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 pre-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 involving a subset of test results from a surveillance screening session, 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 the affected samples or individuals.

- During the period of review, individuals for whom the tests were initially reported as positive will remain in isolation.

- At the conclusion of the review, the PAE Medical Director will present the data to the SEC Medical Task Force for final review and update the final test results.
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Sports</td>
<td>Basketball, Football, Soccer, Volleyball</td>
</tr>
<tr>
<td>Intermediate Risk</td>
<td>Baseball, Cross Country, Gymnastics, Softball, Swimming &amp; Diving</td>
</tr>
<tr>
<td>Low Risk Sports</td>
<td>Equestrian, Golf, Tennis, Track &amp; Field</td>
</tr>
</tbody>
</table>

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.

Post-Game Contact Tracing

Contact tracing is an important part of reducing the spread of COVID-19. The combination of an enhanced testing protocol undertaken by the SEC for all student-student-athletes, staff and essential personnel and the use of personal tracking devices to determine close proximity encounters for a period of time greater than 15 minutes (where available), can help reduce the risk of exposure on the field. This mitigation strategy also aids in identifying individuals that may be deemed a High-Risk contact and determine if additional testing or
quarantine is required. While no process will reduce the risk to zero and the process of contact tracing is still evolving as applied to athletics activities, the SEC’s strategy to minimize exposure and spread of COVID-19 serves as a model for other sports organizations.

**Objectives**

- To ensure a consistently high standard of reporting and identification of close direct contacts with COVID-19 cases within all SEC sports;

- To develop a monitoring system that will identify close direct contacts that will aid in determining which student-athletes or personnel need to be quarantined after an exposure;

- To ensure a standardization of case management and close contact isolation procedures across the SEC in all sports; and

- To assist public health officials with clinical decision making related to the athletic population/sports and the potential exposure to positive cases and the subsequent case management.

**Potential Close Contact Identification Process**

In the event that a student-athlete tests positive for COVID-19 in the 48 hours after a contest, the process for determining whether other student-athletes, coaches, or officials may be considered as “direct contacts” is outlined below. The process for identifying close contact may involve review of game film or the use of personal tracking devices. An independent review committee will be responsible for identifying which student-athletes will be deemed a close contact, as defined by the CDC.
1. If a student-athlete tests positive for COVID-19 within 48 hours of a game, the COVID-19 Administrator of each team will be notified. The positive test result will be either an SEC administered PCR test or a Rapid Antigen COVID-19 test. The SEC or its designee will serve as the process coordinator. 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.

2. An independent review committee (identified by the SEC) will coordinate the analysis of the student-athlete’s involvement in the contest using data from personal tracking devices (if available) and video footage of the game, if necessary. If personal tracking devices are not available, the committee will rely on game statistics and full review of video footage as the primary determinate of close contacts.

3. The independent review committee will notify the COVID-19 Administrator of the reporting institution of all student-athletes identified as possible contacts as soon as possible following the post game tracing process. The reporting COVID-19 Administrator will communicate with the review committee’s findings with the opposing team’s COVID-19 Administrator. Once notified, the opposing team is responsible for reporting to the appropriate parties as necessary.

Modalities

Personal Tracking Devices

- The personal tracking device (KINEXON®) will serve as a source for defining a close contact in conjunction with game video footage for confirmation. The game footage will be used to verify the data from the tracking device or if there is some question of accuracy or failure of the tracking device.
• Should an individual test positive within 48 hours of a contest, the data from the personal tracking device will be utilized to identify suspected close direct contacts.

• This data will be reviewed by an independent reviewer appointed by the SEC to identify any high-risk exposures on both teams.

• Individuals identified by the independent reviewer will be notified along with the institution’s COVID-19 Administrator.

• Individuals with a cumulative direct exposure of 15 minutes or greater to a positive student-athlete(s) will be considered a direct close contact and placed in quarantine.

Video analysis

• Game footage may be used in conjunction with the personal tracking devices and serve as a back-up should there be a malfunction of the tracking devices.

Close Contacts on the field of play shall be defined as:

• Individuals within 6 feet of a positive case for 15 minutes or longer on the field:
  o Student-athletes on either side of positive student-athletes
  o Student-athletes directly across from positive student-athletes
  o Sideline/bench area
  o Position/unit meeting areas

• Any student-athlete who comes into direct contact with secretions of an infected student-athletes through oral, nasal, or eye mucosa.

• Any student-athlete identified through proximity monitoring devices, if utilized.
• Close contacts do not include brief encounters such as walking past someone.

Definitions:
The following definitions will be used, applying the approved Team Sport Risk Exposure Framework:

• According to the current CDC definition, a close contact is anyone who was within 6 feet of an infected person for at least 15 minutes cumulative over 24 hours. An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person had any symptoms or tested positive for COVID-19

• Proximity and duration, as per the Team Sport Risk Exposure Framework (Figure 1).
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 times 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.
VOLLEYBALL AND SOCCER

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.
**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.
EQUESTRIAN

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 equestrian 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 student-athletes are required to have a mask/neck gaiter that must be worn pre- and post-competition. Masks/neck gaiter’s must be removed prior to mounting a horse, then must be worn once the student-athlete has dismounted. Masks/neck gaiters may not be worn around the neck while riding as it is as a safety hazard.

- All equestrian judges and scribes shall have a face mask/neck gaiter in the competition area that must be worn in the event physical distancing cannot be achieved when
competition is conducted outdoors. In the event the competition moves indoors, all equestrian 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 when competition is conducted outdoors. In the event the competition moves indoors, all other individuals are required to wear a mask/neck gaiter at all times.

**Competition**

- **Barns:** The barns, stalls, tack rooms, wash racks, round pens and the like shall not be used as congregation space. Individuals feeding/tacking/untacking/washing/lunging horses shall follow the physical distancing and masking protocols.

- **The Draw:** A space that is conducive to social distancing shall be utilized for The Draw and similar meetings. If the activity is held in an indoor facility, participants must wear a face mask/neck gaiter. If the activity is held outdoors, participants must have a face mask/neck gaiter that must be worn in the event physical distancing cannot be achieved.

- **Home/Visiting Student-Athlete & Parent Areas:** It is recommended the team and parent areas be adjusted to a “grab and go” area stocked with only individually pre-packaged food items and drinks. The team and parent areas shall not be a congregating area. Masks/neck gaiters shall be worn in these areas.

- **Team Cheering:** Teams may cheer from a designated area away from the judges and entrance/exit of the arena(s). Student-athletes shall maintain physical distancing and must wear masks/neck gaiters when physical distancing cannot be achieved.