

Pac-12 Conference Covid-19 Medical Advisory Committee
Health and Well Being Considerations for Pac-12 Institutions:
Guidance for Local Planning for Return to Sporting Activity

Effective Date: August 1, 2021

The Pac-12 COVID-19 Medical Advisory Committee has continued to engage in calls and discussions reviewing and analyzing developing information regarding the COVID-19 pandemic. The Committee includes the Pac-12 Student-Athlete Health and Well-being Initiative (SAHWBI) Board and national experts in public health, infectious disease, laboratory medicine, epidemiology, and cardiology. In addition, Pac-12 SAHWBI board members are also involved in discussions at the national level including the Autonomy 5 Medical Group, the NCAA COVID Advisory Group, the AMSSM-NCAA COVID Working Group, and the Autonomy 5 Physicians Discussion Group. Finally, SAHWBI board members have been liaising with other stakeholder groups in the Pac-12 infrastructure including the broader group of Pac-12 physicians and athletic trainers, strength and conditioning groups, coaches, administrator groups, operations, officials' groups, and student-athletes and their parents. The following recommendations have been informed by these collaborations.

This document is based on the most up-to-date information available as of July 28, 2021, and reflects current and projected trends and replaces previous documents: *Health and Well Being Considerations for Pac-12 Institutions in The Local Planning for Return to Sporting Activity* (5/22/20) and subsequent updates (8/10/20), (9/17/2020), (12/4/2020) and (5/21/21).

The Pac-12 COVID-19 Medical Advisory Committee continues to recommend unanimously that all student athletes, staff, and personnel associated with athletics be vaccinated unless there is a medical or religious reason not to do so. With the increase in number and prevalence of variants, the role of vaccinations continues to remain a key mitigation step in sport participation. CDC unequivocally states that all currently available vaccines in the United States are safe and effective. One is considered fully vaccinated beginning at two weeks after the second dose of a two-dose mRNA vaccine (Pfizer or Moderna) or two weeks after a one-dose vaccine (Janssen/Johnson and Johnson). Medical staffs are encouraged to provide education and address questions regarding vaccines for student athletes, staff, and personnel. Vaccination status should be communicated with each institution's medical staff so that appropriate surveillance can be maintained.

Each institution remains subject to the applicable restrictions, regulations, and laws; policies of the individual institution; and federal, local and state health departments. These may be stricter or add additional elements not contained in this document.

SUMMARY OF KEY CHANGES FOR 2021-2022

- Fully vaccinated (to COVID-19) individuals:
 - No surveillance testing required (except as indicated in the Sustained Increased Transmission section below).
 - No quarantine required after exposure to an individual with COVID-19 necessary for asymptomatic individuals.
 - Mask must be worn after exposure to an individual with COVID-19 for 14 days or until a negative PCR test on day 3-5 following exposure
- Unvaccinated individuals:
 - Testing and quarantine upon return to campus following non-team related travel.

- Regular surveillance testing, minimum of one molecular PCR test per week (or 3 times a week antigen testing on non-consecutive days).
- Quarantine for the locally required period of time following high-risk COVID-19 exposure.
- Mask while indoors.
- Team vaccination rates: Mitigation guidance for teams regarding masking, travel protocols, and indoor facility use may be modified if 85% of team is vaccinated.
- Single risk standard: Sport risk of transmission categories eliminated.

GENERAL PRINCIPLES APPLIED THROUGHOUT

- Teams and institutions should recognize that uncertainties remain with regard to the evolution of the pandemic, mitigation strategies, and vaccination. Public Health guidance has and will continue to change.
- Nothing contained herein is intended to restrict team medical staff from following any additional practices that they deem appropriate in light of the conditions existing in their respective locales, information received from their local, state, and national public health officials, and/or their own medical judgment.
- Institutions may do more than any minimum standard outlined and may create additional institutional standards in areas not identified below.
- Consistent with NCAA Constitution 3.2.4.19, the institution's medical staff has unchallengeable autonomous authority to determine medical management and return-to-play decisions related to student-athletes.
- Testing of symptomatic individuals is required, regardless of vaccination status.

RETURN TO CAMPUS FOLLOWING NON-TEAM RELATED TRAVEL

Consistent with current CDC guidelines, when using public forms of transportation (planes, buses, trains, etc.), a mask must be worn over the nose and mouth. Individuals should not travel back to campus following personal or non-team related travel if symptomatic or positive for Covid-19 unless arrangements have been made by with the university for isolation and care.

Unvaccinated individuals who are not experiencing or exhibiting symptoms of Covid-19, should quarantine upon arrival to campus until receiving the results of a negative PCR test performed 3-5 days after completed travel and may also consider obtaining a negative PCR test within 72 hours prior to travel back to campus.

Vaccinated individuals who are asymptomatic do not need to test prior to travel, quarantine or receive a PCR test upon arrival to campus unless otherwise required to do so by university, local, or state requirements.

MENTAL HEALTH SCREEN RECOMMENDATIONS

The impact of the COVID-19 pandemic on mental health is under study. Devoting resources for assessment and treatment of negative consequences on mental health due to the stressors of the COVID-19 pandemic are recommended.

COVID-19 TESTING RECOMMENDATIONS

Anyone who has regular close physical interaction with student-athletes, including student-athletes, coaches, sport support staff, team travel party (those travelling with the team or regularly having close

physical interactions with the team while travelling) is considered “Tier 1” for purposes of this document. Tier 1 individuals are subject to the following testing requirements:

- Symptomatic: Anyone who exhibits symptoms of COVID-19 must be tested regardless of previous infection or vaccination status.
- Unvaccinated: Unvaccinated individuals must be tested a minimum of once per week by molecular PCR test or three times per week antigen testing. Unvaccinated individuals must have a negative PCR test within 72 hours prior to travelling to a competition. (The PCR test prior to competition travel can apply to the minimum once weekly test requirement.)
- Vaccinated:
 - Fully vaccinated individuals are not required to receive surveillance testing (except as indicated below).
 - Fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 are to be tested 3-5 days after exposure and wear a mask in public indoor settings until they receive a negative test.
- Sustained Increased Transmission: a) 3 or more positive cases or b) positive cases in 5% or more of a team cohort (whichever is greatest) within a two-week period may indicate a sustained increase in transmission. In the event of a sustained increase in transmission, testing all members of a team *regardless of vaccination status* should be considered depending on updated variant information and community spread. Daily monitoring of symptoms is also recommended. Contact tracing and the nature of the cases will determine the frequency of repeat testing and need for quarantine. “Team cohort” includes team players, team coaches, and team-specific staff. A single household is considered one case.
- Testing Exemption Period: An individual who tests positive with surveillance testing is not subject to further surveillance testing for 90 days from the positive test.
- Confirmatory Testing: Positive antigen tests are considered presumptive positives. If an athlete has a positive antigen test the athlete is to be isolated and a PCR test used to confirm the diagnosis.
- Officials and other operations staff who cannot distance from Tier 1 individuals in the course of their duties who are unvaccinated a minimum of one molecular PCR test per week which must be within 72 hours prior to competition.

ISOLATION, QUARANTINE AND CONTACT TRACING

- Member institutions should follow contact tracing protocols per institution, federal, local and state guidelines. Note: The CDC defines close contact as within 6 feet for a cumulative total of 15 consecutive minutes or more in a 24-hour period.
- Vaccinated Individuals:
 - Fully vaccinated individuals who have a known exposure to someone with suspected or confirmed COVID-19 and remain asymptomatic for symptoms of COVID-19 do not need to quarantine. (See above for masking and testing guidance.)
- Unvaccinated Individuals:
 - Duration of quarantine for unvaccinated individuals following exposure to someone with suspected or confirmed COVID-19 is determined by local guidelines. The following are consistent with current CDC guidelines:
 - Quarantine may end after day 10 without testing if patient is asymptomatic.

- Quarantine may end after 7 days if patient is asymptomatic *and* obtains a negative molecular PCR test on days 5-7.
- Infected Individuals (Vaccinated or Unvaccinated): Isolation is required for anyone who tests positive for COVID-19. Isolation is maintained for at least 10 days from the onset of either positive test or symptoms of COVID-19 AND minimum of 24 hours afebrile without use of antipyretics and improvement of respiratory symptoms. An isolated individual may not participate in physical training or team training activities.
- Notice of Positive Result: If an individual participating in a competition or intersquad scrimmage tests positive within 48 hours following the competition, the following communications will be made to allow for the determination and performance of necessary contact tracing:
 - Team Member: If a team member, that team's physician or athletic trainer will immediately notify 1) the opposing team's physician or athletic trainer, and 2) the Conference medical liaison.
 - Officiating or Conference Personnel: If an official or conference personnel, the Conference medical liaison or sport administrator will immediately notify the team physician or athletic trainer of each participating team.
 - Notice of High-Risk Contact: If any high-risk contacts are identified through contact tracing, each institution will be responsible for notifying its affiliated individuals who are identified as high-risk contacts (e.g., designated institution staff will notify any impacted team player, staff, etc.; designated Conference staff will notify any impacted official or Conference personnel.)

RESPONSE TO INFECTION / PRESUMED INFECTION

Infected Person

Individuals with infection must isolate as described above. 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, some infections may either not have symptoms or only have mild symptoms. Currently, CDC guidelines for asymptomatic, mildly, or moderately symptomatic persons is isolation for 10 days. Asymptomatic individuals may be released from isolation 10 days after their positive test. 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.

Diagnosis While Traveling

If a member of the travel party is diagnosed while traveling, they are to be isolated upon diagnosis and may not travel back with the team or use public forms of transportation. The host medical staff should assist the visiting institution regarding transportation, access to testing and medical evaluation as appropriate. The Pac-12 has contracted with AirMed as an option for institutions to use for transportation of individuals diagnosed with COVID-19. High-risk contacts unable to travel by private vehicle should be placed in a surgical mask, KN95 or N95 mask and transported back to school. Every attempt should be made to minimize contact with others.

Post-Infection

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

USE OF ATHLETIC FACILITIES

Activities completed outdoors or in larger indoor spaces with increased ventilation (HVAC adjustments, open windows) are less likely to promote viral transmission. 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 whenever possible. Local and institutional guidelines should be followed for capacity limitations.

Unvaccinated individuals must mask while indoors when not engaged in training and competition. All individuals—regardless of vaccination—should consider masking indoors when variants or local community prevalence is at [high transmission](#).

Daily monitoring for symptoms of COVID-19 is recommended.

No one who is ill or has symptoms should report to campus for any activities without prior approval from the medical staff.

Team Vaccination Rates: If Covid-19 vaccination rates of Tier 1 individuals of a single team reach 85% *and* there are no active cases within the team, mitigation standards may be relaxed as determined by the sports medicine staff and subject to institutional, local, state, and federal guidelines. Note: Local prevalence of COVID-19 disease should be considered in this recommendation.

TRAVEL

Travel enhances close contact between individuals. Certain mitigation standards were put in place during the 2020 season to enhance physical distancing prior to vaccine availability. Moving forward, travel guidelines may be determined by the local institution.

It is recommended that these interventions be continued if < 85% of a team is vaccinated.:

- Single seats on buses or decreased capacity in vehicles
- Limited travel party for away events
- Single rooms when in hotels
- Single serving take-out food or single-line buffets
- Modified or virtual team meetings

If $\geq 85\%$ of the team is vaccinated, these standards may be relaxed as determined by medical personnel. Consideration should still be given to large, well-ventilated meeting rooms and large rooms for team meals or eating in shifts.

COMPETITION

Sidelines/team areas are encouraged to be limited to the team cohort and personnel with a working purpose. Extended sidelines are recommended where possible. Unvaccinated persons located on sidelines or within facilities are to remain physically distanced from Tier 1 individuals and wear a face covering.

Officials

Officials regularly interact closely with student-athletes and team staff in the course of their duties. All officials are encouraged to be vaccinated. Unvaccinated officials must have a negative PCR test within 72 hours prior to an event and at least once a week if covering multiple events in the same location.

Unvaccinated officials are to use face coverings and remain physically distanced from Tier 1 individuals whenever possible.

Discordant Results

Positive Antigen Test Confirmation or Clearance: Obtain a PCR test within 24 hours of a positive antigen test result. If the PCR test is negative, the student-athlete may be reinstated to daily antigen testing cadence and may return to activity (subject to local/state regulations and if deemed appropriate by institution’s medical staff).

Figure 1: Example of the positive antigen test confirmation/clearance cadence.

Red = confirmation of infection/placement into institution’s isolation/quarantine protocol.
 Green = “false positive” and clearance to return to activity/resume regular antigen testing cadence.

A		B	
Day 1*	Day 2	Day 1	Day 2
Antigen (+)	X	Antigen (+)	Antigen (-)
PCR (+)		PCR (-)	

**PCR should be administered within 24 hours of first Antigen (+), which may occur the day following Day 1. Second antigen should not be administered until after PCR results are received.*

Incongruent Antigen/PCR Tests: If it appears that there are rare individuals who repeatedly have positive antigen tests which are not confirmed by PCR. These individuals are eligible for alternative testing. To qualify, they should have multiple positive antigen tests followed by at least two consecutive PCR negative tests administered over the subsequent 48 – 72 hours. These individuals may switch to a minimum 3x/week PCR testing cadence in lieu of antigen testing (subject to local/state regulations and if deemed appropriate by institution’s medical staff). A negative PCR completed within 48 hours of game time is required to participate in competition.

Figure 2: Example of the incongruent antigen/PCR tests cadence.

Yellow = incongruent antigen/PCR.
 Red = confirmation of infection.
 Green = “false positive” and clearance to return to activity and begin alternative min. 3x/week PCR cadence.

C			D			E		
Day 1*	Day 2-3	Day 3-4	Day 1	Day 2-3	Day 3-4	Day 1	Day 2-3	Day 3-4
Antigen (+)	Antigen (+)	PCR (-)	Antigen (+)	Antigen (+)	X	Antigen (+)	Antigen (+)	PCR (+)
PCR (-)	PCR (-)		PCR (-)	PCR (+)		PCR (-)	PCR (-)	

Results from testing will be recorded in the Presagia system and de-identified results will be available to inform on-going testing strategy. In addition, results from consented student-athletes will imported into the research portal for further review and analysis.

Frequent testing can present enormous logistical challenges for the medical staff, in particular the athletic training staff. Athletic departments should consider augmenting the sports medicine staffs with additional personnel or managing current staff workload by limiting the number of student-athletes participating.