



**DO OUR PART**

**COVID-19**

**Return to Play**

**Protocol Manual-Medium/Low**

**Contact Sports**

## Executive Summary

In preparation for **Return to Play**, the Cascade Collegiate Conference (CCC) has assembled a consistent set of guidelines to be followed for intercollegiate athletics. Adherence to the general protocols have been approved by our Council of Presidents ensuring that **each** member, in order to participate in any sanctioned conference event, will meet or exceed the conference minimum standards in the CCC conference sports they sponsor.

You will find our **Return to Play** plan:

- **Requires** comprehensive protocols based on daily symptom screening/reporting for all sports.
- **Utilizes** a “Gold Standard” PCR testing strategy using SalivaDirect- FDA (EUA) or Nasal Swab protocols, as well as Antigen testing.
- **Requires** weekly testing for conference sponsored sports of men’s women’s soccer and volleyball
- **Emphasis** placed on reliability and frequency by using highly accurate PCR testing
- **Responsibly** provides access to a PCR testing process that preserves typical supply chains which is a concern for other proprietary and point of care (POC) tests.

We have worked diligently the past several months establishing comprehensive guidelines, requirements and protocols that continue to focus on health and welfare for a safe **Return to Play**. You will see in our data a history of testing that we have been doing since October that illustrates a commitment to a sound strategy. The standards in this document only apply to CCC competition.

Sincerely,

Robert Cashell  
Commissioner

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## I. TESTING

### General Campus Population

Each member institution has the primary responsibility to keep people within its own community safe. This responsibility reaches further than student-athletes and athletic department staff, recognizing that these populations will be included in an institution's comprehensive campus planning. Each institution has a COVID-19 testing strategy in place and must adhere to local regulations that includes the ability to secure a timely test result for anyone who is symptomatic in order to contain an outbreak.

### Student-Athletes

In addition to each campus overall testing strategy, the CCC has established a partnership with Dr. Sarah Comstock, PHD (Corban University) and Santiam Hospital (Stayton, Oregon) for access to saliva testing for COVID-19. Dr. Comstock is using the [SalivaDirect](#) method developed by Yale School of Medicine which has been granted an emergency use authorization (EUA) by the U.S. Food and Drug Administration (FDA). We are using this method, in part because it allows for pool testing with the ability to conduct up to 900 tests per day. The SalivaDirect also uses saliva, which allows a self-collection instead of requiring a medical provider to collect the samples. All testing is performed in a CLIA-certified lab, which is required for all COVID tests that have received EUA by the FDA, including the SalivaDirect test. Since this is not a "kit-based" test, it bypasses typical supply chains which is a concern for other proprietary and point of care tests.

In the event a CCC school has local CLIA-certified lab where a PCR test (SalivaDirect-FDA-EUA or nasal swab) is offered, they may submit a request as an alternative to Santiam Hospital. Request would require approval from the CCC after confirming lab can/will follow the Yale School of Medicine Saliva Direct protocols or that the nasal swab test is PCR and being evaluated via a properly CLIA certified lab.

**Note:** As new and improving PCR tests become available to the market, we would explore those options to determine if the same level of testing could be delivered in a more economical/time saving manner.

**Type of Test-** PCR (SalivaDirect FDA-EUA or nasal swab)

**Who Would be Tested-** Test would be required for all student athletes, coaches and others in the team's inner circle (i.e., managers, trainers) in the CCC sponsored sports of:

Medium Contact Sport	Type of Test	Start Date	Frequency	End Date
Soccer	PCR	week prior to CCC competition	1 PCR weekly	upon completion of CCC season or NAIA postseason
Volleyball	PCR	week prior to CCC competition	1 PCR weekly	upon completion of CCC season or NAIA postseason

**Frequency-** Testing would be required on a once per week basis beginning one week before a team’s first scheduled CCC competition and continuing until the end of a team’s individual season.

**Sample Collection/Results-** Certified Athletic Trainers would be responsible for the oversight of sample collection and shipment to Santiam Hospital with a 24–36-hour test result turnaround after receipt. Positive cases would be communicated back to Certified Athletic Trainers with local/campus quarantine/isolation/contact tracing protocols enacted. All test results shall be immediately communicated to the Local Public Health Authority (LPHA) and Oregon Health Authority (OHA) per OAR 333-018-0016.

**Previous Positive/Fully Vaccinated-**Individuals who have previously had COVID-19 not required to test for 90 days. Individuals who have been fully vaccinated not required to test.

### **Testing to Date**

As of February 20, 2021, Santiam Hospital has completed the below number of surveillance tests for the conference.

#### **Summary of Results**

Samples Tested	6054
Negative Samples	5973
Invalid Samples	12
Positive Samples	69
Positivity Rate	1.14%

## **II. CONTACT TRACING**

In order to decrease the transmission of COVID-19 the CCC requires that each institution work directly with local health authorities to follow established contact tracing protocol and if allowed by local authorities to assist, have their own as trained internal contact tracers via the [Johns Hopkins Contact Trainer Certificate Course](#) .

## **III. Quarantine/Isolation**

Each department of athletics is required to have a plan in place for their team at home or on the road to deal with a member of the athletics team that either fails one of the weekly tests or fails a daily screening. In the event a student-athlete tests positive upon referral after screening or, as a result of the weekly testing, the individual will isolate with contact tracing taking place focusing on activities and close contact. When traveling plans should include management strategies for student-athletes and other essential personnel who travel for competition and become symptomatic after departure. Teams should confirm ahead of time, whether host schools have adequate on-site testing capabilities to address symptomatic athletes from either team and adequate health care resources to properly isolate and care for anyone who tests positive or is symptomatic. The traveling team should confirm in advance of travel, necessary arrangements for proper return transport of infected, isolated and quarantined student-athletes and personnel, in each case in accordance with applicable state and local public health requirements.

#### **IV. SCREENING/REPORTING**

Since August 15, coaches, student-athletes and those in contact with student-athletes have been required to be screened each day a practice or team activity of any kind occurs. Team activities includes team meetings, conditioning or weight lifting sessions, film review, practices and games. Screening is required once per day even if there are multiple activities throughout the day, and many institutions have chosen to screen more frequently. Screening is required for any team holding a practice or team activity, even if the team is outside of its competition season. NAIA staff, in consultation with industry experts, has developed a combination of recommended best practices and requirements for NAIA member institutions to implement prior to and during competition. To aid in the area of required screening and for consistency across the membership a screening tool has been created. Additionally, the National Athletic Trainers Association has created standard training, hosted on [The NAIA Learning Center](#) so individuals assigned as “COVID Screeners” receive the proper instruction for consistent screening from campus to campus. A COVID Screener would typically be a non-health care professional tasked with screen and referral responsibilities. A screener does not serve in any diagnostic role.

## Requirements

With both healthcare professionals and non-healthcare professionals, who have completed the training conducting symptom screening, the scoring chart has two versions.

Healthcare professionals will use a version of the form that assigns scores to each symptom or question (in other words, weighted symptoms). Healthcare professionals will use this version whether conducting the entire screen themselves, or if the individual is referred to them following an initial screen by someone else.



## HEALTHCARE PROVIDER ASSESSMENT

EXPOSURE	SCORE
Have you been in close contact with someone who has been diagnosed with Coronavirus within the last 14 days? (Close contact is < 6 feet for ≥15 minutes)	3
SYMPTOMS	
TEMPERATURE of 100.4F or greater	3
REPEATED SHAKING OR CHILLS	3
NEW LOSS OF SMELL and/or TASTE	3
SHORTNESS OF BREATH (not associated with preexisting condition i.e., asthma)	3
COUGH (new or different than normal)	2
MUSCLE OR BODY ACHES	2
DIARRHEA / UPSET STOMACH / NAUSEA	1
SORE THROAT	1
HEADACHE	1
CONGESTION (not associated with preexisting condition i.e., allergies)	1
<b>TOTAL SCORE</b>	

### **High Risk: Symptoms Score of 3 or MORE**

**Action:** The participant is to immediately be removed from practice and/or competition and referred for additional care. Institutional protocols for “flagged screening” should occur.

### **Medium Risk: Symptoms Score of 2**

**Action:** The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.

### **Low Risk: Symptom Score of 1 or 0**

**Action:** Continue with standard precautions and monitor regularly for changes in symptoms. Allow continued participation under supervision. Refer if abnormal symptoms develop.

Non-healthcare professionals will use a version of the scoring rubric that simply asks for Yes/No answers

to each of the symptoms and questions. Any “Yes” answer will result in a referral to a healthcare professional for a final decision regarding if the individual should participate.

**NON-HEALTHCARE PROVIDER ASSESSMENT**



EXPOSURE	***YES/NO***
Have you been in close contact with someone who has been diagnosed with Coronavirus within the last 14 days? (Close contact is < 6 feet for ≥15 minutes)	
SYMPTOMS	
TEMPERATURE of 100.4F or greater	
REPEATED SHAKING OR CHILLS	
COUGH (new or different than normal)	
SHORTNESS OF BREATH (not associated with preexisting condition i.e., asthma)	
NEW LOSS OF SMELL and/or TASTE	
DIARRHEA / UPSET STOMACH/NAUSEA	
MUSCLE OR BODY ACHES	
SORE THROAT	
HEADACHE	
CONGESTION/RUNNY NOSE (not associated with preexisting condition i.e., allergies)	

\*\*\*Any **YES** answer will be referred to the Athletic Training/Sports Medicine Staff for further evaluation/determination of participation status

### **Who Can Conduct Screening?**

While screening that is provided on non-gamedays, can be conducted by anyone the institution designates, there is a heightened standard for game days, when a CCC team is going to compete and be in close physical contact with individuals from another institution. On game days, screening can be done by any healthcare professional. Additionally, any university or professional staff/contractors who is not a healthcare professional, but has completed the requisite COVID Screener training, can conduct gameday screening. Undergraduate students are not permitted to serve in this role. As an added precaution all game-day participants (student-athletes, coaches, support staff, officials, game management) are required to be screened within six hours of the beginning of the contest.

### **Submitting Screening Verification**

In addition to screening all participants prior to any team activity, each institution must verify with the NAIA that the appropriate screening protocol was followed. The NAIA has developed an online form to facilitate the daily submissions from each of our member institutions, and each institution has received an [individualized URL](#) for entering daily verification reports. The athletic trainer or institutional representative will be asked to verify that the appropriate steps were taken for all individuals screened, and indicate how many total individuals were withheld. This submission is a “verification” of the daily student-athlete screening process and not a submission of each student athletes’ screening results. The tool will not collect individual screening results and will only collect aggregate data.

### **Screening Protocols**

Comprehensive screening protocols for the travel team and the home team have been developed when teams are within a 48-hour period of a scheduled contest. The protocols emphasize the monitoring of symptoms in order to isolate potential COVID-19 cases and reduce the chance of spread. Protocols can be found in detail in the appendix section of this document.

[Travel Team Screening Protocols- Appendix A](#)

[Home Team Screening Protocols- Appendix B](#)

## **V. RETURN TO PLAY AFTER BEING WITHHELD**

If a student-athlete or coach is withheld from participation through the screening process or due to a positive test, he or she must:

- Quarantine or isolate immediately,
- Consult with a healthcare professional, and
- Continue to be withheld from athletic activities until he or she receives either a release from a healthcare professional or a negative PCR test.

**Note: State/Local Health Authority polices that are stricter than above must be adhered to. As example, some locations do not allow testing out of a quarantine/isolation period.**

If a student-athlete or coach is withheld as a result of exposure to someone who has tested positive for COVID-19 or is presumed to have COVID-19, he or she must:

- Quarantine or isolate immediately,
- Consult with a healthcare professional, and
- Continue to be withheld from athletic activities until he or she receives either a release from a healthcare professional or a negative PCR test.

**Note: State/Local Health Authority polices that are stricter than above must be adhered to. As example, some locations do not allow testing out of a quarantine/isolation period.**

### **Monitoring for Cardiac Concerns**

The CCC recommends each Certified Athletic Trainer, in consultation with team physician, determine if this battery of tests such as ECG, troponin, and echocardiogram after any isolation period is complete should be required based on individual student-athletes medical history and current condition.

If an official or game management worker is withheld through the screening process or due to a positive test, he or she must:

- Isolate immediately,
- Consult with a healthcare professional, and
- Continue to be withheld from officiating/work activities until he or she receives either a release from a healthcare professional or a negative PCR test.

**Note: State/Local Health Authority polices that are stricter than above must be adhered to. As example, some locations do not allow testing out of a quarantine/isolation period.**

## VI. CONTEST AUTOMATIC CANCELLATION/POSTPONEMENT- THREE PRONGS

The CCC protocols utilize a three-pronged approach.

### Prong One

Using the Harvard Global Institute Key Metrics for COVID suppression will guide our decision making if a cancellation or postponement will be automatic in any of our member school locations. If a county in which a member school is located falls within the **CRIMSON** COVID risk level in the rolling 7-day average of daily new cases/100,000 people, whether scheduled to travel or host, the contest shall be automatically cancelled or postponed. Cases/100,000 figures should be from the Friday preceding the week in the county and taken from [COVID ActNow](#) dashboard, local public health departments, or, when unavailable best estimate.

**Crimson-** Currently experiencing a severe outbreak. Take all possible precautions to avoid exposure.

### Prong Two

Levels below **Crimson** as well as campus conditions related to cases will be subject to the CCC Infectious Disease Policy, as well as county by county metrics. [Appendix C](#)

**Note: County by County metrics information on CCC COVID-19 page**

Key Metrics for COVID suppression (Harvard Global Health Institute)

COVID Risk Level	Case Incidence	Features of Infection
Red	>25 daily new cases/100,000 people	Uncontrolled spread
Orange	10<25 daily new cases/100,000 people	Spread has accelerated and is at dangerous levels
Yellow	1<10 daily new cases/100,000 people	Some level of community spread
Green	<1 daily new cases/100,000 people	On track for containment

Overall COVID Risk Level	% Positive Tests (campus wide or community 7 day rolling average)
Red	≥7.5%
Orange	≥5 and < 7.5%
Yellow	≥3% and < 5%
Green	< 3%

### **Prong Three**

Working closely with local public health officials will be critical in monitoring conditions that could affect the continuation of activities. It will be imperative to consider the below factors when determining postponement/cancellation/discontinuation.

- A lack of ability to isolate new positive cases or quarantine close contacts on campus.
- Unavailability or inability to perform daily screening and testing as recommended in this document.
- Campus wide or local community test rates that are considered unsafe by applicable public health officials.
- Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.
- Applicable public health officials stating that there is an inability for the hospital infrastructure to accommodate a surge in hospitalizations related to COVID-19.

All athletic activities must be suspended if a team (athletes, coaches, staff and trainers) with more than 50 individuals has 5% or more persons in isolation at once. For teams with less than 50, athletic activities shall be suspended if/when 3 or more individuals are in isolation. Athletic activities may resume after 14 days from the last date of the most recent positive coronavirus test. This strategy ensures that outbreaks within particular teams are contained.

## **VII. RESUMING COMPETITION**

The resumption of competition decisions will depend upon which prong was triggered resulting in the postponement/cancellation/discontinuation. For prong one resumption shouldn't take place until the county is no longer in the Harvard Global Institute Key Metrics CRIMSON category. For prong two campus leadership has the flexibility within the CCC infectious disease policy to make decisions regarding resumption. In prong three, working with public health officials will remain critical as campuses and community must monitor the areas identified for significant improvement before resumption should be considered.

## VIII. NOTIFICATION TO OPPONENTS POST COMPETITION

If after the completion of a CCC contest a positive or presumptive case of COVID-19 emerges within a 3- day period, it is the responsibility of the ATC to notify the following personnel if a participant or staff member becomes ill or receives a positive result for COVID-19.

- Conference Commissioner
- Athletic Director and/or school COVID-19 coordinator
- Athletic Director from school that competed against immediately preceding discovery
- Certified Athletic Trainer from school that competed against immediately preceding discovery
- Local/State health authorities if/as required

### EXAMPLE

#### Potential Positive Symptom Communication Form

The purpose of this form is to notify all institutions and pertinent personnel involved that there has been a level 3 (High Risk) or a Level 2 (Medium Risk) that has been identified based on the risk assessment outlined in the CCC Health and Safety Recommendations.

On the Date of **Feb 15, 2021** a participant\* at **volleyball game Eastern Oregon vs. Oregon Tech** , has been identified as to having significant signs and symptoms related to COVID-19. The Risk level being investigated is **LEVEL 2**.

Based on this identification please proceed to follow the outlined procedures for the CCC Health and Safety Recommendations as well as any institutional protocols.

Future communication will be provided to verify a positive or negative test result for the individual in question.

\*participant could include; players, officials, coaches, support personnel, game management

<b>High Risk: Symptoms Score of 3 or MORE</b>
<b>Action:</b> The participant is to be removed immediately from practice and/or competition and referred for additional care. Institutional protocols for “flagged screening” should occur.
<b>Medium Risk: Symptoms Score of 2</b>
<b>Action:</b> The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.

## **IX. ADDITIONAL SAFETY PRECAUTIONS**

### **FACILITIES**

- A.** All institutions are required, upon request, to supply to the visiting team a detailed plan for game day cleaning of facilities per [CDC recommendations](#) Cleaning agents must be EPA approved products that are being utilized.
- B.** All institutions are required to utilize a cleanliness indicator in any areas used by visiting teams/officials (i.e., signage).
- C.** Any visiting team/officials' space (locker - room, team room, etc.) must be disinfected the day of arrival and restricted access to ensure a clean space.
- D.** For double-headers, if same spaces are to be utilized, adequate time must be allotted between access in order to re-sanitize areas.
- E.** Locker rooms and showers should be provided for all visiting teams and officials with proper cleaning procedures adhered to. Congregating in locker rooms is prohibited.
- F.** Visiting teams and officials required to bring own shower towels, soap and hygiene products
- G.** Frequently clean and disinfect shared equipment. This includes, but is not limited to, equipment such as bats and balls. Use disinfectants that are included on the [Environmental Protection Agency \(EPA\) approved list](#) for the SARS-CoV-2 virus that causes COVID-19.
- H.** Require employees to practice good hygiene including washing their hands frequently and covering their sneezes and coughs. Wash hands often with soap and water for at least 20 seconds, especially after touching shared objects or blowing your nose, coughing, or sneezing. Avoid touching your eyes, nose, and mouth.
- I.** If soap and water are not readily available, use a hand sanitizer that contains 60-95% alcohol content. Cover all surfaces of your hands and rub them together until they are dry.
- J.** Encourage athletes to bring their own hand sanitizer for personal use. schools are encouraged to provide handwashing stations and/or hand sanitizer.
- K.** Frequently clean and disinfect high-traffic areas, and commonly touched surfaces in areas accessed by staff, athletes and spectators.
- L.** Ensure restrooms are cleaned and disinfected prior to and after any conference activity and/or at least twice daily
- M.** Each member school must identify a place to do screening (if needed on gameday). This place should have privacy for all individuals involved.
- N.** Each member school is required to have a quarantine area should a person or persons become ill or present symptoms and need a place to isolate.
- O.** Water bottles will be used on an individual basis only. Each institution and each official will be responsible for bringing their own. Water stations will be provided by the host institution.
- P.** Hand sanitizing stations must be prevalent in various areas for teams.
- Q.** Face coverings must be worn in all Athletic Training Rooms.
- R.** Post-game gatherings or celebrations in the competition venue must be in a place where physical distancing can occur.
- S.** While we pride ourselves on sportsmanship, teams will not shake hands before or after games and post-game prayer should be conducted in own team locker-room
- T.** Each member school will decide limitations for press box/row facilities adhering to proper physical distancing. Face coverings will be required unless the person is in their own confined spaces as defined by the OHA/OSHA.

## **SPECTATORS**

The CCC requires that all local and state guidance is followed. Institutions should determine if any additional precautions beyond local and state guidance should be implemented. The CCC requires all institutions to publicize their regulations regarding spectators clearly and well in advance, as well as, submit to the conference office for publication on the [CCC Fan Protocol](#) website. If fans are permitted, no interaction among players and families should take place prior to or immediately following the competition at the playing venue in order to minimize exposure and risk. Additionally, it is mandatory that all spectators whether inside or outside, wear face coverings. Additionally,

- Ensure athletes and spectators for sporting events do not share space, including but not limited to restrooms, hallways, concession stands.
- Clean and sanitize commonly touched surfaces, such as door handles, between subsequent games or events.
- When possible, Stagger arrival and departure times for staff, athletes and spectators to minimize congregating at entrances, exits and restrooms to follow required physical distancing requirements.
- Provide separate entrances/exits for staff, athletes and spectators.

## **OFFICIALS**

All CCC officials will be required to be screened by the host institution prior to the game on gameday. This is being done for protection of both the official and the participant. Officials must work with their assigner if they have not been feeling well prior to game day so adjustments can be made in assignments. Additionally, officials must follow the protocols specific to the sport they are working. **Appendix E**

## **FACE COVERINGS**

In all sports, all individuals (e.g., coaches, athletic trainers, non-coaching personnel) permitted in the team bench area shall wear a face covering. In all sports, student-athletes in the team bench area shall wear a face covering while not in the game. Student-athletes in all sports that exit the game will be expected to apply a face covering while in the team bench area. To the greatest extent possible, everyone on the sideline outside of the team bench area shall adhere to physical distancing guidelines (at least six (6) feet apart) and wear a face covering. An exception would be a PA announcer or radio/TV broadcast crews while conducting duties. Additionally, it is mandatory that all spectators whether inside or outside wear face coverings. **Note: State/Local Health Authority polices that are stricter than above must be adhered to.**

## **SPORT RULE ADAPTATIONS**

The NAIA follows the NCAA sport rule manuals. Several sports have made rule adaptations in the era of COVID-19. The CCC intends on following specific sport rule adaptations that have been approved.



## IX Appendix

### Appendix A

#### TRAVEL TEAM RESPONSIBILITIES

If team **IS** traveling with a Certified Athletic Trainer

- Traveling ATC is responsible for screening athletes prior to departure and each day of trip including gameday
- Gameday screening shall occur prior to arrival on campus using Clearance Verification Form (CVF) with readings taken within six (6) hours of competition. (TTCVF)
- The traveling ATC will send a digital copy via email of the CVF to Host ATC for acknowledgement and approval of validity of gameday screening
- ATC's will keep official records of all CVF's for all events for their own teams.
- **High Risk: Symptoms Score of 3 or MORE**  
**Action:** The participant is to be removed immediately from practice and/or competition, is not permitted to travel and is referred for additional care with institutional guidance for isolation of suspected COVID-19 positive cases commencing.
- **Medium Risk: Symptoms Score of 2**  
**Action:** The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.

If team is **NOT** traveling with a Certified Athletic Trainer- **Overnight Trips or Outside of 6-hour competition window**

- Traveling party **MUST** be screened prior to departure and each day of trip (if multiple days) by a certified COVID-Screener
- Pre filled travel party CVF sent to host team ATC informing that there will not be an ATC traveling with the team and that they were screened before departure by a Certified COVID Screener. (TTCVF)
- Traveling team ATC should communicate with host ATC to receive institutional arrival protocols and pre-determine a screening time and location.
- Host ATC will keep official records of all CVF's for home events.
- Host ATC will send digital copy of screening back to visiting team ATC

**If initial screening prior to departure done by a Health Care Professional**

**High Risk: Symptoms Score of 3 or MORE**

**Action:** The participant is to be removed immediately from practice and/or competition, is not permitted to travel and is referred for additional care with institutional guidance for isolation of suspected COVID-19 positive cases commencing.

**Medium Risk: Symptoms Score of 2**

**Action:** The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.

**If initial screening prior to departure done by a Non-Healthcare Professional**

- **Action:** Any **YES** answer on the non-health care screening form will be referred to the Athletic Training/Sports Medicine Staff for further evaluation. Determination of participation status will be made upon further evaluation and prior to departure.

**If screening taking place over travel day(s) and done by a Non-Healthcare Professional**

- **Action:** Any **YES** answer on the non-health care screening form will be referred to the Athletic Training/Sports Medicine Staff for further evaluation. Determination of participation status will be made upon further evaluation.

**Day Trips Within 6 hours of Competition and Home Screening Available by**

**Certified ATC or other Healthcare Provider**

- Traveling party **MUST** be screened prior to departure with completed CVF. (TTCVF)
- CVF emailed to host ATC prior to arrival of visiting team.

**High Risk: Symptoms Score of 3 or MORE**

**Action:** The participant is to be removed immediately from practice and/or competition, is not permitted to travel and is referred for additional care with institutional guidance for isolation of suspected COVID-19 positive cases commencing.

**Medium Risk: Symptoms Score of 2**

**Action:** The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.

**Day Trips Within 6 hours of Competition and Home Screening Not Available by Certified ATC or other Healthcare Provider**

- Pre filled travel party CVF sent to host team ATC informing that that they were screened before departure by a certified COVID Screener but will require a gameday screening at host site. (TTCVF)
- Traveling team ATC should communicate with host ATC to receive institutional arrival protocols and pre-determine a screening time and location.
- Host ATC will keep official records of all CVF's for home events.
- Host ATC will send digital copy of screening back to visiting team ATC

**When initial screening prior to departure done by a Non-Healthcare Professional**

- **Action:** Any YES answer on the non-health care screening form will be referred to the Athletic Training/Sports Medicine Staff for further evaluation. Determination of participation status will be made upon further evaluation.

**Note:** on gameday screener **CANNOT** be member of coaching staff of participating team.

**Potential COVID-19 Case During Travel**

Schools must have plans in place for isolation/quarantine or to transport members of the travel party back to own campus if on the road and it is determined through health professional evaluation that potential COVID-19 positive cases exist.



**TTCVF**

Travel Team Clearance Verification Form (TTCVF)

School/Team      Date/time:

Contest Screening for:

Travel Party	Temperature	Symptoms response (Y/N)	Screener's initials
1. Click or tap here to enter text.			
2. Click or tap here to enter text.			
3. Click or tap here to enter text.			
4. Click or tap here to enter text.			
5. Click or tap here to enter text.			
6. Click or tap here to enter text.			
7. Click or tap here to enter text.			
8. Click or tap here to enter text.			
9. Click or tap here to enter text.			
10. Click or tap here to enter text.			
11. Click or tap here to enter text.			
12. Click or tap here to enter text.			
13. Click or tap here to enter text.			
14. Click or tap here to enter text.			
15. Click or tap here to enter text.			
16. Click or tap here to enter text.			
17. Click or tap here to enter text.			
18. Click or tap here to enter text.			
19. Click or tap here to enter text.			
20. Click or tap here to enter text.			

Testing Representative Signature/Date:



## Appendix B

### HOME TEAM RESPONSIBILITIES

Home Certified COVID Screener(s) responsible for screening own athletes on campus using Clearance Verification Form (CVF) with readings taken within six (6) hours of competition or activity. (HTCVF)

**Note:** on gameday screener **CANNOT** be member of coaching staff of participating team.

Home Certified COVID Screener(s) responsible for screening officials and all game management personnel on campus using Clearance Verification Form (CVF) with readings taken within six (6) hours of competition or activity. (OGMCVF)

In the event the visiting team(s) are not travelling with a Certified Athletic Trainer or a Certified COVID screener (cannot be member of travel team coaching staff) and did not receive an official screening within the 6 hours prior to the competition, then Home Certified COVID Screener(s) responsible for screening visiting team travel party using the visiting team Clearance Verification Form (CVF) that was preloaded with travel party names and sent from visiting team ATC. (TTCVF)

#### **Game Day Screening done by a Certified Athletic Trainer or other Health Care Professional for Student-Athletes, Coaches and Team Bench Personnel**

**High Risk: Symptoms Score of 3 or MORE**

**Action:** The participant is to immediately be removed from practice and/or competition and is referred for additional care with institutional guidance for isolation/quarantine of suspected COVID-19 positive cases commencing.

**Medium Risk: Symptoms Score of 2**

**Action:** The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.

#### **Game Day Screening done by a Certified Athletic Trainer or other Health Care Professional for Game Management and Officials**

**High Risk: Symptoms Score of 3 or MORE**

**Action:** The participant is to immediately be removed from practice and/or competition and is referred for additional care with institutional guidance for isolation/quarantine of suspected COVID-19 positive cases commencing.

**Medium Risk: Symptoms Score of 2**

**Action:** In the event that member(s) of the home or visiting team or member(s) of an official's crew receive a score of 2 expand screening to obtain further information. Based on responses, either allow participation or refer for additional care. If referring for additional care predetermined institutional guidance for isolation/quarantine of suspected COVID-19 positive patients shall commence.

- **Action:** If a member(s) of game management, receive a score of 2 expand screening to obtain further information. If, after further information obtained and ATC has determined a medium risk, it is recommended that person(s) be assigned duties that limit any interaction with others as a precautionary measure.

**Game Day Screening done by a Non-Health Professional**

- **Action:** Any **YES** answer on the non-health care screening form will be referred to the Athletic Training/Sports Medicine Staff for further evaluation. Determination of participation status will be made upon further evaluation.



**HTCVF**

Home Team Clearance Verification Form (HTCVF)

School/Team      Date/time:

Contest Screening for:

Athletes/Coaches/Managers	Temperature	Symptoms response (Y/N)	Screeener's initials
1. Click or tap here to enter text.			
2. Click or tap here to enter text.			
3. Click or tap here to enter text.			
4. Click or tap here to enter text.			
5. Click or tap here to enter text.			
6. Click or tap here to enter text.			
7. Click or tap here to enter text.			
8. Click or tap here to enter text.			
9. Click or tap here to enter text.			
10. Click or tap here to enter text.			
11. Click or tap here to enter text.			
12. Click or tap here to enter text.			
13. Click or tap here to enter text.			
14. Click or tap here to enter text.			
15. Click or tap here to enter text.			
16. Click or tap here to enter text.			
17. Click or tap here to enter text.			
18. Click or tap here to enter text.			
19. Click or tap here to enter text.			
20. Click or tap here to enter text.			

Testing Representative Signature/Date:



Officials/Game Mgmt. Clearance Verification Form (OGMCMVF)

Contest Screening for:

Date/Time:

Officials/Game Mgmt.	Temperature	Symptoms response (Y/N)	Screener's initials
1. Click or tap here to enter text.			
2. Click or tap here to enter text.			
3. Click or tap here to enter text.			
4. Click or tap here to enter text.			
5. Click or tap here to enter text.			
6. Click or tap here to enter text.			
7. Click or tap here to enter text.			
8. Click or tap here to enter text.			
9. Click or tap here to enter text.			
10. Click or tap here to enter text.			
11. Click or tap here to enter text.			
12. Click or tap here to enter text.			
13. Click or tap here to enter text.			
14. Click or tap here to enter text.			
15. Click or tap here to enter text.			
16. Click or tap here to enter text.			
17. Click or tap here to enter text.			
18. Click or tap here to enter text.			
19. Click or tap here to enter text.			
20. Click or tap here to enter text.			

Testing Representative Signature/Date:



## Appendix C

### **CCC INFECTIOUS DISEASE POLICY POSTPONEMENTS/CANCELLATIONS**

*In the case of medically related incidents, the following policies may change based on CDC/state health guidelines and recommendations.*

#### **REGULAR SEASON**

An institutional decision to NOT participate in a conference athletic competition due to a medically related incident must be made by an executive administrator (i.e., president, vice-president or athletic director and not a coach).

Documentation of the institutional decision from the executive administrator must be presented to the opposing institution and the conference office.

If an institution is permitting other activities to occur on its campus, conference athletic events are expected to be played whether classes have been canceled or not.

If an institution has announced an outbreak on its campus or in the community but based on its policy intends to allow its team to compete or host an event, then the contest will proceed as scheduled UNLESS the visiting team has communicated through its executive administrator that it is the visiting institution's policy not to travel to off-campus sites where an outbreak has been declared. If travel as already taken place prior the announcement of an outbreak the visiting team's executive administrator retains the right to communicate the decision not to play where the outbreak has been declared.

In the event the original home team is unable to host a contest but the opposing campus venue is available, the contest may be moved to the other campus unless there are extenuating circumstances (travel distance, missed class time, financial hardship). Additionally, the new host team and the new visiting team may communicate through their executive administrator the decision not to play as a result of potential exposure.

If a switch of venues is possible the new home team will reimburse the new visiting team for travel, lodging and meal expenses as approved by the conference office.

All reasonable efforts shall be made to reschedule and make up any contests postponed or cancelled.

CCC contests take precedent over any non-conference contest and may need to be adjusted in order to accommodate for a CCC rescheduled event.



**Appendix D**

**Potential Positive Symptom Communication Form**

The purpose of this form is to notify all institutions and pertinent personnel involved that there has been a level 3 (High Risk) or a Level 2 (Medium Risk) that has been identified based on the risk assessment outlined in the CCC Health and Safety Recommendations.

On the Date of [Click or tap here to enter text.](#) a participant in [Click or tap here to enter text.](#), has been identified as to having significant signs and symptoms related to COVID-19. The Risk level being investigated is level [Click or tap here to enter text.](#)

Based on this identification please proceed to follow the outlined procedures for the CCC Health and Safety Recommendations as well as any institutional protocols.

Future communication will be provided to verify a positive or negative test result for the individual in question.

<p><b>High Risk: Symptoms Score of 3 or MORE</b> <b>Action:</b> The participant is to be removed immediately from practice and/or competition and referred for additional care. Institutional protocols for “flagged screening” should occur.</p>
<p><b>Medium Risk: Symptoms Score of 2</b> <b>Action:</b> The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.</p>

## Appendix E

### Protocols for Officials in sports where continued physical exertion is a requirement of successfully carrying out duties.

#### Soccer

1. Recommended, when possible, drive separately to all game sites.
2. Officials will arrive at all games dressed in their uniform.
3. Officials required to take part in mandatory COVID-19 screening by home team
4. Officials will wear face coverings to and from venue and until start of match
5. Officials will furnish their own water and water bottles.
6. Officials will furnish their own towels for(perspiration/showering\*). \*If location provides
7. Officials will use the "whistle bag." [This device fits over the whistle and blocks all air/saliva/etc.](#) or an [electronic whistle](#)
8. Officials will practice physical distancing with face covering during captains meeting
9. Officials will practice "physical distancing" during all live game situations
10. Officials will not engage in handshakes, fist pumps, and elbow contact with one another, players or coaches.
11. Officials will practice physical distancing during all clock stoppage situations
12. Officials will maintain physical distancing during halftime and recommended that after water break face covering used until restart of contest.
13. In any situation when physical distancing cannot occur (speaking with a coach etc.) face covering must be worn

**Note: State/Local Health Authority polices that are stricter than above must be adhered to.**

### Protocols for Officials in sports where continued physical exertion is **NOT** a requirement of successfully carrying out duties

#### Volleyball

1. Recommended, when possible, drive separately to all game sites.
2. Officials will arrive at all games dressed in their uniform.
3. Officials required to take part in mandatory COVID-19 screening by home team
4. **Officials will wear face coverings to and from venue and during contest**
5. Officials will furnish their own water and water bottles.
6. Officials will furnish their own towels for(perspiration/showering\*). \*If location provides
7. Officials will use the "[whistle mask.](#)" or an [electronic whistle](#)
8. Officials will practice physical distancing with face covering during captains meeting
9. Officials will practice "physical distancing" during all live game situations
10. Officials will not engage in handshakes, fist pumps, and elbow contact with one another, players or coaches.
11. Officials will practice physical distancing during all clock stoppage situations
12. Officials will maintain physical distancing during any stoppage in action and after water break face covering must be reattached prior to starting contest
13. When speaking with a coach, captain or table crew physical distancing should be maintained

## **Baseball/Softball**

1. Recommended, when possible, drive separately to all game sites.
2. Officials will arrive at all games dressed in their uniform.
3. Officials required to take part in mandatory COVID-19 screening by home team
4. **Officials will wear face coverings to and from venue and during contest**
5. Officials will furnish their own water and water bottles.
6. Officials will furnish their own towels for(perspiration/showering\*). \*If location provides
7. Officials will practice social distancing with face covering during plate meetings
8. Officials will practice "social distancing" during all live game situations to the extent possible
9. Officials will not engage in handshakes, fist pumps, and elbow contact with one another, players or coaches.
10. Officials will practice social distancing during all game stoppage situations
11. When speaking with a coach, player or table crew social distancing should be maintained
12. Officials will maintain social distancing during any stoppage in action, between innings or between double headers

## **Golf**

1. Recommended, when possible, drive separately to all game sites.
2. Officials will arrive at all games dressed in their uniform.
3. Officials required to take part in mandatory COVID-19 screening by home team
4. **Officials will wear face coverings to and from venue and during competition when providing a ruling and in any other situation where communication with a coach, player or game management is taking place.**
5. Officials will furnish their own water and water bottles.
6. Officials will practice social distancing
7. Officials will practice social distancing to the extent possible
8. Officials, if transporting student athletes to restroom or for a ruling purpose must have face covering on

## **Cross Country**

1. Recommended, when possible, drive separately to event sites.
2. Officials will arrive at all games dressed in their uniform.
3. Officials required to take part in mandatory COVID-19 screening by home team
4. **Officials will wear face coverings to and from venue and during competition**
5. Officials will furnish their own water and water bottles.
6. Officials will practice social distancing
7. Officials will not engage in handshakes, fist pumps, and elbow contact with one another, players or coaches.
8. When Clerking starting line officials will wear face coverings and practice social distancing
9. Officials will practice social distancing to the extent possible when monitoring course
10. Starter, when providing instructions for start of race may remove face covering as long as adequate social distance is maintained and bullhorn or PA system available for starting
11. Finish area must be wide and free of "chutes or alley's" with only coaches and Athletic Training personnel/COVID certified screeners in area to assist athletes at conclusion of race

## **Track/Field**

1. Recommended, when possible, drive separately to all event site.
2. Officials will arrive at all games dressed in their uniform.
3. Officials required to take part in mandatory COVID-19 screening by home team
4. **Officials will wear face coverings to and from venue and during competition**
5. Officials will furnish their own water and water bottles.
6. Officials will practice social distancing
7. Officials will not engage in handshakes, fist pumps, and elbow contact with one another, athletes or coaches.
8. Clerks will practice social distancing
9. Officials will practice social distancing to the extent possible when monitoring field event areas
10. Starter, when providing instructions for start of races may remove face covering as long as adequate social distance is maintained and bullhorn or PA system available for starting
11. Finish line area only coaches and Athletic Training personnel/COVID certified screeners in area to assist athletes at conclusion of races

## Appendix F

### **RECOMMENDED BEST PRACTICES AND RESOURCES**

The NAIA partnered with a panel of and epidemiological healthcare professionals, including the NAIA Athletic Trainers Association (ATA), to identify and evaluate helpful resources institutions can use in developing institutional safety protocols. Content from the following industry leaders was incorporated:

- American College Health Association (ACHA)
- Centers for Disease Control and Prevention (CDC)
- NATA's Intercollegiate Council for Sports Medicine (ICSM)
- National Strength and Conditioning Association (NSCA)
- United States Council for Athletes' Health (USCAH)

The following resources have been identified as relevant and reliable best practices. As additional evidence continues to become available and evolves, these resources may be updated.

#### **Risk Mitigation – Facility Usage & Prevention Considerations:**

- [ACHA Guidelines for Reopening Institutions](#)
- [CDC Considerations for Institutions of Higher Ed](#)
- [USCAH Return to Sport Considerations for College & University Intercollegiate Athletics](#)
- [USCAH Return to Sport Checklist: Facility Preparation and Management](#)
- [USCAH Return to Sport Checklist: Personnel Development and Training](#)

#### **Equipment and Facility Sanitation:**

- [CDC/EPA Guidance for Cleaning and Disinfecting Public Spaces, Workplaces and Schools](#)
- [CDC Guidelines for Cleaning, Disinfecting and Laundry](#)
- [EPA List N: Disinfectants for Use Against SARS-CoV-2](#)

#### **Athletic Healthcare:**

- [ICSM Return-to-Campus Preparation](#)
- [CDC Infection Prevention and Control Recommendations for Healthcare Facilities](#)
- [USCAH Addressing COVID-19 Within Athletic Medicine](#)

#### **Training Safety following Inactivity:**

- [NSCA COVID-19 Return to Training](#)
- [CSCCa and NSCA Joint Consensus Guidelines for Transition Periods \(Safe Return to Training Following Inactivity\)](#)

For additional best practice information, the NAIA Athletic Trainers Association created a [Return to Athletics Guidelines](#), which includes detailed resources and recommendations



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