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Once a decision has been made by appropriate government and institutional authorities allowing student-athletes to return to athletics, the NAIA requests that member institutions consider the following guidelines and best practices. These guidelines are fluid and subject to change as new information becomes available, and the specific content within the resources cited is also subject to change. This information is NOT a mandate from the NAIA, but rather outlines a process to develop institutional policies based on best practices and current evidence as organizations address safe return to athletics. (Included resources are cited at the conclusion of the document.)

1) Equipment and Facility Sanitation (Resource: [CDC Reopening Guidelines](#))

- a) Develop, implement, and maintain/revise a cleaning and disinfecting public spaces plan.
- b) Follow the normal routine for the cleaning of high touch surfaces and objects with soap and water, but do so with increased frequency.
- c) Disinfect high touch surfaces frequently.
- d) Use EPA-approved disinfectants or alternate disinfectants (i.e. 1/3 cup of bleach added to 1 gallon of water) if commercial disinfectants are not available.
- e) Use the following laundry guidelines (Resource: [CDC Laundry Guidelines](#)):
 - i) Undergarments must be laundered following each practice following manufacturer's instructions.
 - ii) Equipment (i.e. helmets, shoulder pads, etc.) should be wiped down daily.
 - iii) Wear disposable gloves when handling dirty laundry.
 - iv) Disinfect clothes hampers.
- f) Use the following tactics for healthcare facilities (Resource: [Infection control in health-care facilities](#)):
 - i) Disinfect therapy and taping stations between each patient ([USCAH Recommendations](#)).
 - ii) Tubs, spas, whirlpools, and pools must be cleaned regularly. The use of commercial products like bromine should be used in hydrotherapy facilities throughout the day to kill contaminants.
 - iii) Emphasize proper hand hygiene (Resource: [When and How to Wash your Hands](#)).
 - iv) Consider patient encounters via scheduled appointments rather than "walk-in" clients.
 - v) Follow standard universal precautions to mitigate risk exposure.
 - vi) Consider availability, use, and application of appropriate PPEs with any potentially infectious patient.
 - vii) Identify and utilize appropriate signage to educate and alert patients about:
 - (1) Staying home if ill
 - (2) Signs and symptoms of COVID-19
 - (3) Patient instructions for health care access if ill
 - (4) Personal hygiene

2) Prescreening of Student-Athletes (Resource: [ICSM Guidelines](#))

- a) Incorporate medical questions about COVID-19 symptoms with new patients to include:
 - i) Any shortness of breath?
 - ii) Any underlying predisposing factors (comorbidities)?
 - iii) Do you have a sore throat?
 - iv) Any unusual fatigue?
 - v) Loss of appetite or loss of taste and/or smell?
- b) Explore the opportunity for “telehealth” initial exams for student-athletes that present with symptoms of COVID-19 (rather than the typical report to the athletic training clinic for examination).
- c) Monitor and document the temperature of student-athletes prior to every practice session. This should be done in a climate controlled environment to increase accuracy. It is also advisable to ask each student-athlete if they have been exposed to any known COVID-19 positive people within the last 14 days.
 - i) If the student-athlete has a fever ($\geq 100.4^{\circ}$) or reports feeling ill, they are to be placed into isolation until further diagnosis and arrangements can be made for appropriate care ([Resource: ACHA Guidance](#)).
 - ii) Follow predetermined institutional guidance for isolation and quarantine of suspected COVID-19 positive patients.
- d) Identify availability and process to administer Rapid Testing (if available) for COVID-19

3) Pre-participation Physical Examinations and Medical History Screening (Resource: [ICSM Return to Campus Guidelines](#))

- a) Incorporate additional medical history questions about COVID-19 to include:
 - i) Have you been around anyone who was been diagnosed with COVID-19?
 - (1) If so, when?
 - ii) Have you previously been diagnosed with COVID-19?
 - (1) If so, you must provide a return-to-play clearance from the physician that treated you.
 - iii) Are you currently experiencing any of the following: shortness of breath, fever, sore throat, unusual fatigue, loss of appetite, taste or smell?
- b) Incorporate a heart and lung assessment (Resource: [USCAH Recommendations](#))

4) Return to Sports: Training Safety Following Periods of Inactivity (Resource: [NSCA COVID-19 Return to Training](#))

- a) When it has been determined that supervised/monitored on-site sport-specific practices are allowed, the initial 2-4 weeks of training and conditioning should consider the following principles: training volume, intensity, and work-to-rest ratios so as to protect against catastrophic injury as described in [CSCSa and NSCA Joint Consensus Guidelines for Transition Periods](#).
- b) Have regular communication with appropriate athletics staff about “at-risk” athletes when reentering physical activity following periods of inactivity.
- c) Consider adopting pre-participation screening testing to assess fitness levels and readiness for return to physical activity and sport readiness.

- d) Be attentive to environmental factors (i.e. heat and humidity, and sport specificity) when designing training regimens for individuals and teams.
- e) Determine if student-athletes that are considered “at-risk” should be allowed to participate without additional monitoring, evaluation and medical clearance.

5) Additional Considerations

- a) Monitoring the workforce in athletics for symptoms
 - i) Instruct all employees that if they are ill they should not come to work.
 - ii) Complete and document daily temperature of all employees providing services in athletics. This task should be completed in a climate controlled environment to increase accuracy. Ask the employee if they have been in contact with anyone within the past 14 days who is COVID-19 positive.
 - iii) If the employee has a fever ($\geq 100.4^{\circ}$) or reports feeling ill, they are to be placed into isolation until further diagnosis and arrangements can be made for appropriate care (Resource: [ACHA Guidance](#)).
 - iv) Follow predetermined institutional guidance for isolation and quarantine of suspected COVID-19 positive patients.
- b) Identify the availability for rapid diagnostic testing for COVID-19.
- c) Identify availability of antibody testing (immunity testing) for COVID-19.
- d) Create and implement a plan for contact tracing for any positive case of COVID-19. (Resource: [CDC Guidance on Contact Tracing](#))

Resources to consider concerning Return to Athletics following COVID-19:

- [American College Health Association](#): The ACHA has created a document for use in considering how to reopen campuses. The ACHA is the industry leader of a comprehensive approach to the health and safety of college and university students. [link to the full report](#)
- [Centers for Disease Control and Prevention](#): The CDC has prepared multiple guidelines, resources, policies and infographics informing patient care in response to COVID-19.
- [NATA's ICSM Pre-Return and Return-to-Campus Packet](#): The NATA Intercollegiate Council for Sports Medicine has developed a document intended to assist collegiate athletic departments in preparation and implementation of strategies for a safe return to athletics.
- [National Strength and Conditioning Association](#): The NSCA has developed a document and checklist for use in guiding institutions on a safe return to training in response to COVID-19.
- [United States Council for Athletes' Health](#): USCAH has partnered with the NAIA to identify considerations, resources, and best practices related to the health-care for student-athletes.