Pre-Return and Return-to-Campus Preparation and Communication Plan

The intent of this document is to assist collegiate athletic departments with preparation and implementation strategies to enhance a 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.

1. Preparation for Return to Campus
   A. Campus General Council/Risk Management Liability Understanding & Communication
   B. Creation of Athletics COVID-19 Action Team
   C. Creation of Action Plan
   D. Safe Transition to Athletic Activity

2. Staff Return
   A. Acquisition of Personal Protective Equipment
   B. Acquisition of Disinfectant Products
   C. Considerations of Pre-Participation Physicals
   D. Infectious Disease Prevention Plan
   E. Quarantine/Isolation Unit Plan
   F. EMS/911 Emergency

3. Student Athlete Return
   A. Infectious Disease Prevention Education
   B. Infectious Disease Cluster Response Plan
   C. Quarantine/Isolation Unit Plan
   D. Pre-Activity Screenings
   E. Preparations for Implementing Safe Training Approach

4. Return to Training
   A. Safe Transition to Athletic Activity
   B. Equipment Sanitation
   C. Spacing Considerations
   D. Team Ops & Travel Considerations
   E. Event Planning & Management

5. Return to Competition
   A. Contingency Plan for Managing Recurrence

*Disclaimer: Recommendations are fluid and subject to change. Therefore, it is important to stay current with public health care guidelines as well as recommendations from governing bodies. Created by NATA ICSM Return to Campus Workgroup: Terry DeZeeuw, Jamie DeRollo, John Dunham, Jeremy Hancock, April Hoy, Aaron Kilfoyle, Dean Miller, Phil Voorhis, Tim Weesner. 04.22.2020.
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A. Campus General Council/Risk Management Liability Understanding & Communication
1. Align department policies with campus policies and communication of public healthcare guidelines
2. Reporting, monitoring and resolution of symptoms of illness should align with institutional guidelines
   • Patient-health care provider contact
   • Emphasis on avoiding communal buildings
3. Infectious disease education for student athletes and departmental staff
   • Guidelines for infection prevention and transmission control
   • Proper communication methods for reporting symptoms
   • Individual personal conduct and hygiene

B. Creation of Athletics COVID-19 Action Team
1. Primary stakeholders/members
   • Athletic director or designee
   • Health care administrator
   • Sports medicine team
   • Strength and conditioning
   • Team physicians
   • Student health
   • University crisis management/emergency preparedness
   • Counselling
   • Facilities
2. Potential advisory groups
   • Federal/state/local public health officials
   • Custodial/sanitation
   • Compliance
   • Coaching/sport operations
   • Equipment
   • Housing, dining and nutrition
   • Student development
   • Academics
   • Human resources
   • Campus safety
   • Athletic conference/governing bodies

Resources to consider
• CDC: Infection Prevention and Control Assessment Tool for Outpatient Settings (2016)
• BOC Facility Principles (2015)
• American College Health Association (ACHA) COVID-19 Resources
   • ACHA Guidelines: Student Health Considerations & Guidelines for Re-opening Higher Education Institutions
• 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)
• NCAA Core Principles of Resocialization of Sport
• Websites for local, county or regional board of health governing bodies responsible for administering and enforcing state public health laws and regulations
C. Creation of Action Plan (with consideration of the following items and in alignment with institution guidelines/action plans)

1. Guidelines and acquisition of personal protective equipment (PPE) for staff
   • Alignment with CDC and State/local guidelines on appropriate protection
   • Evaluate PPE and equipment needs/availability/optimization
   • Procurement of materials may dictate levels of service and operational capacity

2. Return-to-campus guidelines
   • Alignment with public health agencies, governmental and institutional guidelines regarding travel and post-travel recommendations
   • See recommendations from NATA: ICSM COVID-19 Screening Committee

3. Quarantine/isolation unit planning
   • Alignment with public health agencies and institutional guidelines
   • Considerations:
     • On- and off-campus housing/dining
     • Documentation
     • Contact and location tracing (HIPAA/FERPA)
     • Length of time away from individuals/facility
     • Location
     • Monitoring, follow up and serial exams
     • Discontinuation considerations
     • Personal travel procedures
     • Team travel procedures

4. Infectious disease cluster response plan
   • Contact local and institutional health authorities
   • Consideration of general epidemiological strategies, and best-practice recommendations
   • Re-evaluation of prior disinfectant/purification/equipment plan

5. COVID-19 prevention disinfectant/purification/equipment plan
   • Considerations:
     • Procurement of materials may dictate levels of service and operational capacity
     • Proper products and application methods
       • Locker rooms
       • Weight room
       • Communal areas
       • Meeting rooms
       • Health care facilities
       • Academic areas
       • High touch surfaces
       • Any shared health, fitness and sport equipment
       • Food service (communal meals and fueling stations)
     • Sanitary hydration
     • Laundry

6. EMS/911 emergency differentiation plan
   • Adaptation of emergency action plans based on campus and local EMS/campus safety availability, facilities considerations, increased demands and increased risk of exposure at local emergency facilities
     • Alternate hospitals and health care facilities
     • Alternate transportation plans (triage, location, etc.)
     • On-site availability of physicians
       • Capacity student health services

7. Social distancing considerations
   • Social distancing principles within:
     • Team scheduling of shared facilities
     • Health care facilities
     • Locker rooms
     • Weight rooms
     • Team meeting rooms
     • Athletic academic areas
     • High volume communal areas in athletic facilities
• Athletic dining areas
• Recommendations to conduct virtual team activities when possible

8. Implementation of infectious disease prevention plan (shared responsibility)
• Individual personal conduct
• Signage
• Hand sanitation stations
• Annual prevention education and training
• Operational considerations

9. Pre-participation considerations
• Physicals exams and screenings
  • Contingency plan based on provider accessibility and institutional guidelines regarding physical exams
  • Evaluation of additional screenings based on health history, as recommended by team physician/primary care physician
    • New student athlete, returning student athlete and student athlete with verified (+) test for COVID-19
    • Obtain recommendations from treating physician when possible

D. Safe Transition to Athletic Activity

1. Adherence to governing body and consensus recommendations for transition and acclimation to activity following extended inactivity periods

2. Event planning and management considerations
  • Game management personnel
  • Visiting team concerns
  • Venues
  • Spectators

3. Team operations and team travel considerations

E. Contingency Plan to Manage Recurrence

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