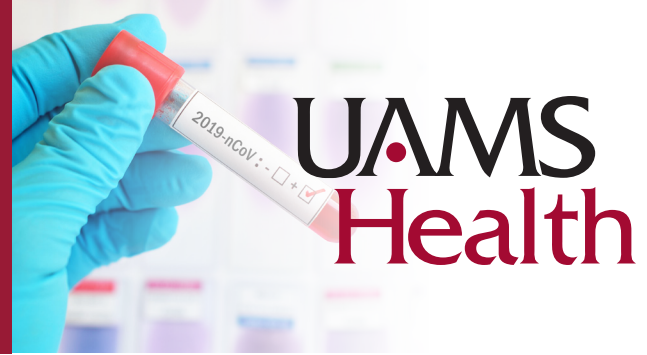


UAMS COVID-19 Sports Committee

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Collegiate Athletics

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As the state's academic medical center, UAMS works collaboratively with our state's leaders to help ensure the health and safety of all Arkansans. As noted in the guidelines, these measures are based on the current COVID-19 situation in Arkansas and they will likely change.

Individual commitment to a group effort—that is what makes a team work, a company work, a society work, a civilization work. –Vince Lombardi

BACKGROUND AND PURPOSE

Governing bodies of collegiate sports, working together with public health officials and institutions of higher education have an important role in protecting student-athletes, the student body, staff, faculty, and fans to help ensure a safe and healthy athletic environment as they consider the return of collegiate sports-related activities amid the COVID-19 pandemic.

With the support of Chancellor Cam Patterson, M.D., MBA, and senior leadership at the University of Arkansas for Medical Sciences (UAMS), its Orthopaedics and Sports Medicine department established a multi-disciplinary panel of experts to develop return-to-sports recommendations. This should provide valuable insight and expertise as states, conferences, and institutions navigate this public health challenge. This committee was led by Wesley Cox, M.D., Assistant Professor, Chief of Orthopaedics and Sports Medicine at UAMS Northwest Regional Campus, and included:

UAMS Orthopaedics:

Larry Balle, M.D.

Assistant Professor, Family Med/Orthopaedics (NWA)

C. Lowry Barnes, M.D.

Professor and Chair, Orthopaedic Surgery
UAMS Musculoskeletal Service Line Director

Tyler Carlee, M.D.

Assistant Professor, Orthopaedic Surgery (NWA)

Michael Cassat, M.D.

Assistant Professor, Family Med/Orthopaedics

Kristin Garner, M.D.

Assistant Professor, Family Med/Orthopaedics

Michael Israel, M.D.

Assistant Professor, Pediatrics/Orthopaedics (ACH)

Navin Kilambi, M.D.

Assistant Professor, Orthopaedics (NWA)

Lawrence O'Malley, M.D.

Assistant Professor, Orthopaedic Surgery

Brant Sachleben, M.D.

Assistant Professor, Orthopaedic Surgery
Chief of Pediatric Orthopedic Surgery, (ACH)

Jack Vander Schilden, M.D.

Professor, Orthopaedic Surgery

Ramon Ylanan, M.D.

Assistant Professor, Family Med/Orthopaedics (NWA)

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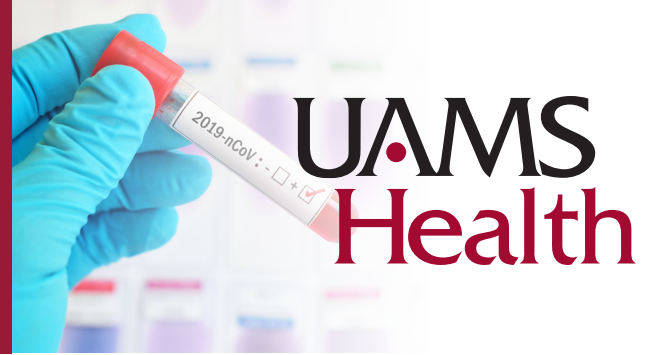
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UAMS Internal Medicine:

Michelle Krause, M.D.

Professor, Nephrology
UAMS Medical Specialties Service Line Director

Keyur Vyas, M.D.

Assistant Professor, Infectious Diseases

John P. Mounsey, M.D.

Professor, Cardiology

UAMS Pathology:

Jennifer Hunt, M.D.

Professor and Chair, Pathology

These recommendations are based on what is currently known about the transmission and severity of the coronavirus 2019 (COVID-19). They are not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. As more is learned about COVID-19, recommendations will be updated.

The governing bodies of collegiate sports will provide specific guidelines for institutions as they create a plan for re-socialization. Team staff members and student-athletes should follow the guidelines set forth by their appropriate governing body and institution.

GOAL

Our goal is to provide recommendations reflective of medical best practices and keep the health and safety of student-athletes, administrators, coaches, staff, and fans as the No. 1 priority. We must all work together to safely return to sports. At stake is the health of our student-athletes, our communities, our economy, our state and our nation. As soon as it is safe to do so we want athletics to resume. We must remain diligent in reducing the risk of infection as much as possible.

As coaches, administrators, trainers and support staff including physicians, it is our responsibility to appropriately educate our student-athletes. It is not their fault if they become ill or seasons are cancelled. We must do our job of making sure we all understand the significant impact that a single COVID-19 infection on a student-athlete will have.

Please contact your team/school's medical team for additional recommendations. UAMS is available to provide additional guidance if needed.

We must be the example and hold ourselves and our teammates accountable for our actions.

We must be the ultimate teammate and assign the health of our teammates as our No. 1 priority.

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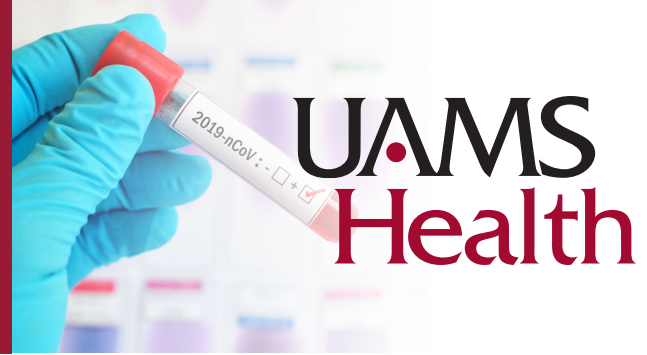
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RECOMMENDATIONS

A. Coach and Staff Education

All athletic staff must complete an education course/module prior to team scheduling and meetings. The education should be focused on the following:

1. The significant health risks associated with COVID-19 on athletes
2. The prevention and transmission of COVID-19
3. Rationale for recommendations provided
4. Establishing what it means to be a true teammate during crisis
5. The impact of failing to prevent the spread, including: illness, cancellations, and effects on the community

B. Quarantine and Screening General Guidelines

The overall strategy is stringent while allowing entrance back into the team and activities. The better we are at ensuring we have minimized the risk of infection prior to entrance, the less modifications are required regarding contact, equipment and routine sport-specific activities. If readily accessible point-of-service testing with high sensitivity were to become available, recommendations regarding generalized testing would likely be different.

1. Negative screening before moving on campus. (Use screening questions from UAMS website if desired)
 - a. Test and quarantine until negative result obtained for any failed screen
 - b. Preference for single room occupancy if possible
 - c. Social distancing for meals as much as possible
2. Testing with specimen to reference labs (LabCorp, Quest, etc.)
 - a. Test for COVID-19 for failed screening on presentation to campus or for any new failed screening
 - b. For known COVID-19 positive athletes, perform EKG, echocardiogram and stress test prior to clearance for return to sport
3. Screening Assessment/Active Monitoring
 - a. Actively follow each student-athlete to provide the best chance of differentiating new symptoms that may appear like normal soreness or heat-related illness
 - b. Temperature checks ($\leq 100.4^{\circ}\text{F}$)
 - c. Symptom assessment (new cough, sore throat, shortness of breath, chills, repeated shaking with chills, muscle pain, loss of taste or smell, GI cramping, nausea, and diarrhea)
 - d. Inquire if exposure to COVID-19 individual

C. Pre-Participation Physicals:

1. Have a plan that suits your needs
2. Screen for COVID-19 prior to entrance into physical area

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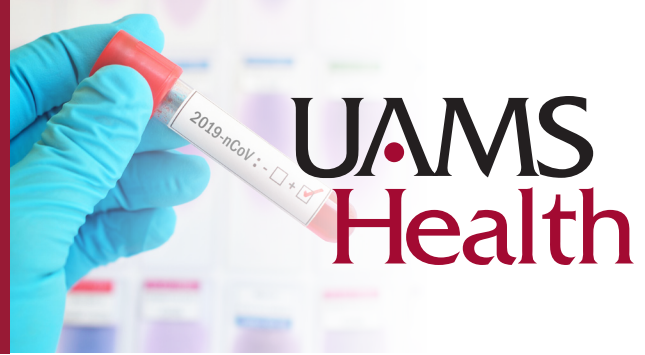
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- a. Symptoms, exposure, travel history, history of positive test, temperature check
 - b. If previously positive, ensure timeline and appropriate quarantine
3. During Physical Examination:
- a. Examiner wears: surgical mask, gown, gloves and eye protection
 - b. Change gloves between student-athletes
 - c. Appropriate amount of hand sanitizer present for student-athletes and staff
 - d. Limit number of people in small area at a time
 - e. Divide student-athletes into certain time slots, with appropriate social distancing measures
 - f. Limit grouping typically seen during physicals by waiting in cars, scheduling times, etc.

D. Dormitory/Fraternity/Sorority Living

1. Recommend against roommates when feasible. If roommate is required, limit outside exposure by rooming only with teammates if possible.
2. If living with other student-athletes/students, separate into own room/bathroom if possible and consider use of non-hospital grade (example: cloth) masks in situations where social distancing is difficult.
3. Limited in-person interaction with others outside of team/family unless necessary. This will obviously change when classes start.
4. While knowing this may be difficult for many student-athletes and their current/assigned living arrangements, student-athletes must have proper education and enforcement of the following:
 - a. Practice appropriate sanitation
 - b. Hand washing and proper hygiene
 - c. Social distancing
 - d. Limiting exposure as much as possible
 - e. Have hand sanitizer at all times
6. Strongly encourage/reinforce the need for these rules to be in place among the student-athletes
7. Strongly encourage student-athletes to serve as role model among their peers and teammates as well as other students

E. Meals and Campus Dining Halls

1. Eat with the team or in designated team areas when on campus
2. Social distance in campus dining halls
3. Require caterers to wear masks and gloves

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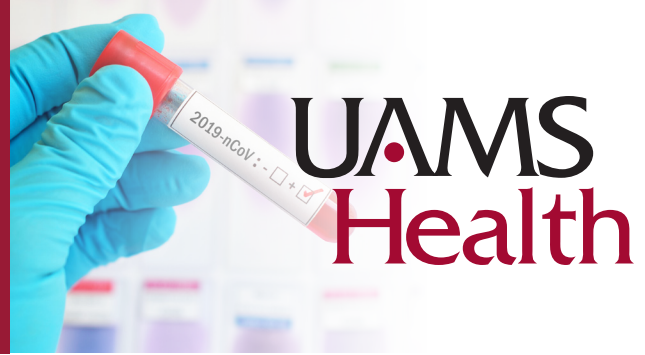
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4. Recommend individual to-go orders (NO buffet-style options), or meals served to assigned seats appropriately distanced
5. Eat at home as often as possible
6. No eating with the general population except as consistent with Arkansas Dept. of Health Guidelines at that time

F. Team Transportation—Bus vs. Plane

1. Ideally there should be no commercial flights, but commercial flights will often be necessary
 - a. Easier for some teams than others (smaller rosters, closer games, etc.)
 - b. If using commercial flights:
 - i. Wear masks and social distance as much as possible
 - ii. Group athletes/personnel together in seating if possible
2. Preferable travel by bus if option
 - a. Maintain appropriate social distancing while waiting for, seated in and exiting the bus
 - b. Limit exposure of student-athletes
 - c. More controlled environment
 - d. Ensure the bus driver has followed appropriate precautions and has undergone screening
3. Include essential travelers only (athletes, coaches and immediate support staff, i.e. no boosters, etc.)

G. On Field Refreshments

1. Ensure each student-athlete has his/her own water bottle. Otherwise, use disposable cups/bottles
 - a. The majority of smaller teams have their own water bottles
 - b. Most larger teams use disposable bottles/cups
 - c. Absolutely NO SHARING OF WATER BOTTLES

H. Equipment Managers and Their Roles

1. Encourage student-athletes to take ownership of their health and participate at home and on campus
2. Masks should be worn by athletic trainers and student-athletes during active sessions/treatment
3. Athletic trainers should work with student-athletes to keep their areas sanitized
4. Frequently sanitize equipment of student-athletes with higher exposure risks
 - a. For teams with face/head protection (football/hockey/lacrosse) - helmets/facemasks/mouth pieces

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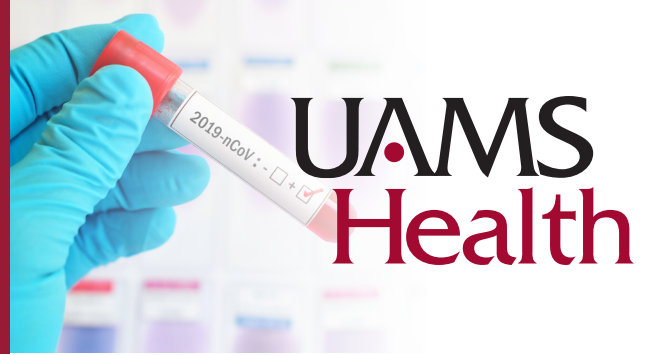
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- i. Clean with appropriate disinfectant and follow product specific instructions for contact time and technique. The CDC/EPA have recommended disinfectant recommendations: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - ii. This should occur before and after practice
5. Other equipment commonly exposed should be sanitized:
 - a. Pole vault and track baton
 - b. Basketballs, softballs, baseballs, soccer balls, volleyballs, footballs, etc.
 - c. Gymnastics - mats, bars, other points of contact
 - d. Bat sports - bat and gloves
 - e. Volleyball/basketball - wipe down gym floors
 6. Use disposable cleaning materials - paper towels or aerosols/sprays
 7. Weight room cleaning - Spotters wear mask and should consider face shields

I. Team Meetings – How to Be Smart

1. Conduct remote/virtual meetings when appropriate
 - a. For small teams, platoon-style meeting scheduling:
 - b. Social distancing at six feet if meetings are in person
 - c. Limit unnecessary personnel at in-person meetings
 - d. No recruits at meetings
 - e. Encourage non-essential personnel to attend via remote access
 - f. Use masks when social distancing is difficult
2. Practice/team interactions
 - a. Platoon - separate 1st, 2nd, 3rd, and practice teams
 - b. When possible, separate student-athletes by position/squad by space and time
 - c. Use non-surgical masks (cloth) when not participating in activities and unable to social distance.
 - d. Limit “dug out” time or congregation in large groups on sidelines
 - e. Limit close contact when appropriate

J. Locker Rooms and Training Rooms

1. Locker rooms/weight rooms/training rooms should be sanitized after or between sessions/teams
 - a. Heat/steam not enough
 - b. Clean with appropriate disinfectant and follow product specific instructions for contact time and technique. The CDC/EPA disinfectant recommendations: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - c. Ensure there are adequate supplies to make it easy to use and readily accessible

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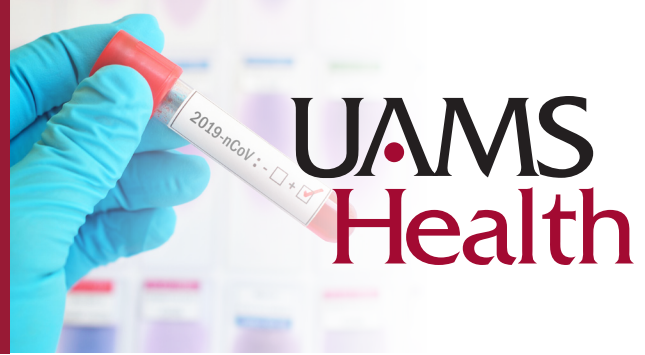
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2. All areas and surfaces commonly touched must be identified, cleaned often, and with consistent reinforcement of adherence to guidelines
 - a. Limit touching when possible by leaving doors open, removing trashcan lifts, elevator assistance, etc.
 - b. Among the highest risk surfaces
 - i. Door handles
 - ii. Sink/shower handles/toilets
 - iii. Flat surfaces - locker room seats, tables, etc.
 - iv. Weights/weight benches
 - v. Cardio equipment
3. Once team is finished in weight room - clean areas/equipment
4. Once student-athlete is finished at locker - wipe down area
5. Once athletic trainers have completed rehab/treatment of student-athlete - wipe down area
6. Chlorhexidine/antiseptic soaps recommended for bathroom/shower areas
7. Limit congregation in lounge areas
8. NO use of locker room barbers
9. Laundry should be washed daily with appropriate detergent

K. Vaccinations - Seasonal and Childhood

1. Require yearly flu shots
2. Require up-to-date childhood vaccinations prior to matriculation

L. What To Do if There is a Positive COVID-19 Test on Your Team

1. The student-athlete should be sent home and quarantined appropriately
2. Notify the state health department and follow their guidelines
3. Retrace, as best as possible, contact with other teammates and coaches
4. Modifying practice and lifting schedules can greatly reduce the risk of more student-athletes being quarantined if a student-athlete becomes infected with COVID-19

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