1) Overview:
   a) All state and local re-opening guidelines must be met before returning student-athletes to campus.
   b) UWO campus must be open to the general student population and staff before returning student-athletes to campus.
   c) Upon return to campus, all teams/student-athletes will complete Phase One and Two of NCAA’s Core Principles of Resocialization of Collegiate Sport (see phases below).
   d) Must be in Phase Three of the NCAA’s Core Principles of Resocialization of Collegiate Sport in order to compete in athletic competitions against other institutions.
   e) Plan will be implemented in collaboration with Titans Return for Fall 2020 policies and with guidance from the Winnebago County Health Department.

**NCAA Core Principles of Resocialization of Collegiate Sport**

<table>
<thead>
<tr>
<th>Gating Criteria</th>
<th>Have been satisfied in accordance with federal/ state/ local guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A downward trajectory of influenza-like illnesses reported within a 14-day period and a downward trajectory of COVID-like syndromic cases reported within a 14-day period</td>
</tr>
<tr>
<td>2.</td>
<td>A downward trajectory of documented cases of COVID-19 within a 14-day period or a downward trajectory of positive tests as a percentage of total tests within a 14-day period</td>
</tr>
<tr>
<td>3.</td>
<td>Hospitals can treat all patients without crisis care and there is robust testing program in place for at-risk health care workers, including antibody testing</td>
</tr>
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<table>
<thead>
<tr>
<th>Phase One</th>
<th>In accordance with federal guidelines, resocialization of sport for Phase One assumes the following:</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Gating criteria have been satisfied for a minimum of 14 days.</td>
</tr>
<tr>
<td>2.</td>
<td>Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel should continue to shelter in place. Vulnerable populations include</td>
</tr>
</tbody>
</table>
individuals with serious underlying health conditions such as high blood pressure, chronic lung disease, diabetes, obesity and asthma, and those whose immune system is compromised, such as by chemotherapy.

3. Those living in dorms and other residences where vulnerable individuals reside should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home, and appropriate isolating precautions should be taken.

4. Physical distancing should continue.

5. Gatherings of more than 10 people should be avoided unless precautionary measures of physical distancing and sanitization are in place.

6. Gyms and common areas where student-athletes and staff are likely to congregate and interact, should remain closed unless strict distancing and sanitation protocols can be implemented.

7. Virtual meetings should be encouraged whenever possible and feasible.

8. Nonessential travel should be minimized, and Centers for Disease Control and Prevention guidelines regarding isolation after travel should be implemented.

| Phase Two | In accordance with the federal guidelines, if Phase One has been implemented successfully, with no evidence of a rebound, and gating criteria have been satisfied for a minimum of 14 days since the implementation of Phase One:
|            | 1. Vulnerable individuals should continue to shelter in place.
|            | 2. Awareness and proper isolating practices related to vulnerable individuals in residences should continue.
|            | 3. Physical distancing should continue.
|            | 4. Gatherings of more than 50 people should be avoided unless precautionary measures of physical distancing and sanitization are in place.
|            | 5. Gyms and common areas where student-athletes and staff are likely to congregate and interact should remain closed, or appropriate distancing and sanitation protocols should be implemented.
|            | 6. Virtual meetings should continue to be encouraged whenever possible and feasible.
|            | 7. Nonessential travel may resume.

| Phase Three | In accordance with the federal guidelines, if Phase Two has been implemented successfully, with no evidence of a rebound, and gating criteria have been satisfied for a minimum of 14 days since the implementation of Phase Two:
|             | 1. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel can resume in-person interactions, but should practice physical distancing, minimizing exposure to settings where such distancing is not practical.
|             | 2. Gyms and common areas where student-athletes and staff are likely to congregate and interact can reopen if appropriate sanitation protocols are implemented, but even low-risk populations should consider minimizing time spent in crowded environments.
|             | 3. Unrestricted staffing may resume.
2) Applicability:
   a) Student-athletes, athletic staff, external stakeholders

3) Procedure:
   a) Prior to Arrival on Campus/ Team Report Date
      i. All student-athletes and coaches will be required to complete a COVID-19 Screening/Symptom Questionnaire (Appendix A) three weeks prior to reporting date of sport. The questionnaire will be in ATS, the electronic medical records system.
      ii. Student-athletes and coaches with high risk pre-existing conditions (Appendix B) are encouraged to consult with their physician about possible modifications required in order to participate or coach in sports during COVID-19.
      iii. Student-athletes and coaches will be encouraged to self-quarantine themselves for two weeks prior to team’s reporting date according to NCAA recommendations.
      iv. Educational video will be available on ATS three weeks prior to reporting date of sport. Student-athletes and coaches will be expected to watch video and sign acknowledgment form. (Appendix C)
      v. All on-line ATS medical information along with physical and insurance information is completed and up-to-date for student-athletes.

b) Athlete’s Team Report Date
   i. Team’s designated Licensed Athletic Trainer will coordinate specific date, time and site with coach to check-in athletes.
   ii. Masks will be required of all staff, coaches and athletes during check-in.
   iii. Hand sanitizing stations will be placed at entrance of check-in facility.
   iv. Proper number of disinfectant wipes will strategically be placed in areas of possible high touch exposure, to clean areas between athletes checking in.
   v. Temperature checks of all athletes and will be taken at outside door of check-in facility. Athletes with a temperature of >100.4 F or with signs/symptoms at check-in will be referred to Student Health Center for evaluation and possible testing.
   vi. Athletes will be given follow-up COVID-19 Screening/Symptom Questionnaire at check-in.
   vii. Athletes will perform initial diagnostic COVID-19 nasal or sputum test.
   viii. Athletes will perform Sway Balance Concussion Test.

c) Coaches Report Date
   i. Coaches will be required to complete a COVID-19 Screening/Symptom Questionnaire (Appendix A) three weeks prior to reporting date of sport. The questionnaire will be in ATS, the electronic medical records system. Coaches and athletic staff currently on furlough will need to complete questionnaire when furlough ends.
ii. Coaches will be required to check-in on teams designated report date with athletes.

iii. Temperature checks of all coaches will be taken at outside door of check-in facility. Coaches with a temperature of >100.4 F or with signs/symptoms at check-in will be referred to local urgent care clinic.

iv. Coaches will be given follow-up COVID-19 Screening/Symptom Questionnaire at check-in.

v. Coaches will perform initial diagnostic COVID-19 nasal or sputum test.

d) Eligibility Meetings

i. All eligibility meetings for all sports will be held virtually, which will begin in mid-August. Dates and links will be sent to coaches, who will in turn send to their student-athletes.

ii. All student-athletes must fill out the online form (normal procedure) and attend a virtual team meeting prior to their arrival on campus.

iii. All forms will be converted to a fillable PDF. Once their eligibility meeting is complete, each student-athlete will forward their fillable PDF to their respective coach. Their coach will then put them within a designated OneDrive folder prior to each student-athlete's arrival on campus.

4) Guidance Documents/Policy Links:


4) Definitions

a) COVID like illness/symptoms

   i) Shortness of breath

   ii) Difficulty breathing

   iii) Cough or other respiratory symptoms

   iv) Headache

   v) Chills
vi) Muscle aches
vii) Sore throat
viii) New loss of taste or smell
ix) Nausea, vomiting or diarrhea
x) Pain, redness, swelling or rash on toes or fingers (COVID-toes)
xii) New rash or other skin symptoms
xii) Temperature of 100.4° Fahrenheit or greater

b) Known Exposure
   i) Contact with an infected individual or prolonged contact with a crowd without physical distancing

c) Isolation
   i) Keeping sick people away from others by limiting contact. They are separated from everyone else either in their home or in another place that allows for it.

d) Quarantine
   i) Restricts movement and contact of healthy people who have been exposed and lasts for 14 days.

e) COVID-19 PCR test
   i) A laboratory test for use in testing patient specimens for severe acute respiratory syndrome.

f) Personal Protective Equipment
   i) Protective materials such as gowns, gloves, masks, face shields, among others designed to protect the wearer's body from injury or infection.

h) Medical Stability
   i) Medical Stability is determined by the mental status and vital signs of the patient.
      (1) A patient is considered mentally unstable if the patient does not have any motor response or is unable to respond. This includes no reaction to a pain stimuli, unable to move, unable to obey commands, no eye response (pupil dilation or constriction), no verbal response (this includes no response at all, incomprehensible words, not making any sense, confused, or disoriented speech).

      (2) A patient is considered to have unstable vital signs if a patient is increased temperature (above 100.4 F), unable to breath (or difficult breathing), does not have a pulse, decreased oxygen blood saturation, or abnormal blood pressure.

      (3) A patient is considered to be medically stable if they have full mental status (able to comprehend what is happening around them and able to focus) and have normal vital signs (normal heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation).

h) Re-Acclimatization
i) The act or process of readapting an individual to a given environment or situation.

i) Contact Tracing
   i) Communication process that supports an infected individual and also identifies individuals that may be at risk for COVID-19 due to contact with an infected individual. It is important to limiting the spread of COVID-19 by identifying those that are at risk and asking them to isolate (positive COVID-19 patient) or quarantine (healthy person that encountered a positive COVID-19 patient).

j) Actively Participating
   i) When an athlete is involved in either practice or games and is participating in practice. An athlete is not actively participating when they spend the majority of time during a practice or game watching other players.

6) Revision History:
   a) Created: June 25, 2020
   b) Revised/Reviewed: [Date]
1. Are you currently free from illness?
   a. Yes
   b. No
2. Have you been diagnosed or tested positive for COVID-19 infection?
   a. Yes
   b. No
3. If you had COVID-19, during the infection did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?
   a. Yes
   b. No
   c. Not applicable
4. If you had COVID-19, since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?
   a. Yes
   b. No
   c. Not applicable
5. Since March of 2020, or during your time away from UW Oshkosh did you experience, or are you currently experiencing any of the following:
   a. Fever
      i. Yes
      ii. No
   b. Body Chills
      i. Yes
      ii. No
   c. Extreme Level of Fatigue
      i. Yes
      ii. No
   d. Cough
      i. Yes
      ii. No
   e. Pain/ Difficulty Breathing
      i. Yes
      ii. No
   f. Shortness of Breath
      i. Yes
      ii. No
   g. Sore Throat
i. Yes
ii. No

h. Body/ Muscle Aches
   i. Yes
   ii. No

i. Loss of Taste
   i. Yes
   ii. No

j. Loss of Smell
   i. Yes
   ii. No

k. Changes to Vision/ Eye Discharge
   i. Yes
   ii. No

l. New rash or other skin symptoms
   i. Yes
   ii. No

m. Pain, redness, swelling or rash on toes or fingers (COVID-toes)
   i. Yes
   ii. No

6. Do you have a family or household member with current or past COVID-19?
   a. Yes
   b. No

7. Do you have moderate to severe asthma, a heart condition, diabetes, pre-existing kidney disease, or a weakened immune system?
   a. Yes
   b. No
   c. If yes, please specify

8. In the past 2 weeks have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/ or is in an area reporting an increased number of COVID-19 cases (i.e. “hot spots”)?
   a. Yes
   b. No

9. In the past 2 weeks have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?
   a. Yes
   b. No
10. If you had a positive COVID-19, do you have any medical documentation to support your diagnosis and treatment?
   a. Yes
   b. No
   c. Not applicable

11. Please list any countries/ states/ cities that you have visited over the past month.
1. Age greater than or equal to 65
2. COPD (Chronic obstructive pulmonary disease)
3. Immunocompromised state (weakened immune system) from solid organ transplant
4. Obesity (body mass index of 30 or greater)
5. Serious heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
6. Sickle cell disease
7. Type 2 diabetes mellitus
8. Asthma (moderate to severe)
9. Cerebrovascular disease (affects blood vessels and blood supply to brain)
10. Cystic fibrosis
11. Hypertension or high blood pressure
12. Neurologic conditions such as dementia
13. Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids or other immune weakening medication
14. Liver disease
15. Pregnancy
16. Pulmonary fibrosis (having damaged or scarred lung tissue)
17. Smoking
18. Thalassemia (a blood disorder)
19. Type 1 diabetes mellitus
I acknowledge that I have received education related to COVID-19 and agree to be an active participant in my own healthcare. I understand that I have the direct responsibility for reporting all COVID-19 symptoms to staff completing COVID-19 screening and Sports Medicine staff (e.g., team physician, athletic training staff) including:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Muscle pain
- Sore throat
- New loss of taste or smell

I acknowledge that if I have any of the following medical conditions that I may be at a higher risk of severe illness from COVID-19 infection:

- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- Conditions that can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Severe obesity (body mass index [BMI] of 40 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease

I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed any prior medical conditions and will also disclose any future conditions to the sports medicine staff at my institution.

By signing below, I acknowledge that my institution has provided me with specific education materials related to COVID-19 and agree to abide by established guidelines and understand that my participation in out of season activity is voluntary.

I have read the above and agree that the statements are accurate.

________________________________________
Student-athlete’s name (Printed)

________________________________________    ________________
Signature of student-athlete                              Date