete is to bring their own water bottle to training sessions
- Encourage student-athlete to bring enough water for the duration of the session

Phase Two:

Individual water bottles or single use cups—Healthy Groups⁴

Refill suggestions:

- Wash or sanitize your hands before and after each refill
- If your facility has touchless water bottle fillers, those should be utilized to refill personal water bottles.
- If your facility does not have touchless water bottle fillers, utilize a water cooler for refills.
 - Consider designating one person to strictly refill water bottles or cups.
 - Spray water cooler nozzle with any EPA Approved Disinfectant or 70% alcohol solutions between each use.
 - Wash or sanitize your hands before and after each refill
 - Cups can be utilized when personal water bottles are not easily accessible but must be discarded after each use

Phase Three:

Individual water bottles or single use cups—Healthy and Vulnerable Groups⁴

- Cups can be utilized by both healthy and vulnerable group when personal water bottles are not easily accessible but must be discarded after each use.
- If a healthy student-athlete does not have the ability to obtain their own water bottle, leasing water bottles for games/practices from the Athletic Training Facility can be an option.
 - Borrowed water bottles must be returned daily for proper cleaning and sanitization to be done by designated personnel
 - See suggestions for proper sanitization below¹
- Vulnerable student-athletes should bring their own individual water bottles

Refill suggestions:

- Wash or sanitize your hands before and after each refill
- If your facility has touchless water bottle fillers, those should be utilized to refill personal water bottles.
- If your facility does not have touchless water bottle fillers, utilize a water cooler for refills.
 - Consider designating one person to strictly refill water bottles or cups.

- Spray water cooler nozzle with any EPA Approved Disinfectant or 70% alcohol solutions between each use.
- Wash or sanitize your hands before and after each refill
- Cups can be utilized when personal water bottles are not easily accessible but must be discarded after each use

Phase 4:

Return to Regular Practice and Competition⁴

- Individual Water Bottles are Preferred
- Multiple Spout Hydration station can be used for practices and games
 - No sanitization practice has been identified at this time
 - Encourage the development of ongoing, consistent, and reasonable cleaning and sanitization procedures—keeping CDC standards in mind
 - Dishwasher implementation might be considered for consistent and ongoing sanitization

Bottle Sanitization¹

- If you have access to a dishwasher at your facility, utilize that as a best practice for water bottle sanitization.
- The CDC recommends washing the bottle first with warm soap and water followed by spraying or wiping the outside of the bottle with disinfectant.
 - Any EPA approved disinfectant can be used to spray down the outside of the bottles
 - If an EPA approved disinfectant is unavailable, the following can be used instead:
 - 70% alcohol solutions
 - A mixture of 1/3 cup of bleach to 1 gallon of water
 - To sanitize the lids, wash in warm, soapy water and lay out to dry. Spray with 70% alcohol solution to disinfect allow to evaporate or wipe down.
 - According to the CDC, you need to follow manufacturer's instructions for application, ensuring a contact time of at least one minute.

Items for Institutional Consideration (consult the latest research and recommendations):

- Dishwasher
 - Cost, implementation, maintenance, monitoring
 - Reach out to food services to possibly use theirs
 - Portable--hooks up to sink
 - Electricity
- Cups
 - Budget
 - management of supply
- Touchless water bottle fillers
 - facility by facility
 - Implementation
 - Cost

- Water cooler stations
 - durability of nozzles/covers
 - uniformity of design and approach to minimize contact/transmission opportunities
- Utilizing your facilities and custodial staff for cleaning and sanitization
- Steam cleaner—Continue to research
- UV light—Continue to research
- Cleaning with Liquid Ozone—Continue to research
 - <https://www.prozoneint.com/industrial/surface-sanitation-sprayer-system/>
 - <https://www.acsh.org/news/2017/10/16/know-your-ozone-its-good-bad-and-bacteria-blasting-11968>
 - <https://enozo.com>
- Oxidation processor—Continue to research might be the same at liquid ozone

Personal Protective Equipment

Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious illnesses and/or injuries. These may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Personal protective equipment may include items such as gloves, surgical masks, gowns, safety glasses and shoes, hard hats, respirators, or coveralls. Employers should select appropriate PPE and provide it to the health care professional in accordance with OSHA PPE standards (29 CFR 1910 Subpart I).¹⁰

The National Athletic Trainers' Association Intercollegiate Council on Sports Medicine (ICSM) recommends athletic training facilities consider the following PPE be available in the athletic training facility:⁶

- Masks
- Eye Protection
- Gloves
- Gowns

Masks¹

- Cloth face coverings are not considered PPE because their capability to protect healthcare personnel (HCP) is unknown. Facemasks, if available, should be reserved for HCP.
- At this time the N95 respirator is unnecessary for the athletic trainer in the traditional setting
- Actively screen everyone for fever and symptoms of COVID-19 before they enter the athletic training facility.
- Instruct patients to put on their own cloth face covering, regardless of symptoms, before entering the facility.
- Institutions should be aware that patients may not have access to cloth masks and may need to provide facemasks to patients before they may have access to the athletic training facility

Gloves¹

- Put on clean, non-sterile gloves upon planned patient contact
- Change gloves if they become torn or heavily contaminated
- Dependent upon the type of patient contact, the patient may also need to be given gloves at the institution expense
- Remove and discard gloves when leaving the patient room or care area, and immediately perform proper hand hygiene.

Eye Protection^{1,6}

- Eye protection is defined as goggles or a face shield that covers both the front and side of the face and eyes
- Personal eye glasses and contact lens are not considered eye protection PPE
- The ICSM does note eye protection as a possible PPE for the athletic trainer but the CDC recommends them only for those health care professionals working with COVID-19 positive cases
- It is the recommendation that the CCCAA athletic trainer does not need to don eye protection while performing regular athletic training duties unless they feel it is warranted

Isolation Gowns^{1,6,22}

- Isolation gowns are non-sterile gowns used to keep clothing from getting contaminated
- Used for care of patients on contact precautions and for splash generating procedures
- The ICSM does note isolation gowns as a possible PPE for the athletic trainer.
- It is the recommendation that the CCCAA athletic trainer carry a minimal amount of isolation gowns in inventory but that they are not used in daily practice until the athletic trainer feels it is warranted.

Daily Operations PPE and Sanitization Consideration

PPE Considerations

- Athletic trainers will wear masks in accordance with federal, state and local guidelines.
 - Wearing gloves is optional for the athletic trainer for daily operations, but recommended for prolonged periods of touch (ie soft tissue).
- Anyone entering the athletic training facility will wear a mask in accordance with federal, state and local guidelines.
 - Student-athletes and coaching staff should wear their own personal reusable masks, but disposable masks should be made available in the event that their personal mask was forgotten.

Sanitization Considerations

- Hand sanitizer should be made available in multiple points through the athletic training facility.

- Proper sanitization protocols will be in place for any and all equipment and treatment surfaces.
 - According to the CDC, one must wear disposable gloves when cleaning and disinfecting surfaces.
 - Gloves should be discarded after each cleaning.
 - If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes
 - Cleaning should be done with warm water and soap
 - EPA approved disinfectant should be utilized after cleaning
 - There are different cleaning standards for different surfaces (i.e. hard porous, soft porous)
- Treatment tables and taping tables will be disinfected after each use. Follow the label on the EPA approved disinfectant to ensure proper soaking time.
- Countertops, ice machines, modalities, and other high touch areas should be sanitized at least every two hours.
- Ice machines lids and scoop handles should be disinfected after each use.
 - Consider limiting personnel allowed to use the ice machine and restrict student-athletes from using the ice machine for filling water bottles.
- Rehab equipment should be disinfected after each use by the student-athlete. Disinfecting wipes or spray should be made available at multiple points throughout the rehab area.
 - Consider possibly creating a “dirty” equipment bin where student-athletes can drop items that cannot be disinfected easily (ie. minibands) to avoid multiple student-athletes using the same contaminated piece of equipment.
- Prior to modality use, the area of the patient’s skin should be wiped with rubbing alcohol.
- The following modalities should be disinfected after each use:
 - E-stim pads
 - Ultrasound heads
 - Instrument assisted soft tissue tools
 - Cupping tools
- Massage guns heads should be covered with a glove, flexi-wrap, or something similar if being used directly on the skin and disinfect after each use until Phase 3.
 - Consider placing a towel over the area you are planning to work on to avoid skin contact.

How to Clean and Disinfect

Hard (Non-porous) Surfaces

- Surfaces should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
 - Follow the manufacturer’s instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.

- Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Bleach solutions will be effective for disinfection up to 24 hours.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces

Electronics

- For electronics such as tablets, touch screens, keyboards, remote controls, etc, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider the use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

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

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.

- Clean hands after handling dirty laundry.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE such as a tear in gloves or any other potential exposures to their supervisor.
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

REACTION TO A POSITIVE TEST

Positive Test Management Procedures

If student-athlete or staff have been diagnosed with and/or has a positive test for COVID-19 they should follow the established institutional policies for management of infectious disease and/or specific COVID-19 policy. If no institutional policy is in place refer the following procedure.

- A. Colleges should designate specific persons within the institution who are responsible for communication with public health officials and dissemination of information to students and staff about COVID-19 exposure.
- B. Set up a chain of command at your institution for COVID-19 related incidences.
- C. Notify athletic director/dean or appropriate school official about student-athlete(s) diagnosed with COVID-19 or have a positive test.
- D. Initiate appropriate contact tracing procedure and notify individuals who may have been in close contact with the infected person.
- E. Instruct/educate student-athlete with COVID-19 about self-isolation procedures.^{1,2}
 - a. Stay home except to get medical care
 - i. Stay in touch with your medical provider
 - ii. Communicate with your athletic trainer via school policy (telehealth, text, etc.)
 - b. Isolate yourself from other people in your home/apartment
 - c. Monitor your symptoms and follow care instructions from your medical provider
 - d. When to seek medical attention
 - i. Trouble breathing
 - ii. Persistent pain or pressure in chest
 - iii. Inability to wake or stay awake
 - iv. Bluish lips or face
 - e. Student-athlete should not return to campus until cleared by a physician and submit written documentation addressing COVID-19. (see screening appendix)
- F. Take into consideration that student-athletes living in residence halls or in apartments, may present issues for isolation and quarantine of individuals and groups. ^{2,6}
- G. Student-athletes that might have been exposed should ^{1, 3}
 - a. Self-quarantine for 14 days after your last exposure
 - b. Check your temperature twice a day and watch for symptoms of COVID-19
 - c. If possible, stay away from people who are at higher-risk for COVID-19
- H. Have counselors/advisors available to consult with student-athlete(s) and /or teams in isolation or quarantine. ^{2,6}

- I. Institutions should have a contingency plan for illness, isolation, or quarantine of athletic trainers and other sports medicine staff. Consider minimum athletic trainer staffing levels for the safe continuation of team training and competition activities. ^{2,6}

- J. Due to the near certainty of recurrent outbreaks in some locales, state associations must be prepared for periodic school closures and the possibility of some teams having to isolate for two to three weeks while in-season. Development of policies is recommended regarding practice and/or competition during temporary school closures, the cancellation of contests during the regular season, and parameters for the cancellation or premature ending to postseason events/competitions.

Discontinuation of isolation for Individuals with COVID-19^{1,3}

- A. Student-athletes that tested positive for COVID-19, have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions,
 - 1. Symptom-based strategy
 - a. At least 10 days have passed since symptoms first appeared.
 - b. At least 3 days (72 hours) have passed since resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath)
 - 2. Test-based strategy
 - a. Resolution of fever without the use of fever-reducing medications
 - b. Improvement in respiratory symptoms
 - c. Negative results of two consecutive respiratory specimens collected ≥ 24 hours apart.

- B. Individuals with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions.
 - 1. Time-based strategy
 - a. At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used.
Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
 - 2. Test-based strategy
 - a. Negative results of two consecutive respiratory specimens collected ≥ 24 hours apart.

Return to play considerations for student-athlete with COVID^{6,11,12,13}

- A. Recommend that require medical clearance before return to activity
- B. Student-athlete was asymptomatic, non-hospitalized
 - 1. Rest/no exercise for 14 days from positive test result
 - 2. Have a gradual progression from light activity back to full sport participation.
- C. Student-athlete mild symptoms, non-hospitalized
 - 1. Rest/recover/no exercise for 14 days during symptomatic period
 - 2. No exercise for 14 days after symptoms resolves
 - 3. Recommended that student-athlete undergoes cardiac screening
 - 4. Have a gradual progression from light activity back to full sport participation
- D. Student-athlete severe symptoms, hospitalized
 - 1. Rest/recover with no exercise for 14 days while symptomatic
 - 2. No exercise for 14 days after symptoms resolves
 - 3. Recommended that student-athlete undergoes cardiac screening if not done while hospitalized
 - 4. Have a gradual progression from light activity back to full sport participation

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APPENDIX A

Educational PowerPoint for Administrators, Faculty and Staff

COVID-19 Educational Session

Administrators, Faculty and Staff

Overview

- COVID-19
- Prevention
- Myth Buster
- Treatment
- Responsibility to Team
- Fluidity

COVID-19 (1-5)

- Coronaviruses are a large family of viruses common in both people and animals, most common coronaviruses cause the common cold in humans
- COVID-19 is caused by a virus that has been named SARS-CoV-2, which is in the same family of viruses as SARS and MERS
- COVID-19 is a respiratory disease that is being spread by a new coronavirus that emerged in the 2019.
- It affects both the upper and lower respiratory tract
- It is a virus, meaning that there is no medication or drug to “cure” COVID-19.
- Medication can only be used to treat symptoms

COVID-19 Signs and Symptoms

(4,5)

These are the most common signs and symptoms but they are not the only ones that present with illness

- Cough
- Fever
- Repeated shaking with chills
- Headaches
- New loss of taste/smell
- Severe vomiting
- Shortness of breath
- Chills
- Muscle pain
- Sore throat
- Loss of taste
- Diarrhea

COVID-19 Complications

- Acute respiratory failure
- Acute respiratory distress syndrome
- Viral pneumonia
- Acute kidney injury
- Acute liver injury
- Secondary viral and bacterial infection
- Septic shock
- Abnormal blood clots- can lead to pulmonary embolisms or stroke

When to Seek Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately

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

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

COVID-19 Transmission

Person- to Person

- Between people who are in close contact with one another
- Respiratory droplets produced when an infected person coughs, sneezes, or talks
- Droplets can land in the mouths or noses of people who are nearby, or possibly be inhaled into the lungs

COVID-19 can be spread by individuals who are not showing symptoms

Last revised May 22, 2020

Contact Spread

- By touching a surface or object that the virus is on and then touching their own mouth, nose, or eyes
- The amount of time that the virus can live on surfaces depends on the material of the surface
 - 72 hours on plastic and stainless steel
 - less than 4 hours on copper
 - less than 24 hours on cardboard.

Prevention

- Avoid large events and mass gatherings
- Avoid close contact (6ft) w/ sick individuals-social distance
- Wash hands with soap and water for 20 seconds, or use alcohol based hand sanitizer made with at least 60% alcohol
- Avoid touching your mouth, eyes, and nose
- Avoid sharing personal items (ex: water bottles)
- Clean and disinfect high touch surfaces as needed (Tables, door knobs, desk, sports equipment)
- Use approved disinfectants
- **Avoid going to work, school, gatherings if you are sick and encourage student-athletes to do the same!**

Prevention



Last revised Ma

Prevention

How to properly wear a face mask

- 

ENSURE THE PROPER SIDE OF THE MASK FACES OUTWARDS
- 

SECURE THE STRINGS BEHIND YOUR HEAD OR OVER YOUR EARS
- 

PRESS THE METALLIC STRIP TO FIT THE SHAPE OF THE NOSE
- 

COVER MOUTH AND NOSE FULLY MAKING SURE THERE ARE NO GAPS
- 

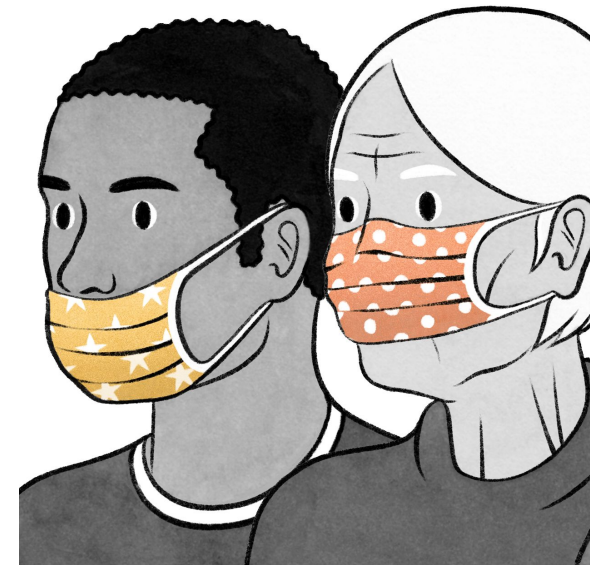
WEAR MASK
- 

DO NOT TOUCH THE MASK WHILE USING IT, IF YOU DO WASH YOUR HANDS
- 

REMOVE THE MASK FROM BEHIND BY HOLDING THE STRINGS WITH CLEAN HANDS

FACTS. 
OVER FEAR
COVID-19

Incorrect



COVID-19 vs Flu/Allergies

Source: Mayo Clinic

CORONAVIRUS

- Fever
- Cough
- Shortness of breath, or difficulty breathing
- Symptoms appear 2-14 days after exposure

FLU

- Fever
- Cough
- Muscle aches
- Fatigue & weakness
- Chills & sweats
- Congestion
- Sore throat

ALLERGIES

- Sneezing
- Itchy nose, eyes or roof of the mouth
- Runny, stuffy nose
- Watery, red or swollen eyes

Mythbuster

- There are currently no drugs licensed for treatment or prevention
- Adding pepper to your soup or other meals does not prevent or cure COVID-19
- COVID-19 is not transmitted through house flies or mosquitos
- Spraying and introducing bleach or other disinfectant into your body will not protect against COVID-19
- Drinking methanol, ethanol, or bleach does not prevent or cure COVID-19
- Cold weather and snow cannot kill the new coronavirus
- High temperatures or humid environment does not prevent the spread of COVID-19
- Drinking alcohol will not protect against COVID-19

Treatment

What if you get sick?

- Stay home except to get medical care
 - Most people have a mild illness and can recover at home. Do not leave unless it is to seek medical care. Avoid public areas
 - Get rest and stay hydrated. Take over the counter medicines (ex. acetaminophen) to help w/ symptoms
 - Stay in touch with your doctor or athletic trainer
 - Avoid Public Transportation
- Separate yourself from other people
 - As much as possible, stay in a specific room and away from people and pets in your home. If you must be around other people, wear a face covering.

Treatment

- Monitor your symptoms
 - Keep track of all your symptoms and be aware if they worsen
- If your symptoms worsen or you believe you have an emergency warning sign, seek medical attention right away
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face

Personal Responsibility

- Communicate with medical staff prior to going to campus
 - Operating procedures have changed. This will affect availability, scheduling, facility use, etc.
- Understand your role and procedures in an emergency, non and COVID related.
 - PPE-acquiring, know location and appropriate use
 - Identify Isolation area
- Prevention will only happen with your help. You may be required to perform new tasks and responsibilities.

Responsibility to Your Team

Educate

- Present accurate and up to date information to your athletes during the first orientation meeting and/or have them view online presentation (Title)
- Go over prevention techniques and mandate they be followed.
- Discuss responsibility that each student-athlete has to each other, the athletic training staff and the coaching staff as well as your responsibility to them.

Responsibility to Your Team

Provide a safe environment to train and compete

- What can be changed about:
 - Meetings/Film viewing (virtual?)
 - Training/Conditioning - weight room
 - Practice times, activity/drills
- Are the facilities/venues being maintained and disinfected according to new standards
- Any shared equipment needs to be cleaned appropriately

Responsibility to Your Team

Communication

- With athletic trainer about signs & symptoms prior to getting on campus (follow institution policies)
- Training/practice/competition participation
 - Encourage/enforce the “stay home” standard for SA and staff when experiencing any symptoms
 - Foster an open and honest environment that doesn't put down SA for staying home
- Mental health
 - Be a resource for your SA mental wellbeing

Responsibility to Your Team

In Case of an Emergency

- Role and Responsibility
 - Updated EAP plans regarding COVID precautions
 - Use of PPE at onset of activating EAP
 - What to do if your SA gets sick
 - Be honest
 - Be timely
 - Isolate per institution policy (at each venue)

Fluidity

- Remember COVID-19 is an illness caused by a novel coronavirus. New information is constantly emerging and guidelines are continuously changing, because of that education will be ongoing.
- To stay up to date, you can visit the Center for Disease Control website, [CDC.gov](https://www.cdc.gov), or the World Health Organization website, [who.int](https://www.who.int).

Resources to Consider:

- CDC: Infection Prevention and Control Assessment Tool for Outpatient Settings (2016)
- BOC Facility Principles (2015)
- CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2019)
- NCAA Core Principles of Resocialization of Sport
- American College Health Association (ACHA) COVID-19 Resources
- ACHA Guidelines: Student Health Considerations & Guidelines for Re-opening Higher Education Institutions

Resources to Consider:

- EPA List N: Disinfectants for Use Against SARS-CoV-2 (2020)
- CDC: Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings
- Interassociation Recommendations: Preventing Catastrophic Injury and Death (2019)
- CSCCa and NSCA Joint Consensus Guidelines for Transition Periods (2019)
- Websites for Local, County or Regional Board of Health governing bodies responsible for administering and enforcing state public health laws and regulations

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APPENDIX B

Educational PowerPoint for Student-Athletes

COVID-19 Educational Session

For Student-Athletes

Overview

- ▶ COVID-19
- ▶ Prevention
- ▶ Myth Buster
- ▶ Treatment
- ▶ Personal Responsibility
- ▶ Fluidity

COVID-19

- Coronaviruses are a large family of viruses common in both people and animals, most common coronaviruses cause the common cold in humans
- COVID-19 is caused by a virus that has been named SARS-CoV-2, which is in the same family of viruses as SARS and MERS
- COVID-19 is a respiratory disease that is being spread by a new coronavirus that emerged in the 2019.
 - It affects both the upper and lower respiratory tract
- It is a virus, meaning that there is no medication or drug to “cure” COVID-19.
 - Medication can only be used to treat symptoms

COVID-19 Signs and Symptoms

These are the most common signs and symptoms but they are not the only ones that present with illness

- Cough
- Fever
- Repeated shaking with chills
- Headaches
- Loss of smell
- Severe vomiting
- Shortness of breath
- Chills
- Muscle pain
- Sore throat
- Loss of taste
- Diarrhea

High Risk Individuals

- Just because you are not in the high risk group does not mean that you cannot contract COVID-19 and suffer complications. **EVERYONE CAN CONTRACT COVID-19** and transmit it.
 - Chronic lung disease, moderate to severe asthma
 - Serious heart conditions (ex.coronary artery disease, congenital heart disease, cardiomyopathies)
 - Immunocompromised individuals
 - Severe obesity
 - Diabetes
 - Chronic kidney disease
 - Liver disease

High Risk Individuals

- Just because you are not in the high risk group does not mean that you cannot contract COVID-19 and suffer complications. **EVERYONE CAN CONTRACT COVID-19** and transmit it.

People who are more likely to suffer severe illness from contracting COVID-19

- people 65 years or older
- people who live in nursing homes or long term care facilities

Note-many of you may live with, know or come in contact with these high risk category people.

COVID-19 Complications

- COVID-19 can cause complications that affect multiple systems in the body, the complications include, but are not limited to:
 - Acute respiratory failure
 - Acute respiratory distress syndrome
 - Viral pneumonia
 - Acute kidney injury
 - Acute liver injury
 - Secondary viral and bacterial infection
 - Septic shock
 - Abnormal blood clots- can lead to pulmonary embolisms or stroke

COVID-19 Transmission

Person- to Person

- Between people who are in close contact with one another
- Respiratory droplets produced when an infected person coughs, sneezes, or talks
- Droplets can land in the mouths or noses of people who are nearby, or possibly be inhaled into the lungs
- **COVID-19 can be spread by individuals who are not showing symptoms**

Contact Spread

- By touching a surface or object that the virus is on and then touching their own mouth, nose, or eyes
- The amount of time that the virus can live on surfaces depends on the material of the surface
 - 72 hours on plastic and stainless steel
 - less than 4 hours on copper
 - less than 24 hours on cardboard.

Prevention

- Avoid large events and mass gatherings
- Avoid close contact (6ft) w/ sick individuals
- Wash hands with soap and warm water for 20 seconds, or use alcohol based hand sanitizer made with at least 60% alcohol
- Avoid touching your mouth, eyes, and nose
- Avoid sharing personal items (ex: water bottles)
- Clean and disinfect high touch surfaces as needed (Tables, door knobs, desk, sports equipment)
- **Avoid going to work, school, gatherings if you are sick**

Prevention



Last revised

Prevention

How to properly wear a face mask

1 ENSURE THE PROPER SIDE OF THE MASK FACES OUTWARDS

2 SECURE THE STRINGS BEHIND YOUR HEAD OR OVER YOUR EARS

3 PRESS THE METALLIC STRIP TO FIT THE SHAPE OF THE NOSE

4 COVER MOUTH AND NOSE FULLY MAKING SURE THERE ARE NO GAPS

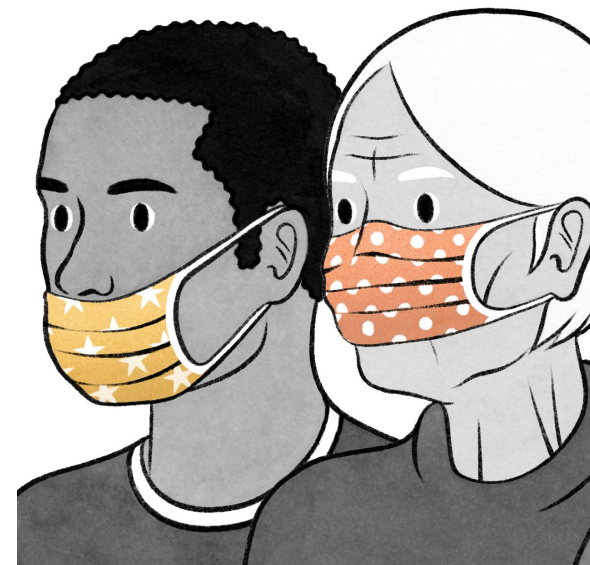
5 WEAR MASK

6 DO NOT TOUCH THE MASK WHILE USING IT, IF YOU DO WASH YOUR HANDS

7 REMOVE THE MASK FROM BEHIND BY HOLDING THE STRINGS WITH CLEAN HANDS

FACTS.
OVER FEAR
COVID-19

Incorrect



COVID-19 VS Flu/Allergies

Source: Mayo Clinic

CORONAVIRUS

- Fever
- Cough
- Shortness of breath, or difficulty breathing
- Symptoms appear 2-14 days after exposure

FLU

- Fever
- Cough
- Muscle aches
- Fatigue & weakness
- Chills & sweats
- Congestion
- Sore throat

ALLERGIES

- Sneezing
- Itchy nose, eyes or roof of the mouth
- Runny, stuffy nose
- Watery, red or swollen eyes

Mythbuster

- There are currently no drugs licensed for treatment or prevention
- Adding pepper to your soup or other meals does not prevent or cure COVID-19
- COVID-19 is not transmitted through house flies or mosquitos
- Spraying and introducing bleach or other disinfectant into your body will not protect against COVID-19
- Drinking methanol, ethanol, or bleach does not prevent or cure COVID-19
- Cold weather and snow cannot kill the new coronavirus
- High temperatures or humid environment does not prevent the spread of COVID-19
- Drinking alcohol will not protect against COVID-19

Treatment

What if you get sick?

- Stay home except to get medical care
 - Most people have a mild illness and can recover at home. Do not leave unless it is to seek medical care. Avoid public areas
 - Get rest and stay hydrated. Take over the counter medicines (ex. acetaminophen) to help w/ symptoms
 - Stay in touch with your doctor
 - Avoid Public Transportation
- Separate yourself from other people
 - As much as possible, stay in a specific room and away from people and pets in your home. If you must be around other people, wear a face covering

Treatment

- Monitor your symptoms
 - Keep track of all your symptoms and be aware if they worsen
- If your symptoms worsen or you believe you have an emergency warning sign, seek medical attention right away
 - trouble breathing
 - persistent pain or pressure in the chest
 - new confusion
 - inability to wake or stay awake
 - bluish lips or face

Personal Responsibility

- If you are sick, even just a “cold”, **STAY HOME & Stay away from teammates!**
- Notify athletic training staff and coaching staff about any illness or exposure that may have happened
- Sneeze and cough into your elbow or tissue
- Wash your hands often, or use hand sanitizer if soap and water aren't available
- Wipe down high touch areas such as door knobs, cell phone, tablet and tables, as well as shared practice and game equipment

Personal Responsibility

- Wear a mask if you must be outside while sick. Ensure that the mask covers your nose and mouth
- Be honest about how you're feeling and who you've been in contact with
- Follow rules/restrictions of the Athletic Training Clinic at all times
- **When in doubt, ASK!**

Fluidity

- Remember COVID-19 is an illness caused by a novel coronavirus. New information is constantly emerging and guidelines are continuously changing, because of that education will be ongoing.
- To stay up to date, you can visit the Center for Disease Control website, [CDC.gov](https://www.cdc.gov), or the World Health Organization website, [who.int](https://www.who.int).

References

Center for Disease Control and Prevention. (2020). Retrieved May 18, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

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APPENDIX C:

COVID-19 Pre-Participation Questionnaire



California Community College Athletic Trainers Association
(Insert College logo if desired)

INSTITUTION Athletic Training Department Student-Athlete COVID-19 Pre-Participation Questionnaire

Name: _____
Last First Middle

INSTITUTION ID#: _____ Date of Birth: _____ Age: _____
(MM/DD/YYYY)

Cell Phone: _____ E-mail: _____

Gender: Male Female Sport(s): _____

Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.

Are you currently free from illness? Yes No Current Temperature: _____ °F

Do you have a history of pneumonia? Yes No Current Occupation/ Workplace: _____

During your time away from **INSTITUTION**, did you experience, or are you currently experiencing any of the following:

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
Fever				
Body Chills				
Extreme Level of Fatigue				
Cough				
Pain / Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body / Muscle Aches				
Loss of Taste				
Loss of Smell				
Changes to Vision / Eye Discharge				
Diarrhea				
Unexplained headache				

QUESTION	YES	NO
2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?		
Have you been around anyone who has been sick?		
Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		
Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?		
During your time away from INSTITUTION , did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
During your time away from INSTITUTION have you been living in, or have visited an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		

Have you previously been or are you currently diagnosed with COVID-19?
 YES NO DATE OF DIAGNOSIS: _____ / _____ / _____

Do you have medical documentation to support your diagnosis and treatment of COVID-19?
 YES NO PHYSICIAN NAME: _____
PHYSICIAN LOCATION: _____

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:



California Community College Athletic Trainers Association

(Insert College logo if desired)

- | | |
|----------|--------------|
| 1. _____ | Dates: _____ |
| 2. _____ | Dates: _____ |
| 3. _____ | Dates: _____ |
| 4. _____ | Dates: _____ |

ASSUMPTION OF RISK

I understand that those participating in intercollegiate athletics, physical education activity classes, and/or conditioning classes are at a higher risk of exposure to the COVID-19 virus; due to the lack of social distancing, shared equipment, and ventilation. In order to participate in intercollegiate athletics, physical education activity classes, and conditioning classes, student-athletes are required to read and sign the following assumption of risk and waiver.

- I understand that COVID-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization³.**
- I understand that by participating in sports/conditioning classes and utilizing the facilities associated with them, I may knowingly or unknowingly transmit the virus to my family, friends, and/or others I may come into contact with. This may include young children, elderly persons, and/or those with pre-existing conditions that place them at higher risk for the virus.**
- I understand that there is an increased risk of exposure to the virus by participating in competitive events with other schools, both in and out of conference. The risk of exposure also exists during travel to and from any and all away games⁴.**
- I understand that while every attempt is made to minimize chances of exposure there are no guarantees that can be made.**

To do my part to limit the exposure to and/or transmission of COVID-19, to myself and those around me, I agree to follow the recommendations of the CDC which include:

- **Proper general hygiene**
- **Proper handwashing techniques**
- **Use of hand sanitizer when handwashing is unavailable**
- **Proper use of personal protective equipment (gloves, masks, and/or eye protection)**
- **Not sharing any personal items (towels, soap, brushes, clothes, water bottles, make up, lip balm, etc.).**

I voluntarily agree to assume all risks and accept sole responsibility for any injury to myself. I hereby release, covenant no to sue, discharge, and hold harmless **INSTITUTION**, their officers, officials, agents, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers (“Releasees”), with respect to any and all injury, illness, disability, loss or damage to person or property, expenses, and/or death; arising out of or relating to COVID-19. I understand this release includes any claims based on the actions, omissions, or negligence of the Releasees, and whether a COVID-19 infection occurs before, during or after my participation.

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 **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 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 of California.

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.

APPENDIX D:

COVID-19 Assumption of Risk Form



California Community College Athletic Trainers Association

(Insert College Logo if desired)

INSTITUTION Athletic Training Department

Assumption of Risk and Waiver of Liability Relating to COVID-19

I understand that those participating in intercollegiate athletics, physical education activity classes, and/or conditioning classes are at a higher risk of exposure to the COVID-19 virus due to the lack of social distancing, shared equipment, and ventilation. In order for student-athletes to participate in intercollegiate athletics, physical education activity classes, and conditioning classes, they are required to read and sign the following Assumption of Risk and Liability Waiver.

1. I understand that COVID-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization³.
2. I understand that by participating in sports/conditioning classes and utilizing the facilities associated with them, I may knowingly or unknowingly transmit the virus to my family, friends, teammates, and/or others I may come into contact with. This may include young children, elderly persons, and/or those with pre-existing conditions that place them at higher risk for the virus¹.
3. I understand that there is an increased risk of exposure to the virus by participating in competitive events with other schools, both in and out of conference. The risk of exposure also exists during travel to and from any and all away games⁴.
4. I understand that while every attempt is made to minimize chances of exposure, there are no guarantees that can be made.

To do my part to limit the exposure to and/or transmission of COVID-19, to myself and those around me, I agree to adhere to the recommendations of the CDC including:

- Proper general hygiene (<https://www.cdc.gov/healthywater/hygiene/body/index.html>)¹
- Proper handwashing techniques (<https://www.cdc.gov/handwashing/when-how-handwashing.html>)¹
- Use of hand sanitizer when handwashing is unavailable
- Proper use of personal protective equipment (gloves, masks, and/or eye protection)
- Not sharing any personal items (towels, soap, brushes, clothes, water bottles, make up, lip balm, etc.).

I will report any possible COVID-19 exposure or symptoms to the athletic training department.

I voluntarily agree to assume all risks and accept sole responsibility for any injury and/or illness to myself. I hereby release, covenant not to sue, discharge, and hold harmless **Institution**, their officers, officials, agents, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers ("Releasees"), with respect to any and all injury, illness, disability, loss or damage to person or property, expenses, and/or death arising out of or relating to COVID-19. I understand this release includes any claims based on the actions, omissions, or negligence of the Releasees, and whether a COVID-19 infection occurs before, during or after my participation.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

Student-Athlete Name: _____ Sport: _____

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Signature may be that of a student or athlete over 18 years of age.

Last revised May 22, 2020

If under 18, this form must be signed by the Parent or Guardian.

APPENDIX E:

COVID-19 Physician Referral Form



California Community College Athletic Trainers Association

(Insert College Logo if desired)

Physician's Referral Form

This athlete has indicated that he/she has contracted or come in contact with COVID-19. We are requiring a **Signature AND Stamp** (MD or DO) that clears he/she for full unlimited athletic participation. This form is a risk assessment tool to evaluate eligibility to return to campus. The symptoms below are based on guidelines from the Center for Disease Control and Prevention (CDC)¹.

This student must bring back this document and any associated documentation indicating a *negative* COVID-19 **lab test** dated *after* receiving this form.

Athlete Name: _____ **Sport:** _____
Indicated Positive for COVID-19 on: _____ **Date of Visit:** _____

Indicated Symptoms:

- Known close contact with a person who is lab confirmed for COVID-19
- Fever
- Body Chills
- Extreme level of fatigue
- Cough
- Pain/ difficulty breathing
- Shortness of breath
- Sore throat
- Body/ muscle aches
- Loss of taste
- Loss of smell
- Changes to vision/ eye discharge
- Diarrhea
- Unexplained headache

Other Comments/ Observations: _____

Sports Participation Status: (Please initial your recommendation below)

_____ May return to **FULL** sports participation at this time (no limitations).
 _____ May return to **LIMITED** sports participation (Limitations to be listed in the comments section)
 _____ May **NOT** return to sports participation at this time.
 _____ Follow up/Referral **required** before being cleared to participation (Appointment date: _____)

Other comments/recommendations: _____

Institution Athletic Training Staff may contact me (physician) regarding this student-athlete: Yes _____ No _____

Physician Name (Printed): _____ Phone: _____
 Physician Signature: _____ Date: _____
 Physician Stamp:

APPENDIX F:

Screening Instructions & Symptoms Form



California Community College Athletic Trainers Association

(Insert College Logo if desired)

Return to Athletics **Institution Daily Check-In Procedure**

1. Wash your hands or use hand sanitizer before starting!
2. Have your temperature taken.
3. Sign in on the form (Name – Department/Sport/Class – Temperature).
4. Symptom Checklist:

Fever (above 100.4)¹

Body Chills

Sore Throat

Persistent Cough

Pain / Difficulty Breathing

Shortness of Breath

Loss of Taste or Smell

Unexplained Headache

Extreme Level of Fatigue

Body / Muscle Aches

Change of Vision / Eye Discharge

Diarrhea

5. Check the appropriate box for you (first column) and everyone in your household (second column) based on the Symptom Check List above.
6. **If you check “Yes” to the Symptom Check for yourself, you must stay away from campus until fever free for 72 hours¹.**
7. **If you check “Yes” to the Symptom Check for your household, you must stay away from campus until fever free for 72 hours¹.**

APPENDIX G:

COVID-19 Check-in Form



California Community College Athletic Trainers Association

(Insert College Logo if desired)

INSTITUTION Athletic Training Department

Daily Check-In Sheet

1. Wash your hands or use hand sanitizer before starting.
2. Have your temperature taken.
3. Sign in, fill in your temperature and check the appropriate boxes based on the Symptom Checklist for yourself and your household.

Date:

ID Number	Sport	Temperature	Have you had any of the symptoms on the checklist?		Has anyone in your household had any of the symptoms on the checklist?					
			Yes	No	Yes	No				
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No