



SEC MEDICAL GUIDANCE TASK FORCE

REQUIREMENTS FOR COVID-19 MANAGEMENT: FALL SPORTS

(Revised: September 22, 2020)

The Southeastern Conference (SEC) continues to closely monitor COVID-19 and associated public health information related to the resulting pandemic. Since April 21, the SEC Return to Activity and Medical Guidance Task Force (Task Force) has met weekly to provide guidance to the SEC, with a priority placed on the health, safety and wellness of student-athletes (SAs), coaches and staff members, as it prepares for membership decisions related to the return of athletics activities, including team gatherings, practices, conditioning and competition.

The members of the SEC Return to Activity and Medical Guidance Task Force include:

- Dr. Jimmy Robinson, University of Alabama, Head Team Physician and Medical Director
- Dr. Kent Hagan, University of Arkansas, Sports Medicine/Team Physician
- Dr. Mike Goodlett, Auburn University, Chief Medical Officer/Team Physician
- Dr. Jay Clugston, University of Florida, Team Physician
- Ron Courson, University of Georgia, Senior Associate Athletics Director/Sports Medicine
- Jim Madaleno, University of Kentucky, Executive Associate Athletics Director/Sports Medicine and Performance
- Dr. Catherine O'Neal, LSU Health Sciences Center Assistant Professor of Medicine, Infectious Diseases
- Dr. Marshall Crowther, University of Mississippi, Medical Director/Sports Medicine Physician
- Dr. Cliff Story, Mississippi State University, Director of University Health Services
- Dr. Stevan Whitt, University of Missouri, Associate Professor of Medicine, Divisions of Pulmonary and Critical Care Medicine and Infectious Diseases; Senior Associate Dean for Clinical Affairs, University of Missouri School of Medicine, Chief Clinical Officer
- Dr. Zoë Foster, University of South Carolina, Program Director, Primary Care Sports Medicine Fellowship
- Dr. Chris Klenck, University of Tennessee, Head Team Physician
- Dr. Shawn Gibbs, Texas A&M University, Dean of School of Public Health
- Dr. Warne Fitch, Vanderbilt University, Associate Professor of Emergency Medicine, Associate Professor of Orthopedics



The SEC, in consultation with the other Autonomy Five (A5) conferences, has relied on the advice and counsel of medical experts to determine a responsible approach for a safe return to athletics should the current status of the pandemic allow for such activity. We recognize there is no way to eliminate the risk of transmission of the virus at this time. These standards are intended to increase the likelihood of early identification and help mitigate the potential impact of the virus.

As such, these requirements have been developed in consultation with representatives from each SEC university, including infectious disease specialists, public health experts, team physicians and athletic trainers, in concert with medical representatives from each member of the A5 conferences. These policies are intended to guide institutions in the minimum necessary requirements needed to participate in SEC athletics during the 2020-2021 academic year. Previous advisory recommendations released on May 20, 2020, from the SEC Return to Activity and Medical Guidance Task Force focused on the safe return to sport training and activity. The requirements described herein supersede the previous advisory recommendations and extend to competition settings for fall sports. This document will be updated as needed and to include winter and spring sports.

These requirements are based on currently available information. Given the fluid nature of this pandemic, the requirements and testing strategies within are likely to change and will be updated as information evolves. This plan is based on risk mitigation strategies and is contingent upon supply chain availability.

Ultimately, each institution is responsible for managing its student-athletes and is subject to requirements imposed by its state, campus and/or local health departments, as well as state law. Institutions should report their positive results directly to their university-wide COVID-19 public health management operations for notification, tracing, isolation/quarantine, and follow-up support.



Consistent with NCAA Constitution Bylaw 3.2.4.19, each institution’s medical staff must have unchallengeable autonomous authority to determine medical management and return-to-play decisions related to student-athletes.

Finally, the COVID-19 pandemic can have a significant impact on student-athlete mental health and wellness. In addition to the outlined requirements, the SEC Return to Activity and Medical Guidance Task Force recommends all universities be aware of and attend to the mental health needs of its student-athletes.

GENERAL REQUIREMENTS

Testing

Polymerase chain reaction (PCR) is the current standard testing method and unless otherwise stated, references to “testing” in this document refer to PCR. Alternative testing methods may be considered if sufficient data to support their use develops. The SEC will coordinate centralized testing through a third-party testing laboratory (currently PAE) for consistency in surveillance and competition testing.

Response to a Potential Quality Assurance/Control Error Involving Testing

- If there is reason to suspect a quality assurance or quality control error, the PAE Medical Director will work with the appropriate parties to conduct a review of the testing process which may, as indicated, include repeat testing of affected samples or individuals.
- During the period of review, asymptomatic individuals for whom the test was initially reported as positive will remain in isolation.
- At the conclusion of the review, the PAE Medical Director will review and update final test results. The individual in isolation will be notified of the final results and removed from



isolation if final testing warrants a change in isolation status.

Surveillance

- For high risk sports, PCR surveillance is required weekly during practice and three times weekly during competition periods. Intermediate and low risk sports (See Table 1) may be tested at less frequent intervals. Each sport may be subject to additional testing requirements as detailed in the applicable section below. Surveillance testing of someone who previously tested positive for the virus, subsequently recovered and has returned to play will not be required for the remainder of the season.
- **The Team Travel Party should be limited to only the team, coaches and essential personnel who undergo similar surveillance as student-athletes and coaching staff. All others should travel separately to and from competitions (e.g., families, radio crews, boosters, administrators, etc.).**

Table 1: Risk Level for SEC Sponsored Sports

| Category | Sports |
|---------------------------------|---|
| High Risk Sports | Basketball, Football, Soccer, Volleyball |
| Intermediate Risk Sports | Baseball, Cross Country, Gymnastics, Softball, Swimming & Diving |
| Low Risk Sports | Equestrian, Golf, Tennis, Track & Field |

Cardiac Screening and Return-to-Play following COVID-19 Infection

Based on CDC guidance, all student-athletes diagnosed with a COVID-19 (SARS-CoV-2) infection, will require isolation for at least 10 full days with day 0 starting at the onset of symptoms or the day of testing, if asymptomatic. No exercise should be undertaken during



the isolation period. After the isolation period is completed, each student-athlete will undergo a medical evaluation by a team physician. Given the concern for possible cardiac complications from COVID-19 infections (i.e. acute myocarditis), cardiac testing and a period of re-acclimation to exercise will be required prior to returning to full participation in sport.

The required cardiac testing will include:

1. Electrocardiogram (EKG)
2. Serum Troponin level
3. Echocardiogram (ECHO)

The results of these tests, medical evaluation findings, or the clinical course of the student-athlete (i.e. moderate to severe infections requiring hospitalization) may warrant further testing (such as cardiac MRI) based on the discretion of the team physician.

In addition to cardiac testing, a minimum of a 4-day period of re-acclimation to exercise will be required to monitor for any signs or symptoms of cardiac complications (i.e. chest pain, shortness of breath, presyncope, syncope). Day 1 of re-acclimation should be approximately 25% of a normal practice or conditioning session, with Day 2 being 50%, Day 3 being 75% and Day 4 being full participation. Prior to starting Day 1 of re-acclimation a medical evaluation and EKG should be completed and deemed normal by the team physician. A troponin must be obtained on day 1 prior to exercise and results must be available prior to beginning day 2. An echocardiogram should be completed prior to final clearance for full participation.

A potential timeline for return to full participation after a new confirmed **COVID-19 infection** may resemble:

Isolation: No exercise



Re-acclimation:

- Day 1:** Medical evaluation, EKG, Troponin level, ECHO (if possible). May proceed with Day 1 of re-acclimation (25% intensity) if medical evaluation and EKG are completed and normal. Troponin must be obtained on day 1 prior to exercise and results must be available prior to beginning day 2.
- Day 2:** Day 2 of re-acclimation (50% intensity). ECHO must be completed and be read as normal prior to starting Day 3 of re-acclimation.
- Day 3:** Day 3 of re-acclimation (75% intensity).
- Day 4:** Day 4 of re-acclimation (100% intensity; full practice or game).

*Practice and conditioning activities during the period of re-acclimation to exercise should be determined collaboratively by medical staff, strength and conditioning staff, and coaching staff.

Student-athletes who have a **suspected past infection with positive antibody test but negative PCR test** should also undergo a medical evaluation and cardiac testing including EKG, troponin and echocardiogram. Further cardiac evaluation may be indicated based on results of medical evaluation, cardiac testing, or clinical course of past illness at the discretion of the team physician. A period of re-acclimation may not be indicated if the student-athlete has not had any interruption in training but monitoring for any signs or symptoms of cardiac complications from a suspected prior infection is advised.

Clinical

- In addition to routine surveillance and pre-competition testing, if SAs or staff develop symptoms consistent with COVID-19 at any point, they must undergo clinical evaluation including testing for presence of the virus. PCR testing is preferred if available. If a SA or staff becomes symptomatic between the surveillance testing period and competition, rapid diagnostic testing may be utilized for testing purposes as available.



- Student athletes with a previous diagnosis of COVID-19, who develop new symptoms consistent with COVID-19 may require retesting if an alternative etiology is not identified; consultation with infectious disease or infection control experts is recommended in this situation.
- See Medical Response Plan section for management of positive cases.
- Adjustments to testing frequency and alternative testing methods may be considered if sufficient data to support their use develops. This should include consultation with Conference medical experts and local health officials before implementation.

Medical Response Plan

- **Confirmed Infection**

- Asymptomatic Infection

Isolate for at least 10 days from the date of the positive test. If the SA becomes symptomatic, implement symptomatic infection recommendations below. When returning to activity following isolation, athletes will need 1) cardiac evaluation, 2) clearance from a team physician, and 3) must adhere to an appropriate period of acclimatization following the period of inactivity.

- Symptomatic Infection

Isolate for at least 10 days from onset of symptoms. At least 24 hours must have passed since last fever without the use of fever-reducing medications and symptom improvement (e.g., cough, shortness of breath, etc.) has occurred, in accordance with current CDC guidance for isolation to end. When returning from isolation, athletes will need 1) cardiac evaluation, 2) clearance from a team physician, and 3) must adhere to an appropriate period of acclimatization following the period of inactivity.



- Quarantine Following Close Contact Exposure in Student-Athletes with Prior Confirmed COVID Infection

SAs with prior confirmed COVID infection who are within a 90-day window of symptom onset or a positive test (if asymptomatic), will not be required to quarantine following a close contact with a COVID positive individual. This is an evolving area of research, and policy may need to be adjusted if new information arises about the definitive possibility of reinfection.

- **Presumed Infection:** Isolate individual with suspected infection; if in the athletic facility, provide a mask, isolate and refer to a medical professional for evaluation and management.
 - Pre-competition patient under investigation (PUI) or confirmed case: For cases that arise after pre-competition testing but before competition begins, the SA needs to be promptly isolated and tested. Preliminary contact tracing for PUIs and full contact tracing for confirmed cases to identify and quarantine close contacts should occur.
 - In-competition PUI: For potential cases that arise during competition, the SA needs to be promptly evaluated. Rapid Antigen Testing (RAT) will be available for both competing teams at each member institution for symptomatic individuals who are suspected to have COVID-19.
 - Post-competition confirmed case: For cases that arise after competition is completed, the SA needs to be promptly isolated and tested. Contact tracing to identify and quarantine close contacts should occur. For COVID-19, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.



Quarantine Protocol

- Those with prolonged close contact (> 15 minutes within 6 feet) during the period of infectivity (2 days prior to symptom onset until the time of isolation), will be considered HIGH-RISK contacts. Whether high-risk status can be avoided by both parties wearing masks or face coverings is an evolving area of research, and this policy may need to be adjusted if new information arises about the level of protection provided by masks and face coverings.
- Quarantine: 14 days per current national guidelines. Asymptomatic student-athletes in quarantine are permitted to exercise alone, including in athletics facilities, if permitted by campus guidelines and local/state policies. Strict social distancing must be enforced.
- Return to play after Quarantine: Allowable if no symptoms develop while quarantined and if individual quarantined for the recommended time. Institutions may consider testing contacts during quarantine if the local testing supply is adequate, however this does not shorten or remove the need for a 14-day quarantine period.

Isolation Protocol

- Pre-Travel: If an individual(s) tests positive prior to travel, the positive individual(s) will not travel and will be isolated according to the policies established by their institution.
- During Travel: If an individual(s) tests positive while traveling, the positive individual(s) will not participate in any elements of the competition and will be isolated according to the policies established by their institution.
 - The local health authorities that govern the home team, visiting team, and the individual's physical location when the test was administered will be notified.



Institutions should report their positive results directly to their university-wide COVID-19 public health management operations for notification, tracing, isolation/quarantine, and follow-up support.

- The team with the individual who tested positive will return the individual to his/her campus community as soon as it can arrange to do so using appropriate infection control and physical distancing processes.
- Each institution should have designated and dedicated isolation rooms for each of the home and visiting teams.
- Post-Travel: If an individual(s) tests positive after traveling, the positive individual(s) will be isolated according to the policies established by their institution.

Face Coverings

All individuals who access the competition area shall be required to wear a face covering, other than student-athletes and the officials who are engaged in competition. SAs and game officials shall wear face coverings as outlined in the sport-specific guidelines addressed later in this document. The proper use of a mask/neck gaiter as a mitigation strategy requires that the mask/neck gaiter must completely cover both the nose and mouth such that neither nostrils nor the tip of the nose is visible.

Game Balls

Other than the game officials and participants, any individuals who will or may touch the game balls (i.e., footballs, soccer balls or volleyballs) during competition shall be PCR tested weekly, adhere to appropriate handwashing/hand sanitizing protocols and wear a face covering. Game balls that leave the competition area must be disinfected according to the ball manufacturer's guidelines prior to re-entering play.



COVID-19 Protocol Oversight Officer

Each institution shall designate a COVID-19 Protocol Oversight Officer who shall be responsible for education and ensuring compliance with the SEC's COVID-19 Management Plan. The COVID-19 Protocol Oversight Officer, or his/her designee, will ensure compliance with management protocols by teams, staff and essential personnel at each competition (both home and away).

Game Discontinuation Considerations

- Inability to isolate new positive cases, or quarantine high-risk contacts of cases of university students.
- Unavailability or inability to perform symptomatic, surveillance or pre-competition testing when warranted.
- Campus-wide or local community positivity test rates that are considered unsafe by local public health officials.
- Inability to perform adequate contact tracing consistent with local, state or federal requirements or recommendations.
- Local public health officials indicate an inability for the hospital infrastructure to accommodate a surge in COVID-19 related hospitalizations.



FOOTBALL

Risk Category: High

Testing Plan Pre-Competition

Weekly PCR surveillance is necessary during practice for high risk sports.

Testing Plan for Competition

- Student-Athletes shall receive a PCR test three times weekly, (typically Sunday, Tuesday and Thursday) with one test to occur no more than 3 days prior to game time.
- Coaches/Support Staff shall receive a PCR test three time weekly, (typically Sunday, Tuesday and Thursday) with one test to occur no more than 3 days prior to game time.
- Officials/Replay Officials shall be PCR tested once per week in their local area prior to the assigned competition. Results must be received prior to travel to the competition city.
- [See Appendix A for Information on Testing Cadence]

Testing Contingency Plan

The following plans are subject to change and address the most likely scenarios that will be encountered within competition surveillance testing.

- If the results of a test performed on the Thursday prior to competition are not finalized prior to a traveling team's scheduled departure time on the Friday before competition, the traveling team will be allowed to travel at the institutions discretion. Isolation and contact tracing will still apply if an individual in the traveling team's party receives a positive test result on the Thursday test.
- All student-athletes, coaches, and support personnel in the competition area must



have finalized test results of the Thursday before competition PCR test to participate in competition.

- If an error occurs at a lab, including lost samples or inconclusive results, for a test performed on the Thursday prior to competition, the individual(s) involved will have a presumed negative result if and only if 1) the individual participates in the three times per week surveillance testing, 2) the results of the two prior tests were negative and 3) the individual is asymptomatic.

Masking

- All coaches, staff and non-competing student-athletes are required to wear a face mask/neck gaiter on the sideline. Physical distancing should be employed to the extent possible. At this time, face shields are not a suitable replacement for a face mask/neck gaiters for non-competing student-athletes, coaches and other staff on the sidelines.
- All officials shall wear a face mask/neck gaiter that will be used when physical distancing cannot be achieved (this excludes during active play).
- All individuals working the sideline within the team box and directly adjacent to the team box (e.g., chain crew, ball crew, etc.) will be required to wear a face mask/neck gaiter on the sidelines at all times.
- All other individuals provided with field and sideline access who are not allowed in the team box, whether PCR tested or not, must remain at least 6 feet away from the team box and must wear a face mask/neck gaiter at all times.



SOCCKER AND VOLLEYBALL

Risk Category: High

Testing Plan Pre-Competition

Weekly PCR surveillance is necessary during practice for high risk sports.

Testing Plan for Competition

- Student-Athletes shall receive a PCR test three times weekly, with one test to occur no more than 3 days prior to the first competition of the week.
- Coaches/Support Staff shall receive a PCR test three times weekly with one test to occur no more than 3 days prior to the first competition of the week.
- Officials shall be PCR tested once per week in their local area prior to the assigned competition. Results must be received prior to travel to the competition city.
- [See Appendix B & C for Information on Testing Cadence]

Testing Contingency Plans

The following plans are subject to change and address the most likely scenarios that will be encountered within competition surveillance testing.

- If an error occurs at the lab, including lost samples or inconclusive results, for a test performed no more than 3 days prior to competition, the individual(s) involved will have a presumed negative result if and only if 1) the individual participates in the three times per week surveillance testing, 2) the results of the two previous weekly PCR tests were negative and 3) the individual is asymptomatic.
- If the results of a test performed no more than 3 days prior to competition are not



finalized prior to a traveling team's scheduled departure time on the day before competition, the traveling team will be allowed to travel at the institution's discretion if the team is traveling via ground or via charter flight. Isolation and contact tracing will still apply if an individual in the traveling team's party receives a positive test result on the test performed no more than 3 days prior to competition.

- All student-athletes, coaches and support personnel in the competition area must have finalized test results of the test performed 3 days prior to competition to participate in the competition.

Masking

- All coaches, staff and non-competing student-athletes are required to wear a face mask/neck gaiter on the sideline. Physical distancing should be employed to the extent possible.
- All volleyball officials shall wear a face mask/neck gaiter in the competition area. Soccer officials shall wear a face mask/neck gaiter that will be used when physical distancing cannot be achieved (this excludes during active play).
- All individuals at the scorer's table in volleyball and soccer will be required to wear a face mask/neck gaiter at all times. Scorer's table personnel should be physically distant to the extent possible.
- All other individuals provided with field and sideline access who are not allowed in the team box, whether PCR tested or not must remain at least 6 feet away from the team box and must wear a face mask/neck gaiter at all times.



CROSS COUNTRY

Risk Category: Intermediate

Testing Plan Pre-Competition

PCR surveillance should be consistent with other intermediate risk sports testing levels during training.

Testing Plan for Competition Season

All cross-country student-athletes, coaches and essential staff shall undergo PCR testing each week. Testing administered during the week of competition shall be administered no more than 3 days prior to competition.

Masking

- All coaches, staff and non-competing student-athletes are required to wear a mask/neck gaiter. Physical distancing should be employed to the extent possible.
- All competing student-athletes are required to wear a face mask/neck gaiter at the starting line which may be removed just prior to the start of a race.
- All cross-country officials shall wear a face mask/neck gaiter in the competition area at all times.
- All other individuals provided with access to the competition area must wear a face mask/neck gaiter at all times.

Competition

- Starting line areas must be adapted to provide a minimum of 3 meters between each team's starting box.



- Student-Athletes are not allowed in the starting area until five minutes prior to the commencement of a competition.
- Apparatuses to contain or funnel contestants after the finish line are prohibited. Athletes should be encouraged to disperse forward in multiple directions immediately after crossing the finish line.
- Limit regular season competitions to a maximum of 10 teams per race/heat.



SWIMMING AND DIVING

Risk Category: Intermediate

Testing Plan Pre-Competition

PCR surveillance should be consistent with other intermediate risk sports testing levels during training.

Testing Plan for Competition Season

All swimming and diving student-athletes, coaches and essential staff shall undergo PCR testing each week. Testing administered during the week of competition shall be administered no more than 3 days prior to competition.

Masking

- All coaches, staff and non-competing student-athletes are required to wear a mask/neck gaiter. Physical distancing should be employed to the extent possible.
- All competing student-athletes are required to wear a mask during pre- and post-competition.
- All swimming and diving officials shall wear a face mask/neck gaiter in the competition area at all times.
- All other individuals provided with access to the competition area must wear a face mask/neck gaiter at all times.
- Each team should have available clean, dry replacement masks if a mask becomes wet.



Competition

- Regular season competition shall be limited to a dual-meet format unless alternative strategies to limit the overall number of participants to ensure appropriate distancing are developed.
- Teams and individuals shall be physically distanced on the pool deck to the extent possible. Spectator seating should be utilized to achieve physical distancing, if necessary.



MEN'S AND WOMEN'S GOLF

Risk Category: Low

Testing Plan Pre-Competition

PCR surveillance should be consistent with other low risk sports testing levels during training.

Testing Plan for Competition Season

All golf student-athletes, coaches and essential staff shall undergo PCR testing no more than 3 days prior to competition.

Masking

- All coaches, staff and student-athletes are required to have a mask/neck gaiter that must be worn when physical distancing cannot be achieved. Mask/neck gaiters should be worn at all times while indoors.
- All golf officials must have a face mask/neck gaiter in the competition area that must be worn in the event physical distancing cannot be achieved.
- All other individuals provided with access to the competition area must have a face mask/neck gaiter that must be worn in the event physical distancing cannot be achieved.



MEN'S AND WOMEN'S TENNIS

Risk Category: Low

Testing Plan Pre-Competition

PCR surveillance should be consistent with other low risk sports testing levels during training.

Testing Plan for Competition Season

All tennis student-athletes, coaches and essential staff shall undergo PCR testing no more than 3 days prior to the first competition of the week.

Masking

- All coaches, staff and student-athletes are required to have a mask/neck gaiter that must be worn when physical distancing cannot be achieved when competition is conducted outdoors. In the event the competition moves indoors, all coaches, staff and non-competing student-athletes are required to wear a mask/neck gaiter at all times. Physical distancing should be employed to the extent possible.
- All tennis officials shall have a face mask/neck gaiter in the competition area that must be worn in the event physical distancing cannot be achieved. In the event the competition moves indoors, all tennis officials are required to wear a mask/neck gaiter at all times.
- All other individuals provided with access to the competition area must have a face mask/neck gaiter that must be worn in the event physical distancing cannot be achieved. In the event the competition moves indoors, all other individuals are required to wear a mask/neck gaiter at all times.



2020 SEC FOOTBALL COVID TESTING PLAN

Updated on 9/22/20

| GROUP A | |
|---|--|
| PCR: SUN, TUE & THU | |
| GROUP | LOCATION |
| STUDENT ATHLETES | SUN - CAMPUS TUE - CAMPUS THU - CAMPUS |
| COACHES & SUPPORT PERSONNEL* (60 BENCH PASSES) | SUN - CAMPUS TUE - CAMPUS THU - CAMPUS |
| BALL CREW | SUN - CAMPUS TUE - CAMPUS THU - CAMPUS |
| TEAM PHYSICIANS (MAX OF 10) | SUN - CAMPUS TUE - CAMPUS THU - CAMPUS |
| OTHERS ASSIGNED TO TEAM AREAS OUTSIDE THE TEAM BENCH (E.G., LOCKER ROOM) | SUN - CAMPUS TUE - CAMPUS THU - CAMPUS |
| OTHERS WITH CLOSE, FREQUENT CONTACT WITH THE TEAM* (DAILY OR ON GAME DAY) | SUN - CAMPUS TUE - CAMPUS THU - CAMPUS |
| VISITING TEAM ADVANCE TRAVEL OPS STAFF* | SUN - CAMPUS TUE - CAMPUS THU - CAMPUS |

| GROUP B | |
|---|---------------------------|
| PCR: TUE | |
| GROUP | LOCATION |
| VISITING TEAM TRAVEL PARTY (NOT ALREADY IDENTIFIED) | TUE - CAMPUS |
| INSTANT REPLAY TECHNICIAN (IN REPLAY BOOTH) | TUE - CAMPUS |
| PLAY CLOCK OPERATOR AND PLAY & GAME CLOCK/CABLE PULLERS | TUE - CAMPUS |
| CHAIN CREW | TUE - CAMPUS |
| HOME TEAM GAME MGR AND VISITING TEAM & OFFICIALS LIAISONS | TUE - CAMPUS |
| INSTANT REPLAY SIDELINE ASSISTANT | TUE - CAMPUS |
| TEAM POLICE/SECURITY (MAX OF 2) | TUE - CAMPUS |
| MEDICAL EMERGENCY PERSONNEL (EMTs/PARAMEDICS IF REGULARLY ENGAGED IN TEAM ACTIVITIES) | TUE - CAMPUS |
| TEAM PHYSICIANS (THOSE WHO WILL BE WITH THE TEAM ON GAME DAY ONLY; INCLUDED IN MAX OF 10 TOTAL TEAM PHYSICIANS) | TUE - AFFILIATED HOSPITAL |

| GROUP C | |
|--|-------------------|
| PCR: MON OR TUE | |
| GROUP | LOCATION |
| GAME OFFICIALS | MON OR TUE - HOME |
| INSTANT REPLAY OFFICIALS (IN REPLAY BOOTH) | MON OR TUE - HOME |
| COLLABORATIVE REPLAY OFFICIALS (IN SEC OFFICE) | MON OR TUE - HOME |
| MEDICAL OBSERVER | MON OR TUE - HOME |

| GROUP D | |
|--|------------------------------|
| PCR: TUE, WED OR THU | |
| GROUP | LOCATION |
| REPLACEMENTS/SUBS FOR ANY ROLES REQUIRING TESTING* | TUE, WED OR THU - CAMPUS |
| SEC STAFF (IN SEC VIDEO CENTER OR SEC OFFICE ON GAME DAYS) | TUE, WED OR THU - SEC OFFICE |

*Subject to limit of 60 people who have access to team bench area



2020 SEC FOOTBALL COVID-19 TESTING PLAN (Updated on 9/22/20)

| Group ID | Group(s) | Testing Days & Type | Testing Location | Tier on Game Day | Financial Responsibility | Notes |
|----------|---|-------------------------------------|--|------------------|--------------------------|---|
| A | Student-Athletes (Home & Visiting Team) | Sun - PCR Tue - PCR Thu - PCR | Sun - Campus Tue - Campus Thu - Campus | 1 | School | |
| | Coaches & Team Support Personnel (Home & Visiting Team: those who receive the 60 bench credentials/passes) | Sun - PCR Tue - PCR Thu - PCR | Sun - Campus Tue - Campus Thu - Campus | 1 | School | - Subject to limit of 60 people who have access to team bench area |
| | Ball Crew (Home & Visiting Team) | Sun - PCR Tue - PCR Thu - PCR | Sun - Campus Tue - Campus Thu - Campus | 1 | School | |
| | Team Physicians (Home & Visiting Team Physicians who interact with the team during the week and on game day or are traveling with the visiting team) | Sun - PCR Tue - PCR Thu - PCR | Sun - Campus Tue - Campus Thu - Campus | 1 or 2 | School | - See the reference in Group B for the Team Physicians who are with the team only on game day - Maximum of 10 Team Physicians in Team Bench Area |
| | Others who may be in a team area outside the team bench (e.g., Locker Room) on game day (Home & Visiting Team) | Sun - PCR Tue - PCR Thu - PCR | Sun - Campus Tue - Campus Thu - Campus | 2 | School | |
| | Any other individual who will have close, frequent contact with the team on a daily basis and/or on game day (Home & Visiting Team) | Sun - PCR Tue - PCR Thu - PCR | Sun - Campus Tue - Campus Thu - Campus | 1, 2 or 3 | School | - Subject to limit of 60 people who have access to team bench area |
| | Visiting Team Advance Travel Operations Staff | Sun - PCR Tue - PCR Thu - PCR | Sun - Campus Tue - Campus Thu - Campus | 1 or 2 | School | - Subject to limit of 60 people who have access to team bench area |
| | Visiting Team Travel Party (anyone not already identified) | Tue - PCR | Tue - Campus | 2, 3 or No Tier | School | |
| | Instant Replay Technician in Booth | Tue - PCR | Tue - Campus | 2 | School | |
| | Play Clock Operator, Play Clock Cable Puller & Game Clock Cable Puller | Tue - PCR | Tue - Campus | 1 | School | |
| | Chain Crew | Tue - PCR | Tue - Campus | 1 | School | |



APPENDIX A V.2

| Group ID | Group(s) | Testing Days & Type | Testing Location | Tier on Game Day | Financial Responsibility | Notes |
|----------|---|-----------------------|------------------------------|------------------|--------------------------|--|
| B | Home Team Game Manager, Visiting Team Liaison & Game Officials Liaison | Tue - PCR | Tue - Campus | 1 or 2 | School | |
| | Instant Replay Sideline Assistant | Tue - PCR | Tue - Campus | 2 | School | - Tested due to in-game interaction with the game officials |
| | Team Police/Security (Home & Visiting Team - those who will be inside the team bench area on gameday) | Tue - PCR | Tue - Campus | 1 | School | - Maximum of 2 Team Police/Security in Team Bench Area |
| | Medical Emergency Personnel (EMTs/Paramedics are tested only if a part of team activities during the week or game day (e.g., regularly administering IVs to players)) | Tue - PCR | Tue - Campus | 2 | School | - EMTs/Paramedics who work on game days will not be tested unless they are a part of team activities during the week or game day (e.g., regularly administer IVs to players) |
| | Team Physicians (Home Team Physicians who only interact with the team on game day only) | Tue - PCR | Tue - Affiliated Hospital | 1 or 2 | School | - Subject to the total maximum of 10 Team Physicians in Team Bench Area |
| C | Game Officials | Mon or Tue - PCR | Mon or Tue - Official's Home | 1 | SEC | - SEC will coordinate testing location at the hotel - Game clock operator is the alternate game official, so this role is included here. |
| | Instant Replay Officials in Booth | Mon or Tue - PCR | Mon or Tue - Official's Home | 2 | SEC | - SEC will coordinate testing location at the hotel |
| | Collaborative Replay Officials in SEC Office | Mon or Tue - PCR | Mon or Tue - Official's Home | N/A | SEC | |
| | Medical Observer | Mon or Tue - PCR | Mon or Tue - MO's Home | 2 | SEC | |
| D | Replacements/Substitutes for Any of the Above Roles | Tue, Wed or Thu - PCR | Tue, Wed or Thu - Campus | 1, 2 or 3 | School | - Subject to limit of 60 people who have access to team bench area if for a role that is included in limit |
| | SEC Staff who will be in the Video Center or office on game days | Tue, Wed or Thu - PCR | Tue, Wed or Thu - SEC Office | N/A | SEC | |

- o Tier 1 – Person has team bench area access and tested negative for COVID-19
- o Tier 2 – Person does NOT have team bench area access but will access other team or operational areas (e.g., locker room, replay booth) and tested negative for COVID-19
- o Tier 3 – Person has field/sideline access but does NOT have access to the team bench or other team areas (may be a possibility person is required to be tested based on role even if in Tier 3 or not assigned to a Tier (e.g., traveling with visiting team))



FALL 2020 SEC SOCCER TESTING FLOWCHART

PCR = Polymerase Chain Reaction

| PCR: THREE TESTS PER WEEK WITH ONE TEST TO TAKE PLACE NO MORE THAN THREE DAYS PRIOR TO COMPETITION | |
|--|----------|
| GROUP | LOCATION |
| STUDENT ATHLETES | CAMPUS |
| COACHES & SUPPORT PERSONNEL | CAMPUS |
| OTHERS ASSIGNED TO TEAM AREAS OUTSIDE THE TEAM BENCH (E.G., LOCKER ROOM) | CAMPUS |
| OTHERS WITH CLOSE, FREQUENT CONTACT WITH THE TEAM (DAILY OR ON GAME DAY) | CAMPUS |

| PCR: THREE DAYS PRIOR TO COMPETITION | |
|--------------------------------------|--|
| GROUP | LOCATION |
| BALL CREW (IF NOT TEAM PERSONNEL) | THREE DAYS PRIOR TO COMPETITION - CAMPUS |
| HOME TEAM GAME MANAGER | THREE DAYS PRIOR TO COMPETITION - CAMPUS |
| TEAM PHYSICIANS | THREE DAYS PRIOR TO COMPETITION - CAMPUS |
| GAME OFFICIALS | THREE DAYS PRIOR TO COMPETITION - OFFICIALS HOME |

| | |
|---|--------|
| VISITING TEAM TRAVEL PARTY (NOT ALREADY IDENTIFIED) | CAMPUS |
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|---|---|
| REPLACEMENTS/SUBS FOR ANY ROLES REQUIRING TESTING | THREE DAYS PRIOR TO COMPETITION- CAMPUS |
|---|---|

**Rapid Antigen testing will be available in the competition city for symptomatic individuals to be used at the discretion of the team athletic trainer/team physician.*