

Resocialization of Collegiate Sport: 2021 Fall Training and Competition

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This document serves as a supplement to [Resocialization of Collegiate Sport: 2021 Summer Activities](#), and addresses broad considerations that differentiate COVID-19 management in unvaccinated versus fully vaccinated Tier 1 individuals. As previously [defined](#), Tier 1 individuals are those with the highest exposure (e.g., student-athletes, coaches, athletic trainers, physical therapists, medical staff, equipment staff and officials).

This document is the eighth 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).
7. Resocialization of Collegiate Sport: [2021 Summer Activities](#) (June 8, 2021).
8. Resocialization of Collegiate Sport: 2021 Fall Training and Competition Aug. 4, 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 Fall Training and Competition 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 Centers for Disease Control and Prevention. 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.

Overview

COVID-19 vaccination remains the most effective means to achieve control of the pandemic.¹ Although COVID-19 cases and deaths had declined considerably since their peak in January 2021, infection rates, hospitalizations and deaths have spiked during the past month, driven by the highly transmissible B.1.617.2 (delta) variant of SARS-CoV-2. Available data indicates that the vaccines authorized in the United States offer high levels of protection against severe illness and death from infection with the delta variant and other currently circulating variants of the virus.² Unvaccinated people and individuals with certain medical conditions remain at substantial risk for infection, severe illness and death, especially in areas where the level of community transmission is high.¹

Despite widespread vaccine availability, current vaccination rates are inadequate to provide community-level immunity and vary significantly state by state and county by county. However, because of emerging evidence that the delta variant is highly transmissible, and that fully vaccinated individuals can become infected by the delta variant and transmit COVID-19 to others even when asymptomatic, the concept of community-level immunity becomes less relevant. Instead, prevention strategies become paramount.^{3,4}

Given the rapidly evolving COVID-19 landscape, COVID-19 prevention and management strategies should be developed at the school and community level in each case in conjunction with federal, state and local public health guidance. This document provides broad considerations and does not replace federal, state and local public health guidance. Further, state laws may vary from federal and local public health guidance, so school decision-making should take into consideration any such discrepancies.

The table below provides health and safety considerations for Tier 1 individuals for fall training and competition. Individuals are considered "fully vaccinated" beginning 14 days after their final dose of a Pfizer, Moderna, Johnson & Johnson or AstraZeneca vaccination. The equivalent of "fully vaccinated" is documented COVID-19 infection in the past 90 days (or more than 90 days if allowed by local authorities). The CDC recommends that individuals who have a prior history of COVID-19 infection should become vaccinated,⁵ and it is recommended to wait until 90 days after the infection before commencing the vaccination process.

Because vaccination against COVID-19 can result in personal health benefits for vaccinated individuals and because the risks of adverse outcome with COVID-19 infection

are higher in unvaccinated individuals, considerations for these two categories of individuals are different.

Ultimately, unless there is federal guidance to the contrary, all decision-making should be guided by:

- Community-level immunity status;
- Community-level transmission;
- State law; and
- Local public health authorities.

The information below should serve as a supplement to, and not a substitute for, these broader considerations. In the event of a discrepancy between the consideration below and any law or guidance from any applicable health authority, the latter should be prioritized. Member schools are encouraged to consider actively [tracking](#) the level of community transmission, as this may impact decision-making.⁶

Given the rapidly changing scientific landscape, it is anticipated that Table 1 may be frequently updated.

Table 1. COVID-19 Management Considerations for Tier 1 Individuals.

		NOT FULLY VACCINATED	FULLY VACCINATED OR DOCUMENTED INFECTION IN THE PAST 90 DAYS (or more than 90 days if allowed by local authorities)
TESTING	Upon Arrival to Campus, or Return to Campus from a Summer Break	<p>Single polymerase chain reaction/nucleic acid amplification test within three to five days of arrival, or two antigen tests on non-consecutive days within three to five days of arrival.</p> <p>No team training or competition until single PCR/NAAT or both antigen tests are negative.</p>	No testing unless symptomatic, or based on a risk assessment of a documented close contact with COVID-19.
	Surveillance Testing	<p>Based on level of community immunity, community spread, and local public health official recommendations.</p> <p>If community spread is <u>substantial or high</u>, weekly PCR/NAAT testing or three-times-week antigen testing.</p>	No testing unless symptomatic, or based on a risk assessment of a documented close contact with COVID-19.
	During Competition Season	<p>Weekly PCR/NAAT testing or three-times-a-week antigen testing when no competition is scheduled.</p> <p>PCR/NAAT test within three days of first competition of the week or antigen test within one day of each competition.</p>	No testing unless symptomatic, or based on a risk assessment of a documented close contact with COVID-19.
	Sustained Increased Transmission	<p>If sustained increased transmission on a team, test all symptomatic individuals or individuals with close contacts, or apply a similar risk mitigation strategy.</p> <p>Sustained increased transmission is likely occurring if:</p> <ul style="list-style-type: none"> • Team of ≤ 50: Concurrent positive cases of three or more. • Team of > 50: Concurrent positive cases of five percent or more. 	

		NOT FULLY VACCINATED	FULLY VACCINATED OR DOCUMENTED INFECTION IN THE PAST 90 DAYS (or more than 90 days if allowed by local authorities)
QUARANTINE & ISOLATION	Close Contacts	<p>Quarantine in accordance with local public health authority guidance for close contact with another individual with confirmed positive COVID-19.</p> <p><u>Previous considerations</u> regarding activity during quarantine (e.g., individual exercise if it does not cause cardiopulmonary symptoms) continue to apply.</p>	Masking in public indoor settings for 14 days with discontinuation if a COVID-19 test is performed three to five days after exposure and is negative, or if assessment does not reveal high risk.
	Positive Test Protocol	<p>Isolation for 10 days and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications and other symptoms have improved.</p> <p>No exercise during isolation. Post-isolation exercise consistent with <u>previous recommendations</u>, including <u>cardiac considerations</u>.</p>	
ATHLETIC ACTIVITIES	Training and Competition	No restrictions.	
	Team Travel	Masking during travel.	
	Other Athletic Activities (e.g., team meetings)	Universal masking and physical distancing.	Masking in indoor settings.
NONATHLETIC ACTIVITIES	Nonathletic Activities	Universal masking and physical distancing.	<p>Masking in public indoor settings.</p> <p>Large crowd avoidance or masking where community immunity is unknown or vaccination status cannot be determined.</p>
	In-Person Interactions	Universal masking and physical distancing.	Masking in indoor settings.

References:

1. Morbidity and Mortality Weekly Report, Vol. 70, July 27, 2021.
2. <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>.
3. Morbidity and Mortality Weekly Report, Early Release, Vol. 70, July 30, 2021.
4. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>.
5. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>.
6. <https://covid.cdc.gov/covid-data-tracker/#vaccinations-county-view>.