

Health and Well Being Considerations for Pac-12 Institutions

Guidance for Local Planning for Return to Sporting Activity: Updated 8/10/2020

The board of the Pac-12 Student-Athlete Health and Well-being Initiative (SAHWBI) has engaged in daily and weekly calls and discussions throughout the preceding five months reviewing and analyzing our continuously developing understanding of the COVID-19 pandemic. These recommendations have been created through this collaboration and are informed by Pac-12 SAHWBI physicians and athletic trainers as well as national experts in public health, infection disease, epidemiology, and cardiology.

This document is based on the most up-to-date information available to us as of August 10, 2020 and will continue to be updated as new information develops and our understanding evolves. These recommendations should inform the approach for the safest manner to return to various levels of athletic activity when the current status of the pandemic allows for such activity. In addition, **each institution is subject to the restrictions imposed by its individual institutions, state and local health departments, and state and local laws and regulations.**

CURRENT ASSESSMENT

This document represents our current assessment of the most effective measures to ensure safe return to full contact activity and competition. While there are numerous medical issues that we are carefully evaluating and considering, the following are concerning medical issues at this time:

1. Community prevalence remains very high in much of the Pac-12 footprint and traveling to many places is likely unsafe, particularly on commercial aircraft.
2. We are concerned about health outcomes related to the virus. Among these, there is new and evolving information regarding potential serious cardiac side effects in elite athletes. We do not have enough information to understand the short and long-term outcomes regarding these health issues.
3. Testing capacity needs to increase to allow for more frequent testing, performed closer to game time, and with more rapid turn-around time to prevent spread of infection and enhance the safety of all student-athletes, coaches, and staff involved, particularly in situations where physical distancing and mask wearing cannot be maintained. This will require access to significant capacity of point-of-care testing and rapid turn-around time, which is currently very limited.

This document outlines the criteria needed in order to move forward with contact or competition activities.

At this time, we do not recommend initiating contact or competition activities.

We do believe that non-contact exercise with physical distancing is reasonable to continue and safer than contact activities/competition. Our statistics to date indicate that Pac-12 institutions have been relatively successful in returning student-athletes to exercise without an undue risk in viral transmission, as almost all new cases have been a result of activities outside of the athletic departments. The current recommendations should continue to be followed for all allowable activities.

The response to the COVID-19 pandemic is, and will continue to be, an ongoing issue and priority for the Pac-12. It should be recognized that the policies and protocols already developed, including regular surveillance testing, disinfection, and contact tracing, have placed substantially increased demands on medical staff, especially the athletic training staff. As such, the ability of medical staff to follow recommended policies and procedures should be taken into consideration before returning student-athletes to campus. A staged or partial return may need to be considered, or the hiring of additional staff.

RETURN TO CAMPUS

No student-athlete is required to return to campus. Athletic scholarships will be honored should student-athletes choose not to return because of health concerns related to COVID-19.

Prior to return to campus, student-athletes should follow all public health guidelines including limiting contacts, wearing a face covering whenever in public, and frequent hand washing. They should be symptom-free and not have contact with any COVID-19-infected person for the 14 days prior to initiating return travel. It is recommended that student-athletes quarantine for 7 days after their travel and prior to return to the athletic facility. Quarantine means that the student-athlete remains within their living unit/housing except for essential activities (i.e. medical appointments or solo outdoor exercise with social distancing). They should not have contact with others with whom they are not living. In some cases, if the student-athlete lives locally, quarantine may not be necessary.

High-risk staff and students should consider delaying return *or* go through an informed decision-making process with medical staff before a return to the athletic facility. For details, visit: [CDC high-risk definition](#).

All student-athletes and staff should be educated on COVID-19 policies, expectations for social and team interaction, and face covering use prior to returning to the athletic facility.

CONTACT TRACING AND RISK OF CONTACT

Contact tracing is a crucial aspect of return to sport plans in order to prevent spread of COVID-19. *For student-athletes to be able to return to campus, there must be adequate ability to do contact tracing in the local community.* For purposes of contact tracing, a person is considered contagious for the 48 hours prior to their positive test or onset of symptoms.

Everyone who is a “close contact” of an infected individual, as defined by the CDC and local public health officials, will require a 14-day quarantine. Close contacts include individuals who were within 6 feet of an infected person for >15 minutes, individuals with direct physical contact, and individuals with direct exposure to infected body fluids in the 48 hours prior to that individual becoming symptomatic or testing positive.

While it is generally accepted that the use of face coverings by interacting parties decreases the risk of transmission considerably, it is not known whether the use of face covering can alter the risk of contact from high risk to low or moderate risk. Industrial hygiene research is ongoing to determine to what extent cloth masks, face coverings, and helmet shields in football decrease aerosolization of droplets and reduce infectious potential. The determination of risk level of contact should be made in

conjunction with local public health officials. Pac-12 SAHWBI may provide additional guidance based on ongoing and developing research and expert opinion.

Contact tracing guidance may be different from state to state or county to county. In some jurisdictions, a close contact may be defined differently based on the various mitigation strategies employed including frequent testing of the asymptomatic population, mask and face shield use during contact, and rigorous attention to hygiene and disinfection, which does not occur in the general population. In other jurisdictions, any physical contact is considered a high-risk contact, even if PPE was worn during contact, testing is performed routinely, or other protective measures were taken. Each school should work in cooperation with its local public health agencies to determine appropriate standards.

Contact tracing may be performed by either public health officials, athletic staff, or university health center staff, in cooperation with local public officials. There may need to be additional athletic department personnel assigned to contact tracing as it is time consuming. Contact tracing resources include: [CDC Contact Tracing Training Documents](#), CDC [Principles of Contact Tracing](#), and [John Hopkin's training course](#).

INITIAL RETURN TO ATHLETIC FACILITIES AND ATHLETIC ACTIVITY

When entering the athletic facility for the first time, the student-athlete must have completed the necessary quarantine, be fever- and symptom-free, and be wearing a cloth face covering. The student-athlete should have a preparticipation evaluation that includes testing for COVID-19 antibodies using a highly specific assay (>99%) and should also receive an initial RT-PCR (PCR) test to evaluate for active infection. Determination of the presence or absence of COVID-19 antibodies is used to direct cardiac screening. There is emerging evidence that the SARS-CoV-2 can potentially have adverse effects on the heart. Our understanding of potential short- and long-term cardiac and other health effects is evolving, based on new scientific data which we are closely monitoring. There are several different guidelines pertaining to cardiac screening and return to play recommendations. The team physician, in collaboration with their cardiology consultants, should follow the national guideline they deem the most appropriate given their circumstances and resources. Work-ups and advice may change over time, therefore the medical staff should stay abreast of evolving practices.

Health education for student-athletes/staff and setting of health and safety expectations including hygiene should be ongoing.

FACE COVERINGS

Face coverings can be effective at reducing transmission of COVID-19. Face coverings should be used by student-athletes, coaches, and staff at all times when unable to socially distance, including during practice and competition; exceptions to this include when hydrating or drinking recovery fluid in a physically distanced manner. Face coverings provide some protection to the wearer and also may prevent an infected individual from spreading disease. Although uncomfortable to some, face coverings are not dangerous to those wearing them, even in the heat. If there is a medical condition which precludes regular use of a face mask, participation may be denied after a reasonable accommodation analysis through campus ADA office, because of the risk to others.

Student-athletes should be provided adequate face coverings to facilitate replacement should they become wet or soiled, and they should be laundered daily. Clean cloth face coverings should be used each day by student-athletes and staff.

Face coverings should fit student-athletes and staff properly with the chin, mouth, and nose covered. More than one size/type of face covering may be necessary to properly fit everyone. Student-athletes and staff should be instructed on how to put on and remove their face covering. In addition, student-athletes and staff should avoid touching mouth, nose, eyes, and nearby surfaces when putting on, using, and removing face coverings.

FACILITY-SPECIFIC CONSIDERATIONS

Facilities access

To be admitted to the athletic facility, student-athletes must complete a daily symptom attestation and may not have a fever > 100°F (or elevated temperature as defined by campus protocol, if lower). All student-athletes and staff must wear a cloth face covering while in the athletic facilities except when exercising in a socially distanced manner outside (if face coverings are not required by local mandates in that situation), when social distancing can be maintained, when hydrating or drinking recovery fluid in a socially distanced manner, or when alone in an office or private area with the door shut. In some localities face coverings are required at all times, including exercising outside. Local mandates must be followed. Entrances to the facility should be limited to prevent unauthorized access and prescribed traffic flow patterns should be developed and well-marked with temporary signage or floor markings. Rooms should be evaluated for maximum safe capacity and furniture removed or otherwise blocked from use to prevent close contact. Lounges and gathering areas should be closed or furniture removed. There should be a protocol and schedule developed for regular disinfection by both athletic and janitorial staff.

Equipment

[COVID-19 cleaning recommendations per the CDC](#) for all equipment (electronic, medical, workout, etc.) should be followed. Avoid sharing workstations and workout equipment. If it is not possible to avoid sharing workstations or other equipment, meticulous hand sanitization and disinfection of the shared equipment should be completed prior to and after use. If student-athletes are paired up during weight room workouts, consideration should be given to living groups/roommates as these living arrangements are already deemed close contacts. Maintaining these pairs without change should be a strong consideration.

Weight rooms and conditioning activities

Over the past 2 months, the Pac-12 institutions have successfully demonstrated that scheduled strength and conditioning sessions in small groups (10-12 student-athletes) with face coverings and social distancing (6 feet indoors, consideration for 10 feet for running/sprinting outdoors) can be completed without increased risk of COVID-19 infection rates compared to local infection rates. Moving forward, these same principles should be used as teams transition into training camps and competitive sport seasons.

It is now well established that activities are safer when completed outdoors and in larger spaces with increased ventilation (HVAC adjustments, open windows). To accommodate for increasing numbers of student-athletes without increasing density in the facility, utilizing outdoor spaces as the primary workout location and creative use of larger spaces such as indoor practice facilities and fieldhouses should be considered. This will also accomplish minimization or avoidance of having two different sport teams present in a single weight room facility at a time. This mitigation of cross contamination between teams will be especially important as teams initiate travel for competition.

Locker rooms

Management of locker room access is an important area of COVID-19 risk mitigation as historically locker rooms have been a place for student-athletes to rest and recreate. Access to locker rooms should be predicated on the ability of the individual school to meet the local public health guidelines for indoor access, physical distancing, and adequate disinfection; if these cannot be met, locker rooms should remain closed. Early access to locker rooms has been trialed with limited or no shower use. As with access to all other athletic facilities, locker room access should be limited to part of a scheduled activity such as post-practice or post-strength and conditioning session. Student-athletes should be encouraged to avoid loitering while in the locker room. It is the expectation that face coverings and social distancing be maintained during locker room use.

Several measures can be used post-practice to limit the density of the locker room for large roster teams or smaller roster teams in smaller locker rooms. These measures include a staged release from practice or work-out session, use of guest locker rooms, showering at home or alternative location, coordination to ensure every other or every third locker is used and efficiently changing and showering with a goal of less than 15 minutes spent in the locker room.

To assist with distancing and limiting time spent in the locker room, several measures should be completed. Functioning shower head spacing should be changed to ensure the appropriate 6-foot spacing can be maintained. In addition to spacing of shower heads, placement of partitions such as plexiglass or shower curtains to mitigate droplet cross contamination should be considered. Removal of couches and recreational equipment will also discourage additional time spent in the locker room. Additionally, strength & conditioning coaches or sport operations personnel could monitor and encourage staged groups to keep their locker room use time to less than 15 minutes.

Athletic training facilities/Physical therapy

The pre- and post-strength and conditioning and practice care provided in the athletic training facilities is an integral part of student-athlete care. The COVID-19 pandemic has significantly changed the athletic training staff's ability to provide care to large numbers of student-athletes at a given time due to the need for social distancing measures within the facility. Athletic training facilities across the Pac-12 vary greatly. Thus, each institution will need to individualize the following considerations.

The athletic training facility is a place where healthcare providers provide care to student-athletes. The standards of care in these facilities should follow infection prevention and control recommendations as [healthcare facilities per CDC guidelines](#). Student-athlete care should be scheduled to ensure the ability to physically distance while in the facility. All student-athletes should be screened for symptoms prior to entering the facility. If symptomatic or if any of the screening protocol is positive, the student-athlete

should not enter the facility. At minimum a cloth facial covering is required for entry. The athletic trainer should wear a face covering at all times.

Many Pac-12 institutions partner with athletic training students who assist with athletic training services as they participate in active learning. In order to comply with physical distancing measures and de-densifying the athletic training room, strong consideration should be given to the way athletic training students obtain their educational hours this fall.

Food distribution/dining in the facility

Athletes are typically provided with pre- and post-workout snacks and may also be provided with a meal. As teams increase their activities, their nutrition needs will also increase. Thus, the following considerations will assist with ongoing safety regarding nutrition delivery and consumption.

Eating is an important part of the student-athlete care provided by Pac-12 institutions but can result in potential COVID-19 exposure and spread. Avoidance of self-serve and time spent waiting in lines is optimal. Meals should be pre-boxed and provided “to-go”. If there is a single dining or training table location for all student-athletes, it is also optimal to consider avoidance of many teams accessing food in a single location to avoid cross contamination of teams, especially those teams who are in midst of competitive seasons that include frequent travel. Consideration for meal delivery could include pick-up at an alternative location(s) including an outdoor to de-densify and limit creation of close-contacts that might occur while using an indoor dining facility. Indoor dining is not advisable at this time. Student-athletes should be encouraged to dine physically distanced and outdoors or at their place of residence.

Athletes are provided with several opportunities to re-fuel per day. These snacks should be prepackaged options that do not require any preparation by the student-athlete (i.e., toasting, cutting, or spreading of toppings). Ideally, there would be no consumption of these snacks inside athletic facilities. There are situations that may warrant fueling options such as a strength & conditioning session followed by practice. In these situations, snacks provided should be easily consumed in single or limited swallows such as a gel shot or a high-density carbohydrate chew that can be placed in the mouth and consumed with face covering back in place. A smoothie that can be consumed through a straw while wearing a face covering is another option. The student-athletes should also be appropriately socially distanced during snack consumption in a large space with good air movement.

COVID-19 TESTING RECOMMENDATIONS

COVID-19 testing is integral to any return to sport strategy. Institutions must submit their plan to the SAHWBI and COVID Advisory Group for approval. The COVID Advisory Group must include independent infectious disease physicians to review the testing methodology and strategy.

Initial Return to Campus

As stated above, initial return to campus should include a determination of antibody status to guide cardiac work-up and PCR testing to rule out active infection.

Frequency of Testing Recommendations

Pre-season testing:

Once student-athletes have returned to the facility, a surveillance strategy to screen for active infection should be adopted based on local prevalence and infection rate. This could range from testing the student-athletes and staff who have close contact with the student-athletes only when they become symptomatic, to testing frequently, on a regular schedule.

In-Season testing:

Once the competitive season begins, the Autonomy 5 and NCAA recommends testing for active viral infection should begin *at a minimum of once a week* for high contact risk sports (basketball, field hockey, football, ice hockey, lacrosse, rowing, soccer, volleyball, water polo, wrestling) during pre-competition practices and the competitive season, bi-weekly for medium contact risk sports (baseball, softball, beach volleyball, cross country, gymnastics) and symptomatic-only for low contact risk sports (bowling, golf, rifle, skiing, swimming and diving, tennis, track and field).

The Pac-12 SAHWBI and health and medical consultants have concerns regarding emerging information on health outcomes related to COVID-19 infection, including potential serious cardiac issues. Therefore, *testing at a cadence that would significantly reduce the chance of infection is now recommended.* This will be dictated by local prevalence and conditions and testing at higher frequencies in those communities where prevalence is high is recommended.

To date, most infections have been acquired outside the athletic footprint making local prevalence and spread important considerations.

There are a variety of metrics used to evaluate the burden of COVID-19 and potential trajectory including new daily cases/100,000 people (7 or 14-day average), percent of tests in a community that are positive, infection rate (R_0), hospital capacity, and ability to trace contacts. Testing frequency should be based on these metrics.

Key Metrics for COVID suppression (Harvard Global Health Institute)

COVID Risk Level	Case Incidence	Features of Infection
Red	>25 daily new cases/100,000 people	Uncontrolled spread
Orange	10<25 daily new cases/100,000 people	Spread has accelerated and is at dangerous levels
Yellow	1<10 daily new cases/100,000 people	Some level of community spread
Green	<1 daily new cases/100,000 people	On track for containment

Testing Recommendations

Overall COVID Risk Level	COVID daily new cases/100,000 (in community)			% Positive Tests (campus wide or community 7 day rolling average)	Recommended Testing Frequency
Red	red	orange	yellow	>7.5%	Daily
Orange	orange		yellow	>5 and < 7.5%	Every other day
Yellow	orange		yellow	< 5%	Every 3 days
Green	Green			< 5%	Weekly

Athletes should be tested within 24 hours of competition to ensure they are not infectious while competing. This will require a POC test. This can be in addition to the recommended frequency or the testing can be aligned to comply with both the recommendations.

Testing Options

RT-PCR involves a nasopharyngeal, nasal or oral swab and is currently the most sensitive testing modality available. It can detect very low levels of the virus, before individuals are infectious and any of the aforementioned collection methods are considered acceptable for testing. The Pac-12 has secured options for RT-PCR testing for its student-athletes should local resources be over-burdened. The turn-around time for this option is about 36 hours including shipping time. There are also point-of-care (POC) PCR tests with good sensitivity and specificity with turn-around time under an hour; however, availability of these are limited.

In addition to RT-PCR tests, antigen and other tests are being developed. Antigen tests assess for viral proteins, are POC tests, and results are typically available in under an hour. The sensitivity (the ability to detect virus when present) is generally lower than RT-PCR, but these tests will typically detect individuals with infectious viral loads who can then be immediately isolated. An alternative strategy to PCR testing is to use less sensitive POC tests more frequently or as an adjunct to RT-PCR testing. There is a trade-off between the sensitivity and specificity of a test and the turn-around time. With more frequent testing, POC testing is preferred. Confirmatory PCR tests may be advisable in some situations if antigen testing is utilized.

Screening for Symptoms

If a student-athlete develops symptoms or if they answer positively to the daily screening questions, a review should be performed by the medical staff for determination if testing is prudent and to receive instructions on when and where to be tested. Student-athletes should not enter the athletic facility and should not report symptoms in person; symptoms should be reported over the phone or electronically. The student-athlete should isolate themselves from other people until test results are available and

appropriate disposition can be determined. If a student-athlete tests negative and has symptoms suggestive of COVID-19 their test should be repeated with the most sensitive platform available.

Testing of High-Risk Contacts

When a positive test occurs, contact tracing will ensue to determine who high-risk contacts are (see above). High-risk contacts of a positive case should be quarantined for 14 days per CDC guidelines and arrangements made for PCR testing based on local public health guidelines. Testing should be repeated if the contact becomes symptomatic.

Testing of Staff

Staff should always wear a face covering and maintain physical distancing when possible; however, because of their close proximity to student-athletes, staff should be tested on a regular basis. The frequency and the logistics will need to be determined by each institution. Staff members who travel with a team (both air and bus travel) should, at the minimum, be tested prior to each trip, within the same time frame as the student-athletes (i.e., 24 hours prior to competition). Ideally POC testing would be available. Should a staff member test positive for COVID-19, high-risk contacts, including student-athletes, family, and other staff will need to be quarantined per CDC guidelines.

RESPONSE TO INFECTION / PRESUMED INFECTION

Infected Person

Individuals with infection should be isolated. The individual should be remotely monitored for worsening or development of symptoms and managed medically as indicated. Student-athletes who become infected with COVID-19 should not exercise until they are cleared from isolation. Particularly in young persons, many infections will either not have symptoms or only have mild symptoms. Currently [CDC guideline](#), for asymptomatic, mildly or moderately symptomatic persons, is isolation for 10 days. Symptomatic patients should have improvement in symptoms and should be afebrile for 24 hours without the aid of fever reducing agents. For those with severe symptoms or immunocompromised persons, a minimum of 20 days isolation is recommended, and the student-athlete must have resolution of fever and improvement in symptoms prior to return. The student-athlete should be evaluated and cleared by the team physician prior to beginning a return to exercise. Those that have more prolonged or severe illness should have individualized management.

Arrangements should be made for delivery of food to the infected student-athlete and their quarantined contacts.

Once cleared from isolation, the student-athlete should meet with a team physician for cardiac testing [per guidelines](#) prior to return to activity. Return to exercise should include a gradual, graded return. Current recommendations for return to exercise can be found [here](#).

Close contacts of infected individuals should be determined by contact tracers. Although symptoms typically develop day 5 – 6 after infection (if an individual becomes symptomatic), they may develop up to 14 days after infection. Therefore, all high-risk contacts should be quarantined for 14 days after contact per [CDC guidelines](#). During quarantine, the individual should stay in their room without contacting other people and should have their own bathroom. If this is not possible, consideration should be given to dedicated quarantine housing. As long as they remain asymptomatic, they may do

light exercise (in their room or a private outdoor area) if they desire. Food should be delivered and they should eat in isolation. student-athletes should continue to fill out the daily symptom screen and if they develop symptoms repeat testing should be performed. An institution may elect to perform PCR testing during this period to document contracted asymptomatic infection; however negative results will not mitigate or decrease the quarantine period. If a positive result occurs on this testing, the individual would need to follow Infected Person guidelines above. If testing is performed during the quarantine period it should be done at least 5-7 days after exposure occurred or if a close contact develops symptoms.

Low-Risk Contact

Low-risk contacts of individuals may continue to participate in usual activities but should have heightened sensitivity in case of development of symptoms.

TRAVEL

Travel presents particular challenges during the COVID-19 pandemic. Travel on commercial air carriers and through airports presents unknown risk for infection and should be limited when possible. If travel is deemed essential, strict adherence to face coverings, hygiene, and social distancing when possible should be maintained. Testing after travel and prior to competition should be performed. Quarantine or testing may be required on return from travel.

Recruiting

Coaches who travel for recruiting purposes and come into contact with individuals outside of their living unit should quarantine for a minimum of 7 days and have a negative COVID-19 test prior to re-engagement with other staff or student-athletes. Prospective student-athletes who arrive by air travel and anyone who accompanies them should be screened for symptoms and fever, wear face coverings at all times, practice appropriate hygiene, and maintain physical distancing at all times. When interacting with coaches and student-athletes, all parties should wear face coverings. *Ideally, recruiting should be virtual.*

Travel to Competition

Travel parties should be limited to essential personnel ONLY (student-athletes, coaches, and medical staff) who comply with face coverings, hygiene, social distancing, and testing procedures.

For teams that travel by chartered flight, the middle seat in all rows should remain empty. Masks should be worn during the entire flight. All personnel on the charter should be tested for COVID-19 within 24 hours of departure. Food and drink in-flight should be limited. No one who is symptomatic, infected (even if asymptomatic), or a high-risk contact of an infected person may travel.

For teams that travel commercially, airlines which maintain open middle seats and have robust COVID-19 prevention plans should be used whenever possible. Food and drink should be limited to that brought on board the plane by the student-athlete/staff and use of the restroom should be avoided if possible. Teams and staff should also occupy the same section of the plane, if possible. Face coverings should be worn at all times and recommended hygiene should be maintained. COVID-19 testing after travel and prior to competition should occur.

For teams that travel via motor vehicle, there should be ample spacing on buses and cars/vans should not be overfilled. All passengers should wear face coverings during travel and the vehicle should be

well-ventilated with open windows. All student-athletes should be tested within 24-hours before competition.

Team hotel

Athletes and staff should have single occupancy rooms or rooms shared by current roommates. Face coverings should be worn whenever out of the room. Team meetings should be virtual when possible. Team meals should be pre-packaged and eaten outside, away from other people, or in the room. Visitors and family should be restricted at team hotels.

Visiting locker rooms

Host institutions should ensure that adequate space is available in visiting locker rooms and provide similar distance in showers and other areas. Locker rooms may need to be accessed in shifts or waves in order to maintain physical distance. Travel plans should include additional time to cycle through locker room if necessary.

Concern for infection while traveling

If a student-athlete or staff member becomes symptomatic while on the road, they may not travel back with the team or use public forms of transportation. Individuals with suspected infection will remain at the locale. If a student-athlete is infected, a member of the medical staff may remain with them with appropriate housing secured (individual rooms). In some cases, infected individuals will not be allowed to stay at local hotels. There should be adequate quarantine housing at the host institution to accommodate the visiting student-athlete and arrangements should be made to ensure availability ahead of time. Host medical staff will help arrange testing or additional medical care as appropriate.

SUSPENSION OR DISCONTINUATION OF COMPETITION

Attempting to play sports during the COVID-19 pandemic involves risk. The above strategies and guidelines have been made to try to mitigate that risk to a level that allows for reasonable safety through strict policies and surveillance testing; however, the situation needs to be continually reassessed on individual institutional and local levels, as well as at the conference, and national levels. If a student-athlete deems the potential health risks do not merit play (or continued play), their scholarship will be honored.

From an institutional, conference, local, state, and national level, considerations regarding suspension or discontinuation of activity where physical distancing cannot be maintained include:

- 1) Inability to isolate new positive cases and/or quarantine high-risk contacts
- 2) Lack of availability or inability to perform testing at the recommended frequency, including the ability to test within 24 hours of competition and have results prior to that competition
- 3) Inability to perform adequate contact tracing
- 4) Local public health officials deem that hospital resources are in danger of being overwhelmed
- 5) Lack of access or ability to perform recommended cardiac evaluation
- 6) Inability for medical staff provide adequate care for an institution's student-athletes because of increased work load
- 7) Uncontrolled community/campus spread

- 8) Local public health official's restrictions on group athletics

RESUMPTION OF CONTACT/COMPETITION

Resumption of contact/competition after a pause can be considered when the following criteria are met. There may be other considerations that are important but not listed.

- 1) COVID 19 is not actively spreading uncontrolled among the school community
- 2) Access and ability to complete cardiac evaluation on those who do test positive (troponin, EKG, echo, CMRI)
- 3) Testing access and capacity to satisfy testing recommendations above, including the ability to test within 24 hours of competition and have results prior to that competition
- 4) Capability to isolate new positive cases and quarantine high-risk contacts. Campus or community access to housing and food options to effectively ensure basic conditions for successful quarantine and isolation
- 5) Adequate local health care capacity as determined by local public health officials
- 6) Ability to provide adequate care for the institution's student-athletes

CONCLUSION

The Pac-12 SAHWBI has concerns that many of its current recommendations cannot be achieved consistently across all universities at this point in time. Currently, the availability of frequent, FDA-approved, accurate testing with rapid turn-around time vary at each of the Pac-12 institution locations. In addition, in many locations within the Conference, community test positivity rates and number of cases per 100,000 in the surrounding community exceed levels which infectious disease and public health officials deem safe for group sports. It is anticipated that over the next few months, rapid point of care tests will become more available and we will have a greater understanding of potential short- and long-term health effects of COVID-19 to better inform medical decision-making. Therefore, it is our recommendation that we delay progression to contact activity and competition occur until that time all criteria stated above are met.

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