



## **SEC MEDICAL GUIDANCE TASK FORCE REQUIREMENTS FOR COVID-19 MANAGEMENT: FALL SPORTS**

*(Revised: August 17, 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 A5 conference. 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 and local health departments, as well as state law.

Further, 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 for consistency in surveillance and pre-competition testing.

### **Surveillance**

- For high risk sports, PCR surveillance is required weekly during practice and twice 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 90 days from the date of symptom onset in symptomatic individuals or date of positive test for asymptomatic individuals, consistent with Centers for Disease Control and Prevention (CDC) guidelines.
- **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**

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



### **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 during the 90 days after the date of symptom onset in symptomatic individuals or date of the first positive test for asymptomatic individuals, may require retesting if an alternative etiology is not identified; consultation with infectious disease or infection control experts is recommended in this situation.
- Cardiac evaluation for student athletes with a COVID-19 diagnosis should include the following requirements for a return to athletics activity following a positive COVID test:
  - Troponin Level;
  - Electrocardiogram;
  - Echocardiogram; and
  - Medical Evaluation by a Physician.

Each will be administered after the student-athlete is recovered from their illness and before final clearance for return to full activity. Further, the Task Force recommended the aforementioned cardiac evaluations will be performed on student-athletes who previously tested positive for COVID-19.

- See section Medical Response Plan 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.

- **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.
- 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.
  - 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 twice weekly, 6 days (typically Sunday) and 3 days (typically Wednesday) prior to game time. The Task Force recommends exploring alternative testing methods that will accommodate a third test, in addition to the two required PCR tests, that will provide for the reliability and rapid response necessary for diagnostic testing in a timeframe closer to competition.
- Coaches/Support Staff shall receive a PCR test twice weekly, 6 days (typically Sunday) and 3 days (typically Wednesday) prior to game time. The Task Force recommends exploring alternative testing methods that will accommodate a third test, in addition to the two required PCR tests, that will provide for the reliability and rapid response necessary for diagnostic testing in a timeframe closer to competition.
- Medical Staff who have a reasonable expectation for daily or frequent student-athlete interaction will be required to undergo similar surveillance as the student-athletes and coaching staff. Medical staff who only interact with the team on game day shall be PCR tested once per week, 3 days prior to the assigned competition at the respective member institution where such personnel shall operate.
- 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. The Task Force recommends exploring alternative testing methods that will accommodate a second test, in addition to the one required PCR test, that will provide for the reliability and rapid response necessary for diagnostic testing in a timeframe closer to competition.
- Medical Observers 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.





- Essential Personnel as identified by the Conference and member institutions who will be within 6 feet of student-athletes, coaches/support staff and/or officials for > 15 minutes, shall be PCR tested once per week 3 days prior to the assigned competition at the respective member institution where such personnel shall operate. The Task Force recommends exploring alternative testing methods that will accommodate a second test, in addition to the one required PCR test, that will provide for the reliability and rapid response necessary for diagnostic testing in a timeframe closer to 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. Competing student-athletes shall wear a neck gaiter that can be used for timeouts, conferring with coaches on the sideline, etc. 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 twice weekly, with one test to occur 3 days prior to the first competition of the week. The Task Force recommends exploring alternative testing methods that will accommodate a third test, in addition to the two required PCR tests, that will provide for the reliability and rapid response necessary for diagnostic testing in a timeframe closer to competition.
- Coaches/Support Staff shall receive a PCR test twice weekly with one test to occur 3 days prior to the first competition of the week. The Task Force recommends exploring alternative testing methods that will accommodate a third test, in addition to the two required PCR tests, that will provide for the reliability and rapid response necessary for diagnostic testing in a timeframe closer to competition.
- Medical Staff who have a reasonable expectation for daily or frequent student-athlete interaction will be required to undergo similar surveillance as the student-athletes and coaching staff. Medical staff who only interact with the team on game day shall be PCR tested once per week 3 days prior to the assigned competition at the respective member institution where such personnel shall operate.
- 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. The Task Force recommends exploring alternative testing methods that will accommodate a second test, in addition to the one required PCR test, that will provide for the reliability and rapid response necessary for diagnostic testing in a timeframe closer to competition.
- Essential Personnel as identified by the Conference and member institutions who will be within 6 feet of student-athletes, coaches/support staff and/or officials for > 15 minutes, shall be PCR tested once per week 3 days prior to the assigned competition at the respective member institution where such personnel shall operate. The Task Force recommends exploring alternative testing methods that will accommodate a second test,



in addition to the one required PCR test, that will provide for the reliability and rapid response necessary for diagnostic testing in a timeframe closer to 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. Competing student-athletes shall wear a neck gaiter that can be used for timeouts, conferring with coaches on the sideline, etc. 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 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 surveillance PCR testing each week.

#### **Masking**

- All coaches, staff and non-competing student-athletes are required to wear a mask/neck gaiter pre- and post-competition. 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. A face mask/neck gaiter may be removed/pulled down once adequate physical distancing (at least 800 meters from the starting line) is achieved.
- 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.
- 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.