1) Overview:
   a) UW Oshkosh Intercollegiate Athletics will be following all recommendations and guidelines of the NCAA’s Resocialization of Collegiate Sport. These recommendations and guidelines are updated frequently and can be found by going to: https://www.ncaa.org/sport-sci-institute/covid-19-coronavirus.

2) Applicability:
   a) Student-athletes, athletic staff, external stakeholders

3) Procedure:
   a) Daily Screening (Athletic Staff and Visitors)
      (1) All athletic staff will be given instructions to set up an account in ATS (electronic medical records system) in order to complete a daily symptom screening. The ATS daily screening must be completed prior to coming to work. Daily reminders will be sent to each staff by either email or text message. Staff are to take their temperature and answer the question in ATS daily screening accordingly. All visitors coming into the athletic offices will be required to administer and log their own temperatures at the main office entrance.

         (a) Athletic staff with temperatures > 100.4 F or with COVID symptoms should NOT report to work and are encouraged to contact their Primary Care Physician or a UW Oshkosh Licensed Athletic Trainer for further instructions.

         (b) Athletic staff with temperatures < 100.4 F and without COVID symptoms are cleared to report to work.

         (c) Visitors with temperatures > 100.4 F or with COVID symptoms will not be allowed into athletic offices.
b) Daily Screening (Student-Athletes)

(1) All student-athletes will be sent a reminder by either email or text message to complete a daily symptom screening in their ATS (electronic medical records system) account. Student-athletes will be instructed to complete this screening 1-3 hours prior to practice or competition. Those experiencing symptoms will not be allowed to practice or compete and are to stay home. Temperature checks will be conducted by Sports Medicine staff or coach approximately 20 minutes prior to any practice or physical activity. Temperature checks will be conducted at the following sites (subject to change):

(a) Baseball
   i. Indoor- Kolf Fieldhouse entrance
   ii. Outdoor- Field Locker room entrance

(b) Basketball
   i. Kolf Fieldhouse Basketball Court

(c) Cross Country
   i. Kolf Gym B or outside the main entrance

(d) Football
   i. Russ Young Building main entrance
   ii. Rec Plex Practice Field

(e) Swimming and Diving
   i. Pool Locker Room entrance

(f) Track and Field
   i. Kolf Fieldhouse entrance

(g) Wrestling
   i. Wrestling room entrance

(h) Women’s Golf
   i. Athletic Training Room hallway

(i) Gymnastics
   i. Kolf Gymnastics Room entrance

(j) Women’s Soccer
   i. Oshkosh Sports Complex- Outside of National “O” Room entrance
   ii. Rec Plex Practice Field

(k) Softball
   i. Inside- Kolf Fieldhouse entrance
   ii. Outdoor- Locker room entrance

(l) Women’s Tennis
   i. Athletic Training Room hallway
(m) Women’s Volleyball
  i. Kolf Gym A

(2) Student-athletes with temperatures > 100.4 F will not be allowed to practice and will be instructed to schedule a COVID test and quarantine until test results are known.

c) COVID-19 Testing of Student-Athletes/Coaches (during their declared season)
(1) University on campus COVID testing services along with a secured private testing service will provide UW-Oshkosh Athletics with the testing resources and training necessary to conduct both baseline diagnostic tests and surveillance tests.

(2) Baseline/ Diagnostic Tests
  (a) All student-athletes must have at minimum one baseline/ diagnostic test performed before being allowed to participate in any NCAA countable team practice.

(3) Surveillance Tests
  (a) Per NCAA Resocialization of Collegiate Sport recommendations ([www.ncaa.org/sport-science-institute/covid-19-coronavirus](http://www.ncaa.org/sport-science-institute/covid-19-coronavirus)) all athletes and coaches will be subject to surveillance testing throughout the year according to their sport “risk” category

(b) High Risk Sports
  i. Football, Volleyball, Women’s Soccer, Men’s Basketball, Women’s Basketball and Wrestling

(c) Moderate Risk Sports
  i. Baseball, Softball, Cross Country and Gymnastics

(d) Low Risk Sports
  i. Women’s Golf, Women’s Tennis, Men’s Swimming and Diving, Women’s Swimming and Diving, Men’s Track and Field, Women’s Track and Field

d) COVID-19 Suspected Student-Athlete
(1) Any student-athlete with signs/ symptoms of COVID-19 will be required to schedule an appointment with University COVID testing services on campus and must quarantine until test results are known.

e) COVID-19 Suspected Athletic Staff
(1) Any athletic staff with signs/ symptoms of COVID-19 are to call their Primary Care Physician (PCP) or local Urgent Care Clinic for further information and to schedule testing. If testing cannot be performed by the PCP, athletic staff may schedule an appointment with University COVID testing services on campus and must quarantine until results are known.
f) COVID-19 Positive Student-Athlete
   (1) If tested On Campus
      (a) Follow directions provided by on campus Disease Investigator (DI)
          when called about positive result. DI will instruct COVID positive
          athlete about isolation requirements.
   (2) If tested Off Campus
      (a) Public Health Department will contact COVID positive athletes that
          are tested off campus and will instruct about isolation requirements.

g) COVID-19 Positive Athletic Staff
   (1) Follow directions given by Primary Care Physician, Public Health or on
       campus DI, pending where your test was conducted.
   (2) Athletic staff should contact Assistant Chancellor, Athletics or Associate
       Director of Athletics about positive test result.
   (3) Athletic staff will need to complete a Positive Case Reporting Form which
       will be sent to Human Resources.
   (4) Athletic staff will need to discuss possible working conditions that can be
       performed when isolated.
   (5) Assistant Chancellor, Athletics or Associate Director of Athletics will
       contact UW Oshkosh Police Department about possible cleaning of positive
       athletic staff’s office and other working areas.
   (6) Athletic staff should contact Assistant Chancellor, Athletics or Associate
       Director of Athletics when isolation has ended and staff is able to resume
       regular work.

h) Athlete Return-To-Activity Protocol
   (1) All student-athletes testing positive for COVID-19 must receive physician
       clearance and then complete a physical progression of both aerobic and
       anaerobic exercise before being allowed to return to normal team practices
       or competitions.
      (a) Athlete will schedule an appointment on ATS with their team’s
          Licensed Athletic Trainer upon discharge from isolation.
      (b) Licensed Athletic Trainer and athlete will discuss symptoms
          experienced by athlete during course of isolation and categorize
          illness. A physician appointment will be made at this appointment.
      (c) Categories of COVID Illness
          i. Asymptomatic- No symptoms experienced during isolation
          ii. Mild Illness- Common cold-like symptoms without fever
          iii. Moderate Illness- Fever, flu-like symptoms, chest symptoms
          iv. Severe Illness- Symptoms caused hospitalization
(d) Physician must minimally perform the following tests according to their illness category:

i. Asymptomatic
   1. ECG and physical exam- must be normal in order to clear
   2. May consider echo and troponin testing based on ECG and physical exam
   3. May consider referral to cardiologist for abnormal findings

ii. Mild Illness
   1. ECG and physical exam- must be normal in order to clear
   2. May consider echo and troponin testing based on ECG and physical exam
   3. May consider referral to cardiologist for abnormal findings

iii. Moderate Illness
   1. ECG and physical exam will be performed and referral to cardiologist will be needed for clearance
   2. Cardiologist may consider echo, troponin, cardiac MRI or other applicable tests.

iv. Severe Illness
   1. ECG and physical exam will be performed and referral to cardiologist will be needed for clearance
   2. Cardiologist may consider echo, troponin, cardiac MRI or other applicable tests.

(e) When physician clearance is given, athlete will perform the following stages of exercise progression.

i. Stage One- Light Exercise (2 Days)
   1. Light activity such as stationary biking, elliptical, jogging but no weight training
   2. 70% maximum heart rate (MHR) for no more than 15-20 minutes

ii. Stage Two- Light/ Moderate Exercise (1 Day)
   1. Simple movement activities like running drills and light weight training is allowed
   2. 80% MHR for no more than 30 minutes

iii. Stage Three- Moderate Exercise (1 Day)
   1. Progress to more complex training activities and increase intensity of weight training
2. 80% MHR for no more than 45 minutes

   iv. Stage Four- Moderate/ Intense Exercise (2 Days)
       1. Increase the intensity of normal training activities
       2. 80% MHR for no more than 60 minutes

   v. Stage Five- Intense Exercise
       1. Full return to team training including full weight training

(f) Athletes not experiencing any chest or respiratory symptoms during exercise progressions are cleared to return to normal team activity. Those experiencing symptoms will cease exercise progression and will be referred to physician for consultation.

i) Suspension/ Discontinuation of Athletics

(1) At the sole discretion or in collaboration of any of the following:
   Chancellor, UW Oshkosh COVID Response Team, Athletic Director, Medical Director, Lead Physician of Student Health, Athletics Health Care Administrator, WIAC Conference, Winnebago County Health Department

(2) A lack of ability to isolate new positive cases or quarantine high contact risk cases on campus.

(3) Unavailability or inability to perform symptomatic, surveillance and pre-competition testing when warranted or per NCAA recommendations.

(4) Campus-wide or local community test rates that are considered unsafe by local public health officials.

(5) Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.

(6) Local public health officials stating that there is an inability for the hospital infrastructure to accommodate a surge in hospitalizations related to COVID-19.

4) Guidance Documents/Policy Links:


f) Core Principles of Resocialization of Collegiate Basketball: https://www.ncaa.org/sport-science-institute/core-principles-resocialization-collegiate-basketball

5) Definitions

a) COVID like illness/symptoms
   (1) Shortness of breath
   (2) Difficulty breathing
   (3) Cough or other respiratory symptoms
   (4) Chest pain
   (5) Severe headache
   (6) Chills
   (7) Muscle aches/ body aches
   (8) Sore throat
   (9) Congestion/ runny nose
   (10) New loss of taste or smell
   (11) Nausea, vomiting or diarrhea
   (12) Pain, redness, swelling or rash on toes or fingers (COVID-toes)
   (13) New rash or other skin symptoms
   (14) Temperature of 100.4° Fahrenheit or greater

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

c) Isolation
   (1) 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. Minimum of 10 days, but may be extended due to severity and length of symptoms.

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

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

f) Personal Protective Equipment
   (1) Protective materials such as gowns, gloves, masks, face shields, among others designed to protect the wearer's body from injury or infection.
g) Medical Stability
   (1) Medical Stability is determined by the mental status and vital signs of the patient.
   (2) 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 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).
   (3) 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.
   (4) 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
   (1) The act or process of readapting an individual to a given environment or situation.

i) Contact Tracing
   (1) 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
   (1) When a student-athlete is involved in either practice or games and is participating in practice. A student-athlete is not actively participating when they spend most of the time during a practice or game watching other players.

6) Revision History:
   a) Created: June 25, 2020
   b) Revised: October 2, 2020