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Core Principles of Resocialization of Collegiate Sport

The United States is currently using physical distancing and stay-at-home guidelines as the primary means of preventing the spread of COVID-19 — a highly contagious and virulent disease, especially for the elderly and for individuals with preexisting pulmonary and cardiovascular disease. COVID-19 has penetrated all 50 states, with variable rates of community infection, hospitalization and death. Because of the widespread nature of this disease presently, containment strategies such as testing, identification and isolation are neither practical nor efficacious.

Sport, as a microcosm of society, is similarly using physical distancing and stay-at-home policies as the primary means of preventing COVID-19 disease spread. Group practice and all sport competition have ceased.

Once COVID-19 infection rates diminish for at least two weeks, resocialization of society and sport may be possible. Importantly, there will not be a single day of reemerging into society as normal. Rather, resocialization must be rolled out in a stepwise manner that helps ensure sustained low infection spread coupled with the ability to rapidly diagnose and isolate new cases. Bear in mind that upward spikes in infection spread may cause resocialization efforts to halt or even retreat until infection spikes lower again.

Collegiate sports differ from professional sports because all collegiate athletes are first and foremost students. Thus, resocialization of collegiate sport must be grounded in resocialization of college campuses. As with society at large, such resocialization must be measured, nimble and based on sound science. In all instances, college athletics must operate with approval of school leadership, and the school must be operating in accordance with local and state public officials regarding a return to campus, return to practice and return to competition. In the end, school and governmental leadership determine who can participate in, assist with, and watch student-athlete practices and competition.

The recently released document, [Guidelines — Opening Up America Again](#), provides national recommendations that allow a regional approach for resocialization. Three phases of resocialization are described, with each phase addressing those aspects of daily life for which restrictions remain appropriate due to COVID-19. The core principles outlined below are offered as a premise for resuming practice and competition at the collegiate level. They are meant to be consistent with the federal guidelines and otherwise reflective of the best available scientific and medical information available at the time. These core principles are intended as resources for member schools to use in coordination with the federal guidelines and related institutional and local governmental decision-making, all of which remain subject to further revision as available data and information in this space continues to emerge and evolve.

Core principles of resocialization of collegiate sport:

1. There must not be directives at the national level that preclude resocialization.
2. State and local authorities must have in place a plan for resocialization.
 - a. In accordance with the federal guidelines, such a plan assumes the following state/local **GATING CRITERIA** have been satisfied:
 - i. 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.
 - ii. 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.
 - iii. Hospitals can treat all patients without crisis care **and** there is a robust testing program in place for at-risk health care workers, including emerging antibody testing.
3. There should be a plan in place at the university/college level for resocialization of students. In keeping with the federal guidelines, universities should consider guidance provided to employers to develop and implement appropriate policies regarding the following:
 - a. Social distancing and protective equipment.
 - b. Temperature checks.
 - c. Testing and isolating.
 - d. Sanitation.
 - e. Use and disinfection of common and high-traffic areas.
 - f. School business travel.
 - g. Monitoring of the workforce for indicative symptoms and preventing symptomatic people from physically return to work until cleared by a medical provider.
 - h. Workforce contact tracing after an employee's positive test for COVID-19.
4. There must be a plan in place at the university/college level for resocialization of student-athletes within athletics. In keeping with the federal guidelines, athletics should practice the following:
 - a. All student-athletes, athletics health care providers, coaches and athletics personnel should practice good hygiene.
 - b. All student-athletes, athletics health care providers, coaches and athletics personnel should stay home if they feel sick.
 - c. Guidance noted above for university employees should be in place within athletics.
5. There must be adequate personal protective equipment for athletics health care providers, and there must be sanitizers to manage infection control in all shared athletics space.
6. There must be the ability to assess immunity to COVID-19 at a regional and local level. This could include immunity at the college campus, plus a more focused assessment of herd immunity for athletics teams.

7. There must be access to reliable, rapid diagnostic testing on any individual who is suspected of having COVID-19 symptoms.
8. There must be in place a local surveillance system so that newly identified cases can be identified promptly and isolated, and their close contacts must be managed appropriately.
9. There must be clearly identified and transparent risk analyses in place. Such risk analyses consider issues such as economics, education, restoration of society, and medical risk of sport participation, including COVID-19 infection and possible death.

Phase One:

In accordance with the federal guidelines, resocialization of sport for Phase One assumes the following:

1. Gating criteria have been satisfied for a minimum of 14 days.
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, 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 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 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.

The transition from the above core principles to a relaxation of these principles can occur when COVID-19 can be managed in a manner like less virulent influenza strains. COVID-19 has essentially shut down society because it is highly contagious and has an unacceptably high death rate. More common strains of influenza do not close society because society has learned to adapt to and develop acceptable management strategies for influenza. For COVID-19, future phases are dependent on the successful development of widely available treatment, including prophylactic immunotherapy, coupled with widespread, effective vaccination.

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