

Resocialization of Collegiate Sport: 2021 Summer Activities

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This document replaces all prior resocialization documents and serves as general guidance to member schools as they prepare to engage in summer activities with student-athletes. The [population level immunity](#) in the United States has increased considerably. The [Centers for Disease Control and Prevention](#) now recommends that fully vaccinated people can resume activities without wearing a mask or physical distancing, except where required by federal, state, local, tribal or territorial laws, rules and regulations, including local business and workplace guidance. Further, the CDC has stated that fully vaccinated individuals do not require quarantine or testing after exposure to COVID-19 unless they develop symptoms.

Available data suggest that currently available vaccines are effective against existing variants and that vaccines are quite effective in preventing infection and transmission. Thus, it is reasonable to conclude that the combination of immunity by vaccination and prior infection are creating a slow in the spread of COVID-19 in the United States. However, vaccination levels in the U.S. are currently not high enough to reach sufficient population immunity across the country. Epidemiologists predict that over the next several months, virus transmission will continue with greater activity at the local level rather than large outbreaks across the country, emphasizing the need to carefully monitor local trends and vaccination levels at the community level.

Given these rapid changes, strategies for infection control and infection risk mitigation are best developed and delivered at the campus level in conjunction with local public health officials. Consistent with existing independent medical care legislation (Division I Constitution 3.2.4.19; Division II Constitution 3.3.4.19; Division III Constitution 3.2.4.21), each school's medical staff must have unchallengeable autonomous authority to determine medical management and return-to-play decisions related to student-athletes.

This document is the seventh NCAA publication regarding resocialization of collegiate sport:

1. [Core Principles](#) of Resocialization of Collegiate Sport (May 1, 2020).
2. Resocialization of Collegiate Sport: [Action Plan Considerations](#) (May 28, 2020).
3. Resocialization of Collegiate Sport: [Developing Standards](#) for Practice and Competition (July 16, 2020, updated Aug. 14, 2020).
4. Core Principles of [Resocialization of Collegiate Basketball](#) (Sept. 25, 2020).
5. Resocialization of Collegiate Sport: [Developing Standards for Practice and Competition, Second Edition](#) (Nov. 13, 2020).
6. Resocialization of Collegiate Sport: Developing Standards for Practice and Competition, [Updated Second Edition](#) (May 3, 2021).

These documents were published at important points in time with respect to the availability of COVID-19 data and information and related student-athlete practice and competition timelines.

The information in this 2021 Summer Activities document was developed in consultation with the [NCAA COVID-19 Medical Advisory Group](#), the [American Medical Society for Sports Medicine Working Group](#) and the [Autonomy 5 Medical Advisory Group](#) and takes into consideration available recommendations from the CDC. The federal government has not published uniform federal guidance related to certain activities that occur within college athletics. However, through continued review and evaluation of available research data, anecdotal evidence and related analysis and discussion, these advisory groups have identified certain practices that should be highlighted for more focused consideration by member schools. While the materials encourage consideration of various factors and actions, they do not speak to every possible scenario, and in no event should members fall below national or public health standards set by their local communities.

As with prior NCAA publications, these materials are meant to be consistent with guidance published by the federal government and its health agencies and reflect the relevant scientific and medical information available at the time of print. These materials should not be used as a substitute for medical or legal advice. Rather, they are intended as a resource to provide guidance for member schools to use in coordination with applicable government and related institutional policies and guidelines, and they remain subject to revision as available data and information in this space continue to emerge and evolve.

This 2021 Summer Activities document is intended to provide general guidance for institutions as they prepare to engage in summer activities with student-athletes.

Risk of Transmission of COVID-19

CDC publications state that all COVID-19 vaccines [currently available in the United States](#) via FDA emergency use authorization are effective at preventing the disease as seen in clinical trials, and ongoing research provides growing evidence that mRNA COVID-19 vaccines offer similar protection in real-world conditions. The World Health Organization uses an [emergency use listing pathway](#) to rigorously evaluate the suitability of novel health products, including vaccines, during public health emergencies. Through the emergency use listing process, regulatory and technical experts around the world perform a risk-benefit analysis of quality, safety and efficacy considerations to form an independent recommendation on whether a vaccine can be listed for emergency use and, if so, under which conditions. The WHO list of emergency use listing COVID-19 vaccines can be found [here](#). [Emerging science reveals:](#)

- COVID-19 vaccination is an important tool to help stop the pandemic.
- COVID-19 vaccination helps protect people from getting sick or severely ill and might also help protect people around them.
- To receive the most protection, people should receive all recommended doses of a COVID-19 vaccine.

- Some people who are fully vaccinated against COVID-19 will still get sick because no vaccine is 100% effective. Experts continue to monitor and evaluate how often this occurs, how severe the illness can be and how likely a vaccinated person is to spread COVID-19 to others.
- The CDC recommends you get a COVID-19 vaccine as soon as one is available to you.
- Experts are still learning:
 - How effective the vaccines are against variants of the virus that causes COVID-19. Early data show the vaccines may work against some variants but could be less effective against others.
 - How well the vaccines protect people with weakened immune systems, including people who take immunosuppressive medications.
 - How long COVID-19 vaccines can protect people.
- As more is learned, the CDC will continue to update its recommendations for both vaccinated and unvaccinated people.

Mitigating Risk With Infection Control Practices

Every student-athlete and all athletics personnel should be mindful of symptoms that might preclude exercise/sport participation either because of personal risk or risk of transmission of an illness to others. Any individual who is feeling unwell should avoid entering the athletics department (or other social space) and should speak with an athletic trainer or physician regarding symptoms so that a management plan can be developed.

In addition to staying at home when feeling unwell, other best practices learned from COVID-19 remain relevant. Before eating, after using the bathroom, or after coughing or sneezing into the hand, people should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol. Physical distancing and [masking](#) for unvaccinated individuals remain the most effective strategies for preventing COVID-19 spread at the community level. Common-sense procedures such as wiping down shared equipment or tables are part of standard precautions for all potentially infectious diseases.

Pursuant to [CDC recommendations](#), fully vaccinated athletes and other fully vaccinated athletics personnel should be able to engage in summer 2021 athletics activities without wearing a mask or physical distancing. Specifically, the CDC states:

- You can resume activities that you did before the pandemic.
- You can resume activities without wearing a mask or staying 6 feet apart, except where required by federal, state, local, tribal or territorial laws, rules and regulations, including local business and workplace guidance.
- If you travel in the United States, you do not need to get tested before or after travel or self-quarantine after travel. However, you will still be required to wear a

mask on planes, buses, trains and other forms of public transportation traveling into, within or out of the United States, and in U.S. transportation hubs such as airports and stations.

- If you've been around someone who has COVID-19, you do not need to stay away from others or get tested unless you have symptoms.
 - However, if you live or work in a correctional or detention facility or a homeless shelter and are around someone who has COVID-19, you should still get tested, even if you don't have symptoms.
- You need to pay close attention to the situation at your international destination before traveling outside the United States or before traveling into the United States from another country. There are [international-specific recommendations](#) for those who travel internationally.
- You still need to follow guidance at your workplace and local businesses.
- You should still watch out for symptoms of COVID-19, especially if you've been around someone who is sick.
- People who have a condition or are taking medications that weaken the immune system should talk to their health care provider to discuss their activities. They may need to keep taking all precautions to prevent COVID-19.

Unvaccinated athletes and athletics personnel should consider wearing masks and/or remaining physically distant during all athletics activities unless the population has reached a critical threshold of 85% immunity and the [community transmission is low](#). Presently, immunity refers to population immunity from a combination of full vaccination at any time point and COVID-19 infection within 90 days. The community is defined situationally and may differ, for example, between the athletic team and the dormitory. This means that the considerations of a sport team may differ from considerations in a dormitory, based on community immunity within those defined populations. For this reason, masking and physical distancing decisions from school or local public health officials should be considered. This is a fluid concept within the United States.

The risk of COVID-19 transmission is greater in indoor spaces with poor ventilation. Indoor spaces with good ventilation are better, and outdoor spaces are best. This means, to the extent possible, schools should consider maximizing outdoor activity during training of unvaccinated individuals as another strategy to mitigate COVID-19 risk.

Continued Relevance of Return to Campus Considerations

It remains that the first two weeks after any return to campus (for example, after a summer break) deserve special consideration because student-athletes are converging from multiple parts of the country and other countries, and unvaccinated individuals may be asymptomatic, pre-symptomatic or symptomatic carriers of COVID-19. As athletics departments continue to develop and refine protocols related to student-athlete reentry

to campus, including testing athletes upon campus return, the following considerations remain relevant and may warrant consideration of additional testing based on the student-athlete's timeline:

- Confirmation of no high-risk exposure of unvaccinated individuals to COVID-19 for at least two weeks before returning to campus.
- Absence of typical COVID-19 symptoms in all individuals.
- Assessment of risk factors involved in traveling back to school for unvaccinated individuals.
- Management of infected individuals in accordance with local public health authorities, CDC and institutional guidance.

Prospective Student-Athletes on Campus

Similar considerations should be given to unvaccinated prospective student-athletes who visit campus and those traveling with them. In particular:

- If the vaccination status of a visiting prospective student-athlete cannot be confirmed, then consider managing that individual as an unvaccinated person. More specifically, where campuswide immunity is less than 85%:
 - Consideration should be given to requiring a negative polymerase chain reaction test two days before travel or negative antigen test one day before travel or immediately upon arrival.
 - Consideration should be given to requiring masking and physical distancing throughout the campus visit.

Continued Relevance of Transition Period and Return to Activity Considerations

It also remains that the structure of activity during identified transition and acclimatization periods (for example, after material breaks from physical activity) warrants careful consideration. COVID-19 has increased the complexities and will continue to impact health and safety considerations related to returning to athletics and preseason activities. Traditional transition and acclimatization considerations (for example, cardiovascular conditioning, heat, altitude) are still very relevant, and when coupled with the physical and nonphysical impacts related to COVID-19, they can create complex reentry challenges for student-athletes.

Recommendation No. 3 of the NCAA's [Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes](#) speaks to the vulnerability of student-athletes during the first week of activity of a transition period in training and the importance of establishing a seven- to 10-day initial transition period during which student-athletes are afforded the time to properly progress through the physiologic and environmental stresses placed upon them as they return to required activities.

In addition to the NCAA guidance that can be found on the [NCAA Coronavirus Resource Page](#), various evidence-based resources have been published by professional organizations in sports medicine and strength and conditioning. These resources may help inform member schools as they design and implement evaluation activities, physical conditioning and practice sessions during these transition periods impacted by COVID-19. Schools are encouraged to leverage all available resources and information as they plan for a return to campus and athletics activities. A nonexhaustive list of some of these materials is included for reference:

- [American Medical Society for Sports Medicine](#).
- [College Athletic Trainers' Society](#).
- [Collegiate Strength and Conditioning Coaches Association](#).
- [Korey Stringer Institute](#).
- [National Athletic Trainers' Association](#).
- [National Strength and Conditioning Association](#).

Discontinuing Isolation for People With COVID-19

If a student-athlete or athletics staff member becomes newly infected with COVID-19, proper [isolation protocols](#) should be followed.

Infected asymptomatic individuals — Individuals infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions 10 days after the date of their first positive test for SARS-CoV-2.

Infected symptomatic individuals — Most Individuals with COVID-19 who have symptoms and were directed to care for themselves at home or at school may discontinue isolation when all of the following conditions have been met:

- At least 10 days have passed since symptom onset.
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications.
- Other symptoms have improved.

Some adults with severe illness and severely immunocompromised individuals may require extended periods of isolation, precautions and consultation with infectious disease specialists and infection control experts.

Cardiac and Exercise Considerations for Resumption of Exercise After COVID-19 Infection

The COVID-19 virus can potentially negatively impact any endothelial structure, including the heart and lungs, thereby posing a potential risk to individuals who return to exercise post-infection. Although preliminary data suggested that athletes with prior COVID-19 infection should undergo cardiac screening, [follow-up publications](#) have recommended a tiered approach based on severity of symptoms.

Based on emerging [evidence](#) from the Outcomes Registry for Cardiac Conditions in Athletes, a group of experts from the American Medical Society for Sports Medicine and the American College of Cardiology have developed an algorithm of considerations and recommendations related to pre-participation cardiac screening, testing and exercise, which is available on the [AMSSM website](#).

Exercise Considerations During Quarantine

If contact tracing reveals that an unvaccinated student-athlete has met the criteria for a close contact with someone who has COVID-19 and that student-athlete is subsequently placed in quarantine, athletics departments may consider the following with respect to individuals in quarantine:

- Individual exercise in quarantine may be appropriate where such exercise does not cause cardiopulmonary symptoms.
- Group exercise in quarantine is not recommended.
- Individuals monitor for symptom development during quarantine.
- If symptoms develop, with or without exercise, test for SARS-CoV-2.
- Under some circumstances, continued exercise during quarantine may allow the athlete to shorten or avoid a more significant transition period before returning to play after quarantine.

Testing Strategies

Fully Vaccinated and Recently Infected Individuals.

The CDC does not recommend repeat surveillance testing for infected individuals within the 90-day window following infection or for fully vaccinated individuals, either as routine surveillance or after COVID-19 exposure, unless symptoms warrant such an evaluation as determined by a physician.

Unvaccinated Individuals.

Surveillance testing of unvaccinated individuals should be decided at the community level, and consideration should be given to the following:

- Athletics departments should follow school and local public health guidance.
- Risk classification by type of sport is no longer considered a materially relevant testing consideration as, to date, data indicate the risk of contracting COVID-19 is related to activities outside of training and competing in sport, especially social and housing activities.
- When applicable community immunity is less than 85% and the [community-level spread](#) of COVID-19 is high or substantial, surveillance testing of unvaccinated individuals can be considered on a once-weekly PCR or three-times-weekly antigen basis if physical distancing, masking and other protective features are not consistently maintained in such individuals. Additional testing for symptomatic and high-infection-risk individuals may occur as warranted. This means that unvaccinated individuals participating in sports that were historically identified as low- or intermediate-risk transmission sports may be tested more frequently than before, since the risk of community spread is now considered a more materially relevant testing consideration than risk classification by type of sport.
- When applicable community immunity is less than 85% and the community-level spread of COVID-19 is moderate or low, surveillance testing of unvaccinated individuals can be considered using PCR or antigen testing. For example, consider testing 25%-50% of athletes and athletics personnel every one to two weeks if physical distancing, masking and other protective features are not consistently maintained in such unvaccinated individuals, plus additional testing for symptomatic and high infection risk individuals as warranted.
- If applicable community immunity has reached 85%, consideration can be given to suspending surveillance testing of unvaccinated individuals while continuing to test athletes and athletics personnel when symptoms or infection risk warrant such testing.

Looking Toward the 2021-22 Academic Year

If current trends continue, it is unlikely that testing strategies for the 2021-22 academic year will be more stringent than what is outlined in this document, and any subsequent COVID-19 guidance will be limited to reminders about common-sense infection risk mitigation strategies. It is anticipated that any subsequent guidance materials will be made available no later than midsummer.