# 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: April 30, 2022

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 April 27,2022 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, 5/21/21, 8/1/2021, 12/31/2021).

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 SARS-CoV-2 virus variants still in circulation and at risk of new variants and spread, the role of vaccinations continues to remain a key mitigation step in reduction of the severity of illness symptoms, and hospitalizations which can impact local community ability to continue sport participation. CDC states that all currently available vaccines in the United States are safe and effective and the FDA continues to monitor the need and approval of booster doses for certain populations. 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 THIS DOCUMENT

- Discontinuation of surveillance testing for asymptomatic individuals.
- Masking indoors when recommended by local health departments and the CDC.
- Contact tracing only necessary in the event of a cluster of positive individuals within a team cohort to attempt to limit further spread or as required by local health departments.
- Assessment, treatment and return to play decisions should be managed by team physicians and medical decisions should be individualized to the patient.
- Quarantine for high-risk contacts is not obligatory.

### **GENERAL PRINCIPLES APPLIED THROUGHOUT**

- Uncertainties remain with regard to the evolution of the pandemic, mitigation strategies, and vaccination. Public Health guidance has and will continue to change.
- These are minimum guidelines with respect to Pac-12 competition.

- Nothing in this document is intended to restrict team medical staff from following any additional
  practices 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 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 Bylaw 3.2.4.19, each 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

The CDC recommends that a mask be worn over the nose and mouth in indoor public transportation settings (planes, buses, trains, etc.). 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.

Individuals who are asymptomatic (regardless of vaccination status) do not need to test prior to travel, quarantine or receive a COVID test upon arrival to campus unless otherwise required to do so by university, local, or state requirements.

### MENTAL HEALTH SCREEN RECOMMENDATIONS

The COVID-19 pandemic has an impact on mental health of student-athletes, staff and administrators. Devoting resources for assessment and treatment of negative consequences on mental health due to the stressors of the COVID-19 pandemic is recommended.

## STANDARD PRECAUTIONS

Given the shifting dynamics of COVID-19 spread, population immunity and community level surveillance, COVID-19 management should shift to normal infection control Standard Precautions. According to the CDC, Standard Precautions are used for all patient care, are based on a risk assessment, and make use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

### Standard Precautions include:

- Perform proper hand hygiene.
- Use personal protective equipment whenever there is an expectation of possible exposure to infectious material.
- Follow respiratory hygiene / cough etiquette principles.
- Ensure appropriate patient placement.
- Properly handle and properly clean and disinfect patient care equipment and instruments/devices.
- Handle textiles and laundry carefully.
- Properly clean and disinfect high traffic areas, including athletic training rooms, weight rooms, and meeting rooms.
- Follow safe injection practices.
- Ensure healthcare worker safety including proper handling of needles and other sharps.

Shifting to Standard Precautions means that strategies around surveillance testing can be changed to testing of symptomatic individuals.

Athletics health care providers are encouraged to be educated and trained in Standard Precautions, as this will help providers make appropriate decisions and comply with recommended practices.

## **VACCINATIONS AND TESTING**

Vaccinations are an important measure in helping to prevent serious illness and hospitalization. Testing only unvaccinated individuals no longer meets the intent behind requiring weekly testing – which was to significantly slow spread among those who were more likely to contract and transmit the virus.

Each institution's medical staff should continue working closely with state and local public health authorities to monitor pandemic conditions and communicate updated recommendations.

The conference medical board (SAHWBI) will also monitor any new developments with respect to infectious diseases and viral spread and may modify these recommendations.