# STANDARD OPERATING PROCEDURE (SOP)
## ATHLETICS

<table>
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<tr>
<th>Effective Date: 9/3/2020</th>
<th>Department Name: Intercollegiate Athletics</th>
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<tbody>
<tr>
<td>Approval Date: 9/3/2020</td>
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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.
   f) WIAC recommendations will also be consulted when determining team travel.

### 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>
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<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>
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<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>
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<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>
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<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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<tr>
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<td>1. Gating criteria have been satisfied for a minimum of 14 days.</td>
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<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.</td>
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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 sanitization 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 sanitization 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) Coaches will provide list of athletes that will be traveling to Team Licensed Athletic Trainer at least 36 hours prior to departure.
   b) Team’s Licensed Athletic Trainer will notify coaches and athletes of designated time and facility for Travel Check.
   c) Travel Check
      i) Temperature
      ii) Symptom questionnaire
         (1) Student-athlete will not be allowed to travel if temperature >100.4 F
         (2) Athletes displaying symptoms will need to be evaluated by Student Health Center in order to be cleared to travel
         (3) Licensed Athletic Trainer will send Travel Check list to opposing teams Sports Medicine staff indicating athletes documented on travel list have been cleared to participate.
   d) Sick Athlete
      i) When traveling, if an athlete gets sick and displays signs/symptoms of COVID-19, alternate travel plans may be needed to isolate sick athlete from other healthy athletes. Coach and team’s Licensed Athletic Trainer should develop alternate travel plans prior to the start of the season in anticipation of such situation.
   e) Food
      i) Avoid buffet or family style meals
      ii) Offer food in individual pre-packaged boxes or bags
      iii) Do not share food or utensils
      iv) Make sure hand sanitizer is readily available before meals
      v) No team food bins will be allowed during the 2020-21 academic year.

   Coaches must arrange pre-packaged boxes or bags.
      vi) Should you go to a fast food restaurant, order in pods to avoid overcrowding in areas.
   f) In-season non-team related travel policy
      i) Athletes should be encouraged to avoid non-team related travel to limit exposure to COVID-19 and bringing it back to their team.
      ii) Athletes who must travel will be required to notify sports medicine staff of their travel plans.
      iii) Travel to the following will require the student-athlete to follow pre-participating screening upon return to campus:
         (1) Travel outside of our designated region
(a) WI, MN, MI, IL, or IA
(2) Transportation via air travel
(3) Travel to or from a designated COVID-19 hot spot or metropolitan city
   iv) Teams allowing athletes to travel home for extended periods of time (i.e. Thanksgiving or Christmas breaks) may be subject to diagnostic testing and two-week monitoring period upon return, prior to resuming full team activity.
   
g) Team Leadership or Bonding Events
   i) No team leadership or bonding events off campus will be conducted during the fall semester.
   ii) This procedure will be re-evaluated after October 15.

h) Transportation
   i) Masks must be worn during transportation and travel. This includes restroom breaks and in restaurants. Masks would not be required while eating. Masks must be worn until student-athletes touch the playing surface (home and away).
   ii) All travelers must follow Lamers travel procedures should they impose any.

   i) Medical Kits
      i) The following supplies will be included with all team travel medical kits
         1) Hand Sanitizer
         2) Extra face masks
         3) Oral thermometers

j) Overnight Travel
   i) All overnight travel must receive permission from the Director of Athletics or Associate Athletic Director prior to departure.
   ii) All options must be exhausted in order for overnights to be approved (i.e. change of start time, change of date, etc.)

4) Guidance Documents/Policy Links:

4
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 the majority of time during a practice or game watching other players.

6) Revision History:
   a) Created: June 25, 2020
   b) Revised/Reviewed: [Date]