**UWA Athletic Training- COVID Policy**

1. **Education**
   1. Sharing Relevant Information
      1. In an effort to stay up to date on relevant information, members of the athletic training staff will monitor current COVID-19 trends. Adjustments to the UWA Athletic Training COVID-19 Policy will be based off of current guidelines from the CDC, NCAA, federal, state and local public health officials, and the UWA Operational Plan. If/ when the CDC, NCAA, and/or UWA amend their guidelines for COVID-19 operations, administrative members of the athletic department, the head athletic trainer, and the COVID-19 testing administrator will meet to discuss any necessary changes to the current policy.
   2. Plan to Educate all Stakeholders on COVID-19
      1. This policy and its updates will be posted to the UWA Athletic Training and Sport’s Medicine Clinic’s website.
2. **Mitigating Risk**
   1. Risk mitigation will follow state and local regulations. Much of the information below is directly from the [UWA Operational Plan Fall 2021](https://www.uwa.edu/sites/default/files/inline-files/UWA%20Operational%20Plan%20Summer%202021_0.pdf). However, it is pertinent to address the issues directly related to athletic participation. These guidelines do not guarantee to stop the spread of COVID-19, but they do provide significant aid in slowing the spread of infection and protecting UWA student-athletes.
   2. Daily Self-Checks
      1. All individuals are expected to self-monitor possible symptoms at home prior to coming into contact with others each day.
      2. Individuals should self-report symptoms of illness using the ARMs Student-Athlete COVID-19 Screening Form and contact their athletic trainer and stay at home or in their dorm room if symptoms are present.
      3. If a student or employee appears to exhibit symptoms or illness, he/she will be screened and subsequently asked to self-isolate if symptoms are confirmed.
      4. Individuals who exhibit symptoms should, in accordance with current CDC guidance, follow up with a health care provider. Student-athletes with symptoms need to report their symptoms to the athletic trainer associated with their sport. The athletic trainer will contact Will Atkinson in the Office of Student Affairs to perform contact tracing and advise on further action.
   3. Physical and Social Distancing
      1. Social and physical distancing is still encouraged as governmental regulations relax. In the best interest of student-athletes and to promote the integrity of playing sports, the UWA Athletic Training staff encourages physical and social distancing. See below for guidelines of physical and social distancing:
         1. Stay at least 6 feet from other people when able;
         2. Do not gather in groups; and
         3. Stay out of crowded places and avoid mass gatherings of 10 or more individuals.
   4. Personal Safety and Hygiene
      1. General safety practices are encouraged to keep you and others around you healthy.
      2. Regular handwashing is one of the best ways to remove germs and prevent the spread of all viruses – including COVID-19.
      3. Wash your hands frequently with soap and water or at least 70% alcohol-based hand sanitizer for at least 20 seconds.
      4. Avoid touching your eyes, nose, and mouth with unwashed hands.
      5. Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
      6. Avoid close, unprotected contact with anyone with respiratory symptoms.
      7. Clean and disinfect frequently touched objects and surfaces with isopropyl alcohol.
      8. Stay hydrated, eat a balanced diet, get rest, and avoid stress
   5. Facial Coverings
      1. Facial coverings are required for all faculty, staff, and students at all times while in university buildings and on campus when social distancing cannot be maintained. Particular attention, as to the decision of using facial coverings, should be paid to whether individuals are inside or outside, the length of the gathering, and whether the individuals have received the COVID-19 vaccine.
      2. Facial coverings must cover the nose, mouth, and chin areas.
      3. The athletic training staff will not be enforcing masks during conditioning, practices, or games. Each team’s coach is responsible for determining if masking is going to be mandated for that team.
      4. Patients entering the UWA Athletic Training and Sport’s Medicine Clinic must wear a facial covering regardless of vaccination status. Student-athletes will be required to wear a mask during treatment/ rehabilitation while in the UWA Athletic Training and Sport’s Medicine Clinic.
3. **Vaccination**
   1. On August 23, 2021, the FDA authorized full use approval for the Pfizer-BioNTech COVID-19 vaccine and will now be marketed as Comirnaty. FDA-approved vaccines undergo the agency’s standard process for reviewing the quality, safety and effectiveness of medical products.
   2. CDC publications state that all COVID-19 vaccines currently available in the United States via FDA emergency use authorization are effective at preventing the disease as seen in clinical trials, and ongoing research provides growing evidence that mRNA COVID-19 vaccines offer similar protection in real-world conditions. The World Health Organization uses an emergency use listing pathway to rigorously evaluate the suitability of novel health products, including vaccines, during public health emergencies. Through the emergency use listing process, regulatory and technical experts around the world perform a risk-benefit analysis of quality, safety and efficacy considerations to form an independent recommendation on whether a vaccine can be listed for emergency use and, if so, under which conditions. The WHO list of emergency use listing COVID-19 vaccines can be found [here](https://www.who.int/news/item/07-05-2021-who-lists-additional-covid-19-vaccine-for-emergency-use-and-issues-interim-policy-recommendations).
   3. Emerging science reveals:
      1. COVID-19 vaccination is an important tool to help stop the pandemic.
      2. COVID-19 vaccination helps protect people from getting sick or severely ill and might also help protect people around them.
      3. To receive the most protection, people should receive all recommended doses of a COVID-19 vaccine.
      4. Some people who are fully vaccinated against COVID-19 will still get sick because no vaccine is 100% effective. Experts continue to monitor and evaluate how often this occurs, how severe the illness can be and how likely a vaccinated person is to spread COVID-19 to others.
      5. The CDC recommends you get a COVID-19 vaccine as soon as one is available to you.
   4. Vaccine Boosters
      1. Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:
         1. Been receiving active cancer treatment for tumors or cancers of the blood
         2. Received an organ transplant and are taking medicine to suppress the immune system
         3. Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
         4. Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
         5. Advanced or untreated HIV infection
         6. Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response
      2. People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them.
   5. Experts are still learning:
      1. How effective the vaccines are against variants of the virus that causes COVID19. Early data show the vaccines may work against some variants but could be less effective against others.
      2. How well the vaccines protect people with weakened immune systems, including people who take immunosuppressive medications.
      3. How long COVID-19 vaccines can protect people.
      4. The UWA Athletic Training Staff is committed to helping all individuals associated with athletics get vaccinated if it is their desire. UWA athletic trainers are available to provide information on vaccines and where to receive the vaccine.
4. **Arrival to Campus Testing**
   1. Unvaccinated community members (student-athletes, coaches, managers, and support staff) will be tested with 2-antigen tests on non-consecutive days within 3-5 days of their return to campus. The university COVID test administrator will schedule teams for their testing times.
   2. NO team training can occur until both tests are completed and confirmed negative.
5. **Surveillance Testing**
   1. Surveillance testing will be utilized to help detect asymptomatic individuals with a COVID-19 infection and prevent the spread amongst UWA student-athletes, coaches, members of the athletic department, and the Livingston community.
   2. Fully Vaccinated Individuals
      1. No surveillance testing or testing after exposure
      2. Testing only when symptomatic
   3. Recently Infected Individuals
      1. No surveillance testing or testing after exposure for 90 days following infection
      2. Testing only when symptomatic during 90-day period
   4. Unvaccinated Individuals
      1. Testing is determined by the community level. Community immunity is determined to be the percent of vaccinated individuals in each sport at UWA. Community immunity takes into account all individuals associated with the team during athletic activity. Community level spread of COVID-19 is determined by the [CDC COVID Data Tracker](https://covid.cdc.gov/covid-data-tracker/#datatracker-home).
         1. Scenario 1: Applicable community immunity less than 85% AND community level spread is high or substantial
            1. Surveillance testing using once weekly PCR or three-times-weekly antigen
            2. Additional testing for symptomatic and high infection risk individuals
         2. Scenario 2: Applicable community immunity less than 85% AND community level spread is moderate or low
            1. Surveillance testing 25%-50% every 2 weeks
            2. Additional testing for symptomatic and high infection risk individuals
         3. Scenario 3: Applicable community immunity greater than 85%
            1. Symptomatic and high infection risk individual testing
      2. Rodeo
         1. Due to the nature of the sport and limited close contact, rodeo will only participate in a surveillance testing protocol post each rodeo. This means, 25% of the unvaccinated individuals will be randomly selected for testing the week following each rodeo competition.
6. **Testing During Competition Season**
   1. Testing during competition season is to be utilized to help detect asymptomatic individuals and prevent the spread of COVID-19 among UWA athletic communities (student-athletes, coaches, managers, and support staff) and their competitors.
   2. Fully Vaccinated Individuals
      1. No surveillance testing or testing after exposure
      2. Testing only when symptomatic
   3. Unvaccinated Individuals
      1. Weekly PCR or three times weekly antigen testing when no competition is scheduled
      2. Weekly PCR testing within 3 days of first competition of the week, or antigen test within one day of each competition.
7. **Illness Reported On Campus**
   1. Any employee who experiences possible exposure to COVID-19 or potential symptoms should immediately contact their supervisor and Robert Upchurch, Director of Human Resources, to notify them of the situation and circumstances.
   2. Any student-athlete who experiences possible exposure to COVID-19 or has symptoms should immediately contact the Office of Student Affairs by emailing Will Atkinson at watkinson@uwa.edu to provide notification.
   3. The Athletic Training Staff and Office of Student Affairs will be in constant communication about student-athletes with exposures and symptoms.
   4. The Office of Student Affairs will conduct contact tracing and determine the amount of quarantine.
   5. Upon notification, the University will, per its procedures, determine appropriate actions in relation to potential exposure of other individuals (i.e. contact tracing), cleaning any potentially contaminated areas, alterations to work/school schedules, and testing.
   6. Employees and students who are awaiting the results of a COVID-19 test administered due to symptoms should quarantine pending test results.
   7. Quarantine Guidelines:
      1. Quarantine requirements may be different based on contact, exposure, symptoms, and test results.
      2. Any person who has had close contact with someone who has COVID-19 must quarantine:
         1. Until 10 days after your last contact with a person who has COVID-19 or/
         2. Two negative antigen tests with the first occurring no earlier than day 5 of quarantine and the second occurring no earlier than day 7.

\*Please note that anyone who is at least two (2) weeks out from becoming fully vaccinated is not subject to quarantine due to close contact.\*

* + 1. Any person who has symptoms of COVID-19 (whether testing positive or negative) must quarantine:
       1. Until he or she has no fever for at least 24 hours (without the use of medicine that reduces fever); AND
       2. Until symptoms have improved; AND
       3. Until it has been at least 10 days since symptoms first appeared; OR
       4. Two negative tests are received at least 48 hours apart with the first test occurring no earlier than 24 hours after quarantine or isolation due to a positive result.
    2. Any person who tests positive for COVID-19 but is asymptomatic must quarantine:
       1. Until 10 days have passed since testing positive; OR
       2. Two negative tests are received at least 48 hours apart with the first test occurring no earlier than 24 hours after a positive result.
  1. Test- Out Procedures
     1. Tier 1 community individuals seeking to test out of quarantine must present negative results from a clinic or be tested in the UWA Athletic Training and Sports Medicine Clinic.
     2. Tier 1 community individuals seeking to be tested in the UWA Athletic Training and Sports Medicine Clinic will need to schedule their test dates and times with Joni Maddox via email at [jmaddox@uwa.edu](mailto:jmaddox@uwa.edu) no later than 48 hours prior to the first test.
     3. Testing out will be at the expense of that tier 1 community individual’s sport if testing in the UWA Athletic Training and Sports Medicine Clinic once funding through the CARES Act of 2020 is no longer available.

1. **Exercise During Quarantine**
   1. If contact tracing reveals that an unvaccinated student-athlete has met the criteria for a close contact with someone who has COVID-19 and that student-athlete is subsequently placed in quarantine, athletics departments may consider the following with respect to individuals in quarantine:
      1. Individual exercise in quarantine may be appropriate where such exercise does not cause cardiopulmonary symptoms.
      2. Group exercise in quarantine is not recommended.
      3. Individuals monitor for symptom development during quarantine.
      4. If symptoms develop, with or without exercise, test for SARS-CoV-2.
      5. Under some circumstances, continued exercise during quarantine may allow the athlete to shorten or avoid a more significant transition period before returning to play after quarantine.
2. **Return To Activity After Infection**
   1. Student-athlete’s returning to activity after COVID-19 infection will need to undergo a series of cardiac tests and a graduated return to activity.
   2. Cardiac Considerations
      1. The COVID-19 virus can potentially negatively impact any endothelial structure, including the heart and lungs, thereby posing a potential risk to individuals who return to exercise post-infection.
      2. Cardiac Testing Requirements
         1. Athletic Trainers will send student-athletes to the local medical center to have their blood drawn and a troponin test done.
         2. If the troponin is elevated above set thresholds, the student-athlete will be referred for an EKG. The EKG results will be sent and interpreted by UWA team physicians. UWA team physicians will provide further instructions for the athlete to gain clearance.
         3. If the troponin is within normal range, the student- athlete will be allowed to begin graduated return to participation.
         4. All student-athletes that test positive for COVID-19 infection will be placed on the list for echocardiograms and electrocardiograms to be completed at a time determined by the athletic training staff.
   3. Graduated Return to Activity
      1. Student-athletes that tested positive for COVID-19 infection need to go through a graduated return to activity. Currently, there is no published guidelines on an adequate amount of time or types of activity to grade student-athlete. Athletic-trainers will work with student-athletes, strength and conditioning coaches, and coaches to develop a return to activity plan for that athlete.