



SEC MEDICAL GUIDANCE TASK FORCE

GUIDELINES FOR COVID-19 MANAGEMENT

January 7, 2022

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 regularly 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:

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- Dr. Mike Goodlett, Auburn University, Chief Medical Officer/Team Physician
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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 guidelines 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 guidelines 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/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.

This document represents the minimum standards required or recommended by the SEC Medical Guidance Task Force. It is expected that the medical staff on each campus may elect to go beyond these minimum standards based upon the unique circumstances presented in individual cases; their local environment; and based upon their judgment of what is in the best interest of the public health of the athletic department.

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 Guidance 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, except where otherwise dictated by state/local authorities. Current CDC guidelines recommend that fully vaccinated people should wear a mask indoors if they are in an area of substantial or high transmission to maximize protection from COVID-19 and prevent spreading COVID-19 to others.



During competition for indoor sports, it is recommended that all individuals who access the competition area wear a face covering with the exception of individuals actively participating in competition (e.g., competing student athletes, coaches and officials). During competition for outdoor sports, individuals are not required to wear face coverings.

The SEC Medical Guidance Task Force recommends masking during travel (air or ground travel) for both vaccinated and unvaccinated individuals.

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/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.

Vaccinations:

The SEC Medical Guidance Task Force supports and recommends COVID-19 vaccines and boosters for all student-athletes, coaches, and support staff. Fully vaccinated for the purposes of this document refers to an individual who is at least two weeks out from completion of their primary COVID-19 vaccine series, as per the CDC guidelines.

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 a COVID-19 vaccine. PCR testing is required. 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.



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 (any FDA or EUA approved PCR or nucleic acid amplification test/NAAT) 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 health officials before implementation.

Surveillance Testing:

Surveillance testing for unvaccinated individuals participating in athletics activities shall continue utilizing a lab of each institution’s choosing.

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 2021-22 competition season, fully vaccinated student-athletes, coaches, and support staff or those within a 90-day period of a documented infection are not required to participate in surveillance testing. All others participating in or associated with athletics activities will undergo



weekly surveillance testing and with tests timed such that the individual(s) is tested within 3 days of competition. For teams with multiple contests in each week, testing should occur within 3 days of each competition. In the case of back-to-back contests, individuals shall receive a PCR test no more than three days prior to the second day of competition. Variances from the guidance provided above should be made in consultation with and approved by the institution's SEC Medical Guidance Task Force representative. Institutions engaged in multi-team events (MTEs) must have the event organizer's COVID-19 testing and safety protocols reviewed and approved by the SEC Medical Guidance Task Force representative in conjunction with the team physician.

Each athletic department remains subject to requirements imposed by its state/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 per the isolation protocol below. If the individual becomes symptomatic, implement symptomatic infection recommendations below. When returning to activity following isolation, student-athletes: 1) will need 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 per the isolation protocol below. When returning from isolation, student-athletes: 1) will need 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.

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. Rapid antigen can be used for initial evaluation but if negative, PCR evaluation should be completed and resulted prior to allowing return to play. Institutions are required to offer competing teams a rapid PCR test that can provide results within one hour following completion of the specimen collection.
- **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.

Isolation Protocol:

Team members must be isolated for **5 full days** from the onset of symptoms or the first positive test.

Team members can leave isolation after 5 full days as long as they have been:

- >24 hours fever free without antipyretics,
- And have no symptoms or improving symptoms

After release from isolation, team members must wear a mask around others for 5 additional days, except when engaged in exertional athletic activity (like practice or competition). Team members should continue to follow on campus policies and the guidance of their individual health departments.



Isolation and Travel:

- **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. Individuals will not travel for 5 full days from symptom onset or positive test.
- **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 state/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. If the positive individual is driven back to campus, the heating/cooling system in the vehicle should be on low and not be set to "recirculate". The positive individual should be seated as far as possible from the driver of the vehicle, and the window next to them left open slightly to permit unidirectional air flow. All individuals should be masked and those accompanying the positive individual should be fully vaccinated or within 90 days of a confirmed positive test.
 - 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.



Athletics Activity While in Isolation: Each institution should review with their medical staff, the available guidance and information pertaining to the participation and related risks of a voluntary medically supervised exercise program for isolated COVID-19 positive student-athletes. Institutions must confirm that such activity is medically appropriate for the student-athlete. Institutions must discuss with relevant institutional personnel, including medical staff and risk management, how the institutional obligation to protect the health of and provide a safe environment for each student-athlete will be met. Each institution must determine how it will respond if an unsafe workout environment is observed or if an injury or medical emergency occurs. To ensure the safety of student-athletes, this process should be completed for each student-athlete prior to the initiation of the exercise program.

Any voluntary exercise program undertaken by a student athlete in isolation should be:

- Directed by medical staff
- Sub-maximal with gradual progression as tolerated
- Appropriately supervised

while maintaining the parameters of isolation.

Athletics activity for those with asymptomatic or mild illness: Isolated individuals (with common cold-like symptoms [without fever], GI symptoms, or loss of taste/smell) may begin a voluntary home exercise program when asymptomatic, but no earlier than 3 days from symptom onset or positive test. Medical clearance must be obtained prior to initiating the exercise program with daily monitoring to ensure the individual remains asymptomatic.

Athletics activity for those with moderate illness: Isolated individuals (≥ 2 days of fever, chills, or flu-like symptoms without cardiac symptoms) may begin a voluntary home exercise program when asymptomatic, but no earlier than 5 days from symptom onset or positive test. Medical clearance must be obtained prior to initiating the exercise program with daily monitoring to ensure the individual remains asymptomatic.



Athletics activity for those with severe illness or cardiac symptoms: Isolated individuals (respiratory frequency >30 breaths per minute, SpO2 <94% on room air or hospitalized, or those with cardiac symptoms) may NOT begin an exercise program in isolation. Medical clearance (consider troponin, EKG, and echocardiogram) must be obtained prior to initiating the exercise program once isolation is completed. Once cleared, the athlete can begin their 4-day re-acclimation to sport process.

Quarantine Protocol:

A close contact as defined by the CDC is 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.

State/local public health authorities determine and establish the quarantine options for their jurisdictions. Current quarantine recommendations from the Centers for Disease Control are as follows:

Vaccination Status	Quarantine Recommendation
Have received a booster OR Completed primary series of Pfizer in the past 5 months OR Completed primary series of Moderna in the past 5 months OR Completed primary series of J&J in past 2 months OR Had confirmed COVID-19 within the last 90 days (positive viral test)	YOU DO NOT NEED TO QUARANTINE Wear a mask around others for 10 days Test on day 5. <i>If symptoms develop, test and manage accordingly.</i>



Vaccination Status	Quarantine Recommendation
<p>Completed primary series of Pfizer over 5 months ago and are not yet boosted</p> <p>OR</p> <p>Completed primary series of Moderna over 5 months ago and are not yet boosted</p> <p>OR</p> <p>Completed primary series of J&J over 2 months ago and are not yet boosted</p> <p>OR</p> <p>Are unvaccinated</p>	<p>Quarantine for 5 days and then wear a mask around others for an additional 5 days.</p> <p>Test on day 5.</p> <p><i>If symptoms develop, test and manage accordingly.</i></p>

Continued symptom monitoring and mitigation guidance, as advised by the CDC, should continue through day 10.

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 state/local 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. The SEC supports the CDC recommendation for mask wearing for the 10 days following exposure except for student athletes engaged in exertional athletic activity (like practice or 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 state/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 state/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 Guidance 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 Guidance Task Force representative will present the data to the SEC Medical Guidance 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:

Consistent with the recommendations from the American Medical Society for Sports Medicine and the American College of Cardiology, all athletes with a confirmed COVID infection will undergo a medical evaluation prior to initiating a return to exercise progression. Cardiac testing, including EKG, echocardiogram, troponin, or cardiac MRI, shall be at the discretion and recommendation of the treating team physician.

Based upon the length of an isolation period, a progressive return to exercise program should be designed for the student-athlete and directed and monitored by the institution's medical staff. 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 is advised. For athletes out ≥ 7 days, 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). 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.



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/local health departments, and its university, and is responsible for ensuring compliance of the individuals within athletics programs to those requirements.

Enhanced Ventilation – HVAC System

Universities should evaluate all their indoor athletics venues to maximize the amount of fresh air and the number of air changes per hour that their venue HVAC systems can achieve, in order to remove potential virus from the environmental air.