STANDARD OPERATING PROCEDURE (SOP)
ATHLETICS

Effective Date: 9/3/2020
Approval Date: 9/3/2020
Title: Daily Screening Requirements

Department Name: Intercollegiate Athletics
Phone: 920-424-1034
E-mail: stimacv@uwosh.edu
Website: uwoshkoshtitans.com

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></td>
<td>1. 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></td>
<td>2. 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></td>
<td>3. 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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase One</th>
<th>In accordance with federal guidelines, resocialization of sport for Phase One assumes the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Gating criteria have been satisfied for a minimum of 14 days.</td>
</tr>
<tr>
<td></td>
<td>2. Vulnerable student-athletes, athletics health care providers, coaches and athletics personnel should continue to shelter in place. Vulnerable populations include individuals with serious underlying health conditions such as high blood pressure, diabetes, chronic lung disease, heart disease, and cancer.</td>
</tr>
</tbody>
</table>
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 sanitation 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) Daily Screening (Student-Athletes, Coaches, Athletic Staff, Sports Medicine Staff during their declared season)
      i) No touch temperature checks of coaches, athletics and sports medicine staff will take place upon coming to work in the morning. Student-athletes temperature will be taken prior to practice and competitions. In the Kolf Athletic Offices, staff temperature checks will be administered on their own and reported in a log. All guests coming into the offices will also be required to administer and log their own temperatures. Staff with offices at the Oshkosh Sports Complex or those that do not report to Kolf initially, must report their temperature in the athletic trainer’s system (ATS).
         (1) Athlete temperatures > 100.4 F will be referred to Student Health Center for evaluation and potential COVID-19 testing. Staff with temperatures > 100.4 F are to contact their primary care physician.
         (2) Athlete and staff temperatures < 100.4 F are ok to report to practice/work.
         (3) Temperature checks will take place approximately 20 minutes prior to any practice or physical activity 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

(4) Symptom screening of coaches, athletic staff and sports medicine staff will be completed on ATS prior to coming to work in morning.
(5) Symptom screening of student-athletes will be completed on ATS within 3 hours prior to the start of practice or competition.
(6) Symptomatic student-athletes are to be immediately separated from other individuals.
(7) Symptomatic student-athletes are to be masked.
(8) Sports Medicine staff/designated coach may need to don personal protective equipment at this time.
(9) Symptomatic student-athletes that are stable will be referred to Student Health Center for evaluation and potential COVID-19 testing.
(10) Emergency Response (911) should be activated for symptomatic student-athletes that are unstable.
(11) Student-athletes, coaches, athletic staff and sports medicine staff who have known temperatures or symptoms should not report to work or practice and are to inform their supervisor or Licensed Athletic Trainer for further directions.

b) COVID-19 Testing of Student-Athletes/Coaches (during their declared season)
   i) A testing service will provide UW-Oshkosh Athletics with the resources and training necessary to conduct saliva-based diagnostic testing, with Cabinet and Purchasing approval.
   ii) Diagnostic Tests
      (1) On team report date, all student-athletes and coaches will have an initial COVID-19 test performed before any team activity takes place per NCAA recommendations.
   iii) Surveillance Tests
      (1) Per NCAA recommendations, all athletes and coaches will be subject to testing throughout the year according to their sport “risk” category
         (a) High Risk Sports
i. Football, Volleyball, Women’s Soccer, Men’s Basketball,  
   Women’s Basketball and Wrestling

ii. In-Season Testing
   1. All student-athletes and coaches will be tested weekly  
      and must be tested 72 hours or less prior to  
      competition.
   2. Symptomatic testing and high-contact risk testing as  
      appropriate.

iii. Non-Traditional Season Testing
   1. 25-50% of student-athletes and coaches will be tested  
      bi-weekly.
   2. Symptomatic testing and high-contact risk testing as  
      appropriate.

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

ii. In-Season Testing
   1. 25-50% of student-athletes and coaches will be tested  
      bi-weekly.
   2. Symptomatic testing and high-contact risk testing as  
      appropriate.

iii. Non-Traditional Season Testing
   1. 25-50% of student-athletes and coaches will be tested  
      bi-weekly.
   2. Symptomatic testing and high-contact risk testing as  
      appropriate.

(c) 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

ii. In-Season Testing
   1. Symptomatic testing and high-contact risk testing as  
      appropriate.

iii. Non-Traditional Season Testing
   1. Symptomatic testing and high-contact risk testing as  
      appropriate.

c) COVID-19 Suspected Student-Athlete
   i) Any student-athlete with signs/ symptoms of COVID-19 will be referred to the  
      Student Health Center for further evaluation and possible testing.

d) COVID-19 Suspected Coach/Athletic Staff
i) Any coach or athletic staff with signs/symptoms of COVID-19 are to call their Primary Care Physician or local Urgent Care for further information and possible testing.

e) COVID-19 Positive Student-Athlete
   i) If tested at Student Health Center
      (1) Follow directions provided by Student Health Center healthcare provider, which includes information on campus resources for isolation/student support.
   ii) If tested Off Campus
      (1) Notify Student Health Center for information on isolation and student support.

f) COVID-19 Positive Coach/Athletic Staff
   i) Notify UW-Oshkosh Human Resources about positive test
   ii) Follow directions given by Primary Care Physician

g) Suspension/Discontinuation of Athletics
   i) 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
   ii) A lack of ability to isolate new positive cases or quarantine high contact risk cases on campus.
   iii) Unavailability or inability to perform symptomatic, surveillance and pre-competition testing when warranted or per NCAA recommendations.
   iv) Campus-wide or local community test rates that are considered unsafe by local public health officials.
   v) Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.
   vi) 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:

5) 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)
      xi) 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.
   g) 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 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/Reviewed: [Date]