SEC MEDICAL GUIDANCE TASK FORCE

REQUIREMENTS FOR COVID-19 MANAGEMENT

June 14, 2021

The Southeastern Conference (SEC) continues to closely monitor COVID-19 and associated public health information related to the resulting pandemic. Since April 21, 2020 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 athletics activities, including team gatherings, practices, conditioning and competition, during the pandemic.

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. Ramon Ylanan, 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
- Mary McLendon, Mississippi State University, Executive Senior Associate A.D./Sports Medicine & Performance
- 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, Medical Director; 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

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Table of Contents

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Background:

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 safe participation in athletics should the current status of the pandemic allow for such activity. While 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 2021-2022 academic year. The requirements described herein supersede the previous advisory recommendations and extend to competition settings for all sports. This document will be updated as needed and to include sport specific updates or adjustments in CDC guidance.

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 individuals within athletics programs and is subject to requirements imposed by its state, campus and/or local health departments, as well as state law. **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. 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 SEC Return to Activity and Medical Guidance Task Force recognizes that the COVID-19 pandemic can have a significant impact on student athlete mental health and wellness. In addition to the outlined requirements, the Task Force recommends all universities be aware of and attend to the mental health needs of its individuals within athletics programs.

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 during the preseason, in-season and during postseason competition.

Face Coverings:

The SEC Medical Task Force continues to recommend masking as a preventative measure for COVID-19 for non-immunized individuals. Fully vaccinated student-athletes, staff and officials can resume activities within athletic facilities without wearing masks or physically distancing, except where otherwise dictated by local health authorities. Non-immunized student-athletes, staff and officials must remain masked in the athletic facilities until their team (student-athletes and staff) reach an 85% immunization rate which would allow a team to stop masking.

The proper use of a mask as a mitigation strategy requires that the mask must completely cover both the nose and mouth such that neither nostrils nor the tip of the nose is visible.

Each athletic department remains subject to requirements imposed by its state or local health departments, and its university, which may supersede guidance in this document. The athletic department is responsible for ensuring compliance of the individuals within athletics programs to those requirements.

Symptomatic Individuals:

In addition to routine surveillance and pre-competition testing, if individuals develop symptoms consistent with COVID-19 at any point, they must undergo clinical evaluation including testing for presence of the virus. This recommendation applies to those individuals who have received the COVID-19 vaccine. PCR testing is preferred, if available. If a student athlete or staff person becomes symptomatic between the surveillance testing period and competition, rapid diagnostic testing may be utilized for testing purposes as available.

Symptomatic individuals with a previous diagnosis of COVID-19, may require retesting, irrespective of the timing of their previous infection.

See Medical Response Plan section for guidance on the management of positive cases.

Testing:

Polymerase chain reaction (PCR) is the current standard testing method in the SEC and unless otherwise stated, references to “testing” in this document refer to PCR. Rapid PCR tests (such as Cepheid and Biofire or other platforms as approved by the SEC Medical Task Force) may be used to satisfy this requirement.

Alternative testing methods may be considered if sufficient data to support their use develops. This will include consultation with Conference medical experts and local health officials before implementation.

Surveillance Testing:

Surveillance testing for unvaccinated individuals participating in athletics activities shall continue through the summer and the fall of 2021 utilizing a lab of each institution's choosing.

For the summer of 2021, unvaccinated student-athletes, coaches and support staff and those outside 90 days from a prior positive test or documented infection who remain on campus and are participating in athletics activities will be surveillance tested once per week. Student-athletes who return home for the summer and will not participate in athletics activities on campus are not required to test while they are away.

For the fall 2021 competition season, unvaccinated student-athletes, coaches and support staff and those outside 90 days from a prior positive test or documented infection participating in athletics activities will undergo weekly surveillance testing and with tests timed such that the individual(s) is tested within 3 days of travel for competition.

Once a team reaches an 85% COVID immunization rate, the entire team including coaches and support staff may suspend surveillance testing regardless of a given individual's immunization status.

Each athletic department remains subject to requirements imposed by its state or local health departments, and its university, which may supersede guidance in this document. The athletic department is responsible for ensuring compliance of the individuals within athletics programs to those requirements.

Medical Response Plan:

Confirmed Infection

- **Asymptomatic Infection**

  Isolate for at least 10 days from the date of the positive test. If the individual becomes symptomatic, implement symptomatic infection recommendations below. When returning to

activity following isolation, student-athletes will need: 1) clearance from a team physician including consideration of cardiac testing, and 2) 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. Isolation can end in accordance with current CDC guidelines when 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. When returning from isolation, student-athletes will need: 1) clearance from a team physician including consideration of cardiac testing and 2) must adhere to an appropriate period of acclimatization following the period of inactivity.

- **Management of Individuals Following Confirmed Positive COVID Infection**
  - Individuals within a 90-day period of a confirmed positive test on COVID surveillance testing or a confirmed symptomatic COVID infection, will not be required to participate in a surveillance testing.
  - Individuals will be required to quarantine after 90 days if they are deemed to be a close contact following high risk exposure. This is an evolving area of research and this policy may need to be adjusted as new information arises.

Presumed Infection

- Individuals with suspected infection must be isolated; if they are in the athletic facility, provide a mask, isolate in a room, 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 individual 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 individual needs to be promptly evaluated. Resources for rapid testing will be made available to competing teams for symptomatic individuals who are suspected to have COVID-19.

- **Post-competition confirmed case:** For cases that arise after competition is completed, the individual 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 cumulative 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:

Close contacts are defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

> * *Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

Local public health authorities determine and establish the quarantine options for their jurisdictions. The Center for Disease Control currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives: 1) if adequate testing resources are available, the quarantine can end after seven days if an individual tests negative for the virus at some point on days 5, 6, or 7 of quarantine and no symptoms were reported during daily monitoring (for clarity the individual is out on day 8); or 2) the quarantine can end after 10 days without a test if no symptoms have been reported during daily monitoring. Continued symptom monitoring and mitigation guidance, as advised by the CDC, should continue through Day 14.

Athletics activity while in Quarantine: Asymptomatic student-athletes in quarantine are permitted to exercise alone, including in athletics facilities, if permitted by campus guidelines and local/state policies. Strict physical distancing must be enforced.

Return to play after Quarantine: Allowable if no symptoms develop while quarantined and if the individual is quarantined for the recommended time or followed acceptable guidelines for a shortened quarantine period.

Fully vaccinated persons who meet the following criteria and have approval from their local health authority will no longer be required to quarantine following an exposure to someone with COVID-19 if they meet the following criteria:

- It's been at least two weeks since the individual had their final vaccine dose; and
- They are asymptomatic.

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. Further, the sport supervisor and the athletics trainer/team physician should be notified if the positive test occurred within 48 hours of competition.

Considerations for Handling Asymptomatic Positive Tests:

Asymptomatic individuals with a positive COVID-19 PCR test will be placed immediately into isolation. Within 24 hours of receiving the results of the positive PCR test, the individual may receive confirmatory testing at the direction of team medical personnel.

There are two options available for the confirmatory tests:

- Option 1: The individual shall receive a second PCR test within 24 hours of receiving the results of the initial positive PCR test. If the 2nd PCR test is positive, this will confirm an active COVID-19 infection. If the 2nd PCR test is negative, the individual should receive a third PCR test within 24 hours of receiving the results of the second test. If the individual has two (2) successive negative PCR tests, and remains asymptomatic, the individual may be released from isolation and medically cleared to return to athletics activities, pursuant to guidance from each institution's local health authority.

- Option 2: Within 24 hours of receiving the results of the first/initial positive PCR test, the individual shall receive a second and third PCR test at the same sitting. For institutions using nasal swabs, the first swab shall be a single nostril nasopharyngeal swab (test 2) and the second a bilateral mid-turbinate collection (test 3). For institutions using saliva PCR testing, two consecutive saliva samples will be collected (tests 2 and 3). If either test 2 or 3 is positive, this will confirm an active COVID-19 infection. If both PCR tests are negative, and the individual remains asymptomatic, they may be released from isolation and medically cleared to return to athletics activities, pursuant to guidance from each institution's local health authority.

If at an NCAA Championship, confirmatory testing for asymptomatic individuals who test positive shall be administered in accordance with protocol established for that NCAA event.

In the event an individual is subjected to a Rapid Antigen Test during non-conference competition, asymptomatic individuals with a positive Rapid Antigen Test will be placed immediately into isolation. A confirmatory PCR test should be taken immediately following the Rapid Antigen Test. The PCR test is definitive, including when ruling out a false positive antigen test.

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 on-campus COVID-19 Protocol Officer or the Team Physician 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. The institution's SEC Medical Task Force representative should be notified.
- 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 institution's SEC Medical Task Force representative will present the data to the SEC Medical Task Force for final review and update the final test results.

Post-Game Contact Tracing:

Contact tracing is an important part of reducing the spread of COVID-19. The enhanced testing protocol undertaken by the SEC for all student-athletes, staff and essential personnel can help reduce the risk of exposure during competition. The Medical Task Force understands that no process will reduce the risk to zero and the process of contact tracing is still evolving as applied to athletics activities.

Potential Close Contact Identification Process

- If a team member tests positive for COVID-19 within 48 hours of athletics activities, 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.
- Each institution will coordinate the analysis of the student-athlete's involvement in the athletics activity using video footage and personal tracking devices (if available).
- If the positive test result occurs within 48 hours of competition, the opposing institution's athletic trainer or team physician should be notified of the positive test result immediately. Upon completion of the close contact identification process, the opposing team's athletic trainer or team physician should be provided with the results of the close contacts process (i.e., that no individuals on the opposing team were affected or provided with the list of close contacts).

Close Contacts during athletics activities:

- Close contacts, individuals within 6 feet of a positive case for 15 minutes or longer during athletics activities include:
  - Student-athletes on either side of positive student-athletes
  - Student-athletes directly across from positive student-athletes
  - Sideline/courtside/dugout/team bench area
  - 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.

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

For student athletes with either symptomatic COVID-19 or positive PCR test results, no exercise shall be undertaken during the isolation period.

After the isolation period is completed, each student-athlete will undergo a medical evaluation by a team physician. Additional testing prior to return to sport, including cardiac testing such as EKG, echocardiogram, troponin level or cardiac MRI, shall be at the discretion and recommendation of the treating team physician.

A period of re-acclimation to exercise will be required prior to returning to full participation in sport. 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. Day 2 being 50%, Day 3 being 75% and Day 4 being 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. May proceed with Day 1 of re-acclimation (25% intensity) if medical evaluation is completed and normal
- **Day 2**: Day 2 of re-acclimation (50% intensity)
- **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, athletic trainers 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. Additional testing prior to return to sport, including cardiac testing such as EKG, echocardiogram, troponin level or cardiac MRI, shall be at the discretion and recommendation of the treating 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.

Considerations for Individuals who Have Been Vaccinated:

Fully vaccinated is defined as:

- At least two weeks since the individual had their final vaccine dose; and
- The individual is asymptomatic

Individuals who have been fully vaccinated and meet these criteria are not required to continue in the surveillance testing program but should continue with mitigation strategies.

Fully vaccinated persons who meet the criteria and have approval from their local health authority will no longer be required to quarantine following an exposure to someone with COVID-19.

This is an evolving area of research and this policy may need to be adjusted as new information arises.

Immunization Records:

Each institution's medical staff shall keep immunization records for the team, including the travel party, in case proof of immunization is needed to participate in group activities or for future public health interventions (such as contact tracing, isolation and quarantine protocols).

Each athletic department remains subject to requirements imposed by its state or local health departments, and its university, and is responsible for ensuring compliance of the individuals within athletics programs to those requirements.