

# Pre-Return and Return-to-Campus Preparation and Communication Plan



NATA INTERCOLLEGIATE  
COUNCIL for SPORTS MEDICINE

The intent of this document is to assist collegiate athletic departments with preparation and implementation strategies to enhance a safe return to campus and athletic activity following the COVID-19 pandemic. Each institution should personalize the content of this plan to incorporate campus-specific policies and resources.

## 1. Preparation for Return to Campus

- A. Campus General Council/Risk Management Liability Understanding & Communication
- B. Creation of Athletics COVID-19 Action Team
- C. Creation of Action Plan
- D. Safe Transition to Athletic Activity



## 2. Staff Return

- A. Acquisition of Personal Protective Equipment
- B. Acquisition of Disinfectant Products
- C. Considerations of Pre-Participation Physicals
- D. Infectious Disease Prevention Plan
- E. Quarantine/Isolation Unit Plan
- F. EMS/911 Emergency



## 4. Return to Training

- A. Safe Transition to Athletic Activity
- B. Equipment Sanitation
- C. Spacing Considerations
- D. Team Ops & Travel Considerations
- E. Event Planning & Management



## 3. Student Athlete Return

- A. Infectious Disease Prevention Education
- B. Infectious Disease Cluster Response Plan
- C. Quarantine/Isolation Unit Plan
- D. Pre-Activity Screenings
- E. Preparations for Implementing Safe Training Approach



## 5. Return to Competition

- A. Contingency Plan for Managing Recurrence



# Pre-Return and Return-to-Campus Preparation and Communication Plan



NATA INTERCOLLEGIATE  
COUNCIL for SPORTS MEDICINE

The intent of this document is to assist collegiate athletic departments with preparation and implementation strategies to enhance a safe return to campus and athletic activity following the COVID-19 pandemic. Each institution should personalize the content of this plan to incorporate campus-specific policies and resources.

## A. Campus General Council/Risk Management Liability Understanding & Communication

1. **Align department policies with campus policies and communication of public healthcare guidelines**
2. **Reporting, monitoring and resolution of symptoms of illness should align with institutional guidelines**
  - Patient-health care provider contact
  - Emphasis on avoiding communal buildings
3. **Infectious disease education for student athletes and departmental staff**
  - Guidelines for infection prevention and transmission control
  - Proper communication methods for reporting symptoms
  - Individual personal conduct and hygiene

## B. Creation of Athletics COVID-19 Action Team

### 1. Primary stakeholders/members

- Athletic director or designee
- Health care administrator
- Sports medicine team
- Strength and conditioning
- Team physicians
- Student health
- University crisis management/emergency preparedness
- Counselling
- Facilities

### 2. Potential advisory groups

- Federal/state/local public health officials
- Custodial/sanitation
- Compliance
- Coaching/sport operations
- Equipment
- Housing, dining and nutrition
- Student development
- Academics
- Human resources
- Campus safety
- Athletic conference/governing bodies

### Resources to consider

- [CDC: Infection Prevention and Control Assessment Tool for Outpatient Settings \(2016\)](#)
- [BOC Facility Principles \(2015\)](#)
- [CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2019\)](#)
- [American College Health Association \(ACHA\) COVID-19 Resources](#)
  - ACHA Guidelines: Student Health Considerations & Guidelines for Re-opening Higher Education Institutions
- [EPA List N: Disinfectants for Use Against SARS-CoV-2 \(2020\)](#)
- [CDC: Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings](#)
- [Interassociation Recommendations: Preventing Catastrophic Injury and Death \(2019\)](#)
- [CSCCa and NSCA Joint Consensus Guidelines for Transition Periods \(2019\)](#)
- [NCAA Core Principles of Resocialization of Sport](#)
- Websites for local, county or regional board of health governing bodies responsible for administering and enforcing state public health laws and regulations

## C. Creation of Action Plan (with consideration of the following items and in alignment with institution guidelines/action plans)

### 1. Guidelines and acquisition of personal protective equipment (PPE) for staff

- Alignment with CDC and State/local guidelines on appropriate protection
  - Evaluate PPE and equipment needs/availability/optimization
  - Procurement of materials may dictate levels of service and operational capacity

### 2. Return-to-campus guidelines

- Alignment with public health agencies, governmental and institutional guidelines regarding travel and post-travel recommendations
- *See recommendations from NATA: ICSM COVID-19 Screening Committee*

### 3. Quarantine/isolation unit planning

- Alignment with public health agencies and institutional guidelines
- Considerations:
  - On- and off-campus housing/dining
  - Documentation
  - Contact and location tracing (HIPAA/FERPA)
  - Length of time away from individuals/facility
  - Location
  - Monitoring, follow up and serial exams
  - Discontinuation considerations
  - Personal travel procedures
  - Team travel procedures

### 4. Infectious disease cluster response plan

- Contact local and institutional health authorities
- Consideration of general epidemiological strategies, and best-practice recommendations
- Re-evaluation of prior disinfectant/purification/equipment plan

### 5. COVID-19 prevention disinfectant/purification/equipment plan

- Considerations:
  - Procurement of materials may dictate levels of service and operational capacity
  - Proper products and application methods
    - Locker rooms
    - Weight room
    - Communal areas
    - Meeting rooms
    - Health care facilities
    - Academic areas
    - High touch surfaces
    - Any shared health, fitness and sport equipment
    - Food service (communal meals and fueling stations)
  - Sanitary hydration
  - Laundry

### 6. EMS/911 emergency differentiation plan

- Adaptation of emergency action plans based on campus and local EMS/campus safety availability, facilities considerations, increased demands and increased risk of exposure at local emergency facilities
  - Alternate hospitals and health care facilities
  - Alternate transportation plans (triage, location, etc.)
  - On-site availability of physicians
    - Capacity student health services

### 7. Social distancing considerations

- Social distancing principles within:
  - Team scheduling of shared facilities
  - Health care facilities
  - Locker rooms
  - Weight rooms
  - Team meeting rooms
  - Athletic academic areas
  - High volume communal areas in athletic facilities



- Athletic dining areas
- Recommendations to conduct virtual team activities when possible

## **8. Implementation of infectious disease prevention plan (shared responsibility)**

- Individual personal conduct
- Signage
- Hand sanitation stations
- Annual prevention education and training
- Operational considerations

## **9. Pre-participation considerations**

- Physicals exams and screenings
  - Contingency plan based on provider accessibility and institutional guidelines regarding physical exams
  - Evaluation of additional screenings based on health history, as recommended by team physician/primary care physician
    - New student athlete, returning student athlete and student athlete with verified (+) test for COVID-19
    - Obtain recommendations from treating physician when possible

## **D. Safe Transition to Athletic Activity**

### **1. Adherence to governing body and consensus recommendations for transition and acclimation to activity following extended inactivity periods**

### **2. Event planning and management considerations**

- Game management personnel
- Visiting team concerns
- Venues
- Spectators

### **3. Team operations and team travel considerations**

## **E. Contingency Plan to Manage Recurrence**



NATA INTERCOLLEGIATE  
COUNCIL *for* SPORTS MEDICINE