

**BIG TEN CONFERENCE  
COVID-19 MEDICAL PROTOCOLS  
EXECUTIVE SUMMARY**

*AUGUST 5, 2020*

The following protocols are jointly authored by the Big Ten Task Force for Emerging Infectious Diseases in collaboration with the Big Ten Sports Medicine Committee in an effort to mitigate risk as the Conference and its member institutions seek to safely resume athletic activity and competition. These protocols are intended to guide institutions in the minimum necessary requirements needed to participate in Big Ten athletics during the 2020-21 academic year. We recognize that there is no way to eliminate the risk of transmission of the virus at this time. These standards are intended to increase the likelihood of early identification and help mitigate the potential impact of the virus. Whereas these protocols provide minimum requirements, ultimately, each institution is responsible for the health, safety and wellness of its own student-athletes and staff and is subject to the restrictions imposed by its individual state and local health departments.

Due to the rapidly evolving nature of the pandemic these protocols will be updated periodically as new information becomes available, so it will be important to ensure the most recent bulletin is utilized. These protocols, which will go into effect at the start of the competitive season and complement local protocols already in place at the institutional level, serve to provide specific requirements, in addition to considerations that have previously been developed by the Task Force, the A5 Medical Advisory Group and the NCAA.

**COVID-19 Virus Testing Bulletin**

- All sports will be required to test a minimum of once weekly, while sports with high contact risk will be required to test a minimum of twice weekly
- Required testing frequency is based upon the level of contact risk within the sport and is *required* for student-athletes as well as coaches and additional staff members
- The Conference will coordinate centralized testing through a third-party testing laboratory for consistency in surveillance and pre-competition testing
- The required testing, at this time, for COVID-19 must use polymerase chain reaction (PCR) testing
- Institutions may supplement the required Conference testing with additional testing performed for surveillance or clinical purposes

**COVID-19 Quarantine & Isolation Bulletin**

- Areas referenced by this bulletin include:
  - Surveillance methods, including symptom questionnaires, clinical evaluations, testing and contact tracing
  - Definition of close contact of COVID-19 positive/suspected infection
  - Quarantine: 14 days required per current national guidelines, without ability to test out of quarantine
  - Return to play protocols after a close contact
  - Response to a Presumed Infection
  - Definition of a Person Under Investigation, including in the pre-competition, in-competition and post-competition timeframes
  - Response to a Confirmed Infection, including both asymptomatic and symptomatic cases



## A.1 Big Ten COVID-19 Virus Testing

August 4, 2020

**Introduction:** This bulletin serves as a supplement to the Big Ten COVID-19 Playbook. Whereas much of the Playbook provides *considerations* for the Big Ten, this bulletin serves to provide specific *requirements*, in addition to considerations. Due to the rapidly evolving nature of the pandemic, the bulletins will be updated periodically as new information becomes available, so it will be important to ensure the most recent bulletin is utilized.

This document is meant to guide institutions in the minimum necessary requirements needed to participate in Big Ten athletics during the 2020-21 academic year. We recognize that there is no way to eliminate the risk of transmission of the virus at this time. Even if the interventions contained in the Playbook and bulletins were implemented flawlessly, there would continue to be risk for infection. These standards are intended to increase the likelihood of early identification and help mitigate the potential sequelae. Whereas this bulletin provides minimum requirements, ultimately, each institution is responsible for the health, safety and wellness of its own student-athletes and staff and is subject to the restrictions imposed by its individual state and local health departments.

### COVID-19 Virus Testing

Systematic testing may help with early identification of infected individuals, providing for earlier intervention and mitigation of risk of an outbreak. The required testing, at this time, for SARS-CoV-2 virus outlined in this document must use polymerase chain reaction (PCR) testing. The Conference will coordinate centralized testing for the surveillance and pre-competition purposes noted below, and will be used in conjunction with institutional testing protocols to help prevent further spread of the virus.

1. **Baseline:** Testing prior to accessing athletic facilities upon initial arrival to campus is *required*.
2. **Surveillance:** Required testing frequency is based upon the level of contact risk within the sport, and is *required* for student-athletes (see Table 1), as well as any countable coaches and support staff member that is in regular, in-person close contact with student-athletes, as determined by the institution.
  - a. For sports with high contact risk, minimum weekly PCR surveillance is *required* during in-season practice periods and twice-weekly testing is *required* during competition periods.
  - b. For sports with intermediate contact risk and low contact risk, minimum weekly PCR surveillance is *required* during in-season and competition periods.
  - c. NOTE: Repeat surveillance testing of someone who previously tested positive for the virus is not necessary for three months following the infection unless they develop symptoms of COVID-19 and no other source of infection is identified.
  - d. Additional weekly testing requirements and alternative testing methods will be implemented and administered by the Conference or institutions as sufficient data to support use develops.
3. **Pre-Competition:** Testing for student-athletes, coaches and staff is *required* within three (3) days of competition for sports with one game in a week (testing at a reasonable time Wednesday evening for a Saturday football game, for example) and within three (3) days of the first of the week's competition for other high-risk sports with multiple competitions in a week. This counts towards one of the required weekly surveillance tests.
  - a. Game officials for sports where six (6) feet of physical distancing cannot be maintained must also be tested weekly.
  - b. Results of testing must be shared amongst the competing schools prior to game time.

- c. Post-Competition – Per the Big Ten COVID-19 Quarantine and Isolation Bulletin, for confirmed cases that arise after competition is completed, information is *required* to be shared with the previous week’s opponent, if applicable, to facilitate contact tracing at the opponent’s institution.
- 4. **Out-of-Season:** Decisions based on who and when to test can be left to the discretion of each institution. Out-of-season is defined as the timeframe outside of the NCAA playing and practice season for each sport.
- 5. **Clinical:** In addition to routine surveillance and pre-competition testing, if student-athletes or staff develop COVID-19 symptoms at any point, a clinical evaluation is *required*, which may include COVID-19 testing. If the individual was infected with COVID-19 within the last three months, testing for the virus should still be conducted if no other source of infection has been identified. If a student-athlete or staff becomes symptomatic between testing and competition, they should be isolated until repeat results are available.

**Table 1 - Classification of Contact Risk Level by Sport**

CONTACT RISK LEVEL OF SPORT	SPORT
HIGH	Football, basketball, cheerleading, field hockey, ice hockey, lacrosse, rowing, soccer, water polo, wrestling, volleyball
INTERMEDIATE	Baseball, softball, gymnastics, cross country, beach volleyball
LOW	Golf, fencing, rifle, swimming & diving, tennis, track & field, bowling

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## A.1 Big Ten COVID-19 Quarantine and Isolation

August 4, 2020

**Introduction:** This bulletin serves as a supplement to the Big Ten COVID-19 Playbook. Whereas much of the Playbook provides *considerations* for the Big Ten, this bulletin serves to provide specific *requirements*, in addition to considerations. Due to the rapidly evolving nature of the pandemic, the bulletins will be updated regularly as new information becomes available, so it will be important to ensure the most recent bulletin is utilized.

This document is meant to guide institutions in the minimum necessary requirements needed to participate in Big Ten athletics during the 2020-21 academic year. We recognize that there is currently no way to fully eliminate the risk of infection transmission of the virus. Even if the interventions contained in the Playbook and bulletins were implemented flawlessly, there would continue to be risk for infection. These standards are intended to increase the likelihood of early identification of infection and help mitigation of the potential sequelae, including spread. Whereas this bulletin provides minimum requirements, ultimately, each institution is responsible for the health, safety and wellness of its own student-athletes and staff and is subject to the restrictions imposed by its individual state and local health departments.

### COVID-19 Quarantine and Isolation

#### 1. Surveillance

- a. **Symptom questionnaire:** Student-athletes and staff are *required* to complete a symptom questionnaire before accessing facilities on a daily basis.
- b. **Clinical evaluation:** If student-athletes or staff develop COVID-19 symptoms at any point, a clinical evaluation is *required*.
- c. **Testing:** The Big Ten COVID-19 Virus Testing Bulletin provides the minimum *required* testing cadence, but additional testing should be conducted as indicated.
- d. **Contact tracing:** Plan and implementation should be in conjunction with public health and campus medical providers.
  - i. Those with prolonged close contact (greater than 15 minutes within 6 feet) during the period of infectivity (2 days prior to symptom onset or test date for asymptomatic cases until the time of isolation) are considered close contacts per the CDC.
  - ii. The Conference will work with institutions to develop an independent process to provide oversight and consistency in defining close contacts and working with public health departments to conduct contact tracing.

#### 2. Close contact of COVID-19 positive/suspected infection

- a. **Quarantine:** 14 days *required* per current national guidelines, without ability to test out of quarantine.
- b. **Return to play after a close contact:** Allowable if no symptoms develop while quarantined and the individual has quarantined for the required time. Institutions may consider testing contacts during quarantine if the local testing supply is adequate; however, this does not shorten or remove the need for the 14-day quarantine period.

#### 3. Presumed Infection:

- a. **Person Under investigation (PUI):** Isolate individual with suspected infection, notify the appropriate team personnel, and refer to a medical professional for evaluation and management. If testing subsequently reveals the individual is positive for the virus, close contacts are *required* to be immediately quarantined and the individual placed in isolation.

- b. Pre-competition patient PUI or confirmed case:** For cases that arise after pre-competition testing but before competition begins, the individual is *required* to be promptly isolated and contact traced. If testing subsequently reveals the individual is positive for the virus, close contacts are *required* to be immediately quarantined prior to competition and the individual placed in isolation.
- c. In-competition PUI:** For cases that arise during competition, the individual needs to be promptly isolated, and that information is *required* to be shared with the current opponent to aid in decisions about how to proceed with that competition. If testing subsequently reveals the individual is positive for the virus, close contacts are *required* to be immediately quarantined and the individual placed in isolation.
- d. Post-competition PUI or confirmed case:** For confirmed cases that arise after competition is completed, the individual is *required* to be promptly isolated and contact traced to quarantine close contacts. Information is *required* to be shared with the previous week's opponent, if applicable, to facilitate contact tracing at the opponent's institution.

#### 4. Confirmed Infection

##### a. Asymptomatic Infection: *Required*

- i. Isolate for at least 10 days from the positive test (20 days if severely immunocompromised according to CDC criteria). If the student-athlete or staff member becomes symptomatic, revert to recommendations below.
- ii. Cardiac workup based on current guidelines.
- iii. Must be cleared by team physician prior to return.
- iv. Reacclimatization to physical exertion based on current guidelines.
- v. Treatment and return to activity will require collaboration with health care providers.

##### b. Symptomatic Infection: *Required*

- i. Infected individuals with mild to moderate illnesses who are not severely immunocompromised must be isolated for at least 10 days from onset of symptoms and at least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement of respiratory symptoms (e.g., cough, shortness of breath) in accordance with current CDC guidance. For severe illnesses or severely immunocompromised individuals regardless of illness severity, the isolation period should be extended to 20 days from the onset of symptoms and at least 1 day (24 hours) since recovery.
- ii. Cardiac workup based on current guidelines.
- iii. Must be cleared by team physician prior to return.
- iv. Reacclimatization to physical exertion based on current guidelines.
- v. Treatment and return to activity will require collaboration with health care providers.

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