FAQ: Principles of Resocialization of Collegiate Basketball and Testing Considerations for All Sports

These frequently asked questions have been developed in support of the release of the Core Principles of Resocialization of Collegiate Basketball (Basketball Guidelines), the fourth in a series of resocialization documents intended to provide guidance to the NCAA membership about issues arising from the COVID-19 global pandemic. The Basketball Guidelines update and extend, and in some cases replace, the guidance provided in the previous three documents (Core Principles, Action Plan, and Developing Standards).

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

Questions can be directed to SSI@ncaa.org.

Why are the Basketball Guidelines considered recommendations and not requirements?

When the Board of Governors elected to mandate the considerations described in the Developing Standards document, there was considerable uncertainty in this country regarding both unprecedented infection rates and accessibility to testing. Further, there were concerns related to student-athletes who did not wish to compete because of COVID-related health issues. In this setting, the Board believed that a mandate would expedite and facilitate membership's identification and establishment of a reasonable and consistent baseline standard related to in-season safety and student-athlete protection regarding scholarships and eligibility. We now have a better projection regarding testing availability and options and have obtained more information regarding sport and societal resocialization. In this fluid environment, the Board agreed that the Basketball Guidelines should serve as a guidance resource, especially as we continue to assess emerging science and infrastructure.

Are there specific recommendations for student-athletes who may leave and return to campus for holiday break?

Schools should consider how best to encourage all student-athletes to continue strict health/infection control precautions while on break. Because of the combination of travel and possible social interactions, it is important that student-athletes always observe infection mitigation behavior. When they return, it is anticipated that they will self-quarantine, re-enter normal school testing protocols, and have at least one negative test prior to re-entering athletics

and participate in transition period activities, as applicable. A prescribed quarantine period for student-athletes returning to campus is not specified as part of the Basketball Guidelines.

What if a school cannot obtain testing three times per week for indoor high transmission risk sports, or for outdoor high transmission risk sports and intermediate transmission risk sports where antigen testing is considered?

The suggestions described in the Basketball Guidelines are not intended to vary based on an institution's ability to access or obtain testing. Rather, each school is encouraged to work closely with applicable institutional medical/legal/risk management personnel to evaluate all available health and safety information and guidance and to make an informed decision about whether and to what extent identified risks can be appropriately addressed through any other alternative, in each case with an eye toward unique institutional considerations and applicable state and local health agency requirements.

Will there be different guidelines for schools that can limit competitions to a single state or region?

No. The Basketball Guidelines are intended to apply to all schools, regardless of where competitions will occur and whether competing teams are from nearby locations.

Do the testing protocols described in the Basketball Guidelines change if teams are scheduled for back-to-back games over the weekend?

No. Testing is recommended to occur three times per week on nonconsecutive days, regardless of when a team plays. If a team travels to a school and there is a CLIA certified location on site or nearby, testing can be pre-arranged to be performed at this location. It is recommended that conferences and schools make plans for such arrangements in advance. Otherwise, it is anticipated that testing would resume upon return to school, ideally with tests not separated by more than three days.

Has the NCAA COVID-19 Medical Advisory Group considered the possibility of PCR testing two times per week rather than antigen testing three times per week for indoor high transmission risk sports, especially given the differences in sensitivity?

The Advisory Group discussed this matter and concluded that even though PCR testing is more sensitive, schools should still consider testing three times per week for indoor high transmission risk sports using any combination of PCR and/or antigen testing. *See exception below for student-athletes in indoor high transmission risk sports who practice universal masking and adherence to infection risk mitigation during all training and competition.

Can you clarify the differences between Tier 1 and Tier 2 as described in the Basketball Guidelines? Are there other tiers?

A recently published article in the British Journal of Sports Medicine provides the following explanation of the use of these references:

Tier 1: This is the highest exposure tier and consists of individuals for whom physical distancing and face coverings are not possible or effective during athletic training or competition. Examples of relevant individuals include student-athletes, coaches, athletic trainers and physical therapists, medical staff, equipment staff and officials.

Tier 2: This is a moderate exposure tier and consists of individuals who come into close contact with Tier 1 individuals but can reasonably maintain physical distance and use face coverings.

Examples of relevant individuals include certain team staff (e.g., executives) and certain operational staff (e.g., security, event staff and league staff).

Tier 3: This is the lowest exposure tier and includes individuals who provide event services but do not come into close contact with Tier 1 individuals (and should this occur, would be reclassified into Tier 2). Examples of relevant individuals include certain operational staff (e.g., housekeeping, catering, sanitation and transportation) and media/broadcast.

When a Tier 1 individual tests positive, it is suggested that all other Tier 1 individuals quarantine as soon as the results are known for a period of 14 days, with contact tracing beginning immediately to determine who was subject to a high-risk exposure. Does this mean that all Tier 1 individuals are immediately quarantined for 14 days, or does it mean that all Tier 1 individuals are immediately quarantined, and if contract tracing determines they did not have a high-risk exposure, they can return to activity?

It means that all Tier 1 individuals are immediately quarantined for 14 days, and that contact tracing would proceed to determine if all such individuals should remain in quarantine and if there are additional individuals who may have had a high-risk exposure to an infected individual.

The Basketball Guidelines provide that individuals who previously tested positive for COVID-19 do not need to quarantine or get tested again for up to 90 days (for example, even after a high-risk exposure) as long as they do not develop symptoms again. Do these individuals move back into the testing pool after 90 days?

Emerging information reported on the CDC website suggests retesting of these individuals is unlikely to yield useful information, even if the person has had close contact with an infected person, so retesting is not suggested during the 90 days following a positive test unless individuals develop symptoms consistent with COVID-19 and there is no other cause identified for their symptoms. Emerging evidence also suggests that individuals can continue to test positive even after 90 days, yet there is a scarcity of reports that are consistent with individual reinfection. Antibody titers can fluctuate over time, and the clinical meaning of this fluctuation is uncertain. Given such data, in a given season for individuals who have tested positive, retesting should be performed only for those individuals who develop COVID-19 symptoms that are not otherwise explained by another condition. However, after this 90-day window, it is recommended that student-athletes and other individuals who experience a high-risk exposure enter quarantine for 14 days.

Is universal masking suggested during weight training and conditioning?

Yes, masking and physical distancing are suggested whenever feasible.

Will the NCAA be providing additional information about the testing of officials?

Considerations related to the testing of officials are being developed, and we anticipate that information will be circulated soon. Testing protocols for officials will not be managed or overseen by the NCAA but will be coordinated through conferences and schools.

The NCAA has said it is exploring potential supply arrangements with one or more testing companies. Is updated information available?

We anticipate providing additional information the week of Oct. 12, 2020.

The Basketball Guidelines include direct reference to Division I basketball timelines. Are the guidelines meant to apply equally to Divisions II and III basketball?

Yes. The Basketball Guidelines apply to all divisions. Specific reference was made to the Division I calendar for purposes of clarity, as the Division I Council had just recently determined the structure of both the men's and women's basketball seasons.

The Basketball Guidelines organize testing recommendations by the phase of activity that a basketball team will go through, moving from out-of-season countable athletically related activities, to preseason practice, and then competition and postseason. These phases are clearly described in the Division I basketball calendar materials but are less clear in the flexible championship frameworks created by Divisions II and III. How will schools in those divisions know how to progress their testing protocols in response to activity changes?

Blanket waivers in both Divisions II and III created flexible playing and practice season frameworks for all sports. These frameworks are intended to facilitate maximum flexibility for member schools and conferences to configure practice and competitive seasons to occur at times that make the most sense for them. But this flexibility also means that the boundaries between practice and playing seasons are less clear than usual, so it is anticipated that testing protocol decisions will be made at the institutional or conference level based on an assessment of the nature of the practice/competition activities in which the team is involved.

If practice activities are generally consistent with out-of-season activities (strength and conditioning, team meetings, limited skill instruction), it would be reasonable to interpret the Basketball Guidelines as suggesting surveillance testing for countable athletically related activities to be appropriate. If those practice activities are consistently on-court and resemble preseason activities that preclude scrimmages with teams outside the member school, then it would be reasonable to conclude that the Basketball Guidelines would suggest weekly testing until one week before competition begins. One week before the regular season begins, and extending into the postseason, testing would transition to three times per week.

Divisions II and III have provided scheduling flexibility for the conduct of the 2020-21 basketball season. As schools and conferences begin to configure and schedule practice and competition periods, do they need to build in and account for a separate transition period prior to the start of other preseason activities to adequately address health and safety concerns?

No. Previous guidance related to considerations around variability in the physiologic readiness of student-athletes, the conduct of mandatory medical examinations, and the importance of acclimatization and transition periods would apply equally in these circumstances. Schools are expected to establish an appropriate 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. It is anticipated that the period would be 7-10 days, completed before the start of any other required physical activities, and otherwise consistent with Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletes. While it is expected that these principles would be applied any time there is a material break (e.g., greater than one week) between training segments, and that teams would work closely with applicable medical and strength and conditioning personnel to intentionally identify and apply appropriate protocols that best support the needs of their student-athletes, it has not been identified as necessary to include a separate transition period distinct from the preseason period within the broader scheduling calendar.

Sports other than basketball

As data and science evolves, formal modifications to previous resocialization documents will be presented through additional process and membership discussion. In the interim, the following approaches are offered for consideration.

All sports are classified as having low, intermediate or high risk for transmission, with appropriate testing strategies for each sport. Schools and conferences are urged to consider these strategies as they make decisions regarding return to practice and competition.

What are recommended testing protocols for sports other than basketball?

The NCAA COVID-19 Medical Advisory Group has assessed other sports and provided updated guidance based on emerging information. Importantly, the updated guidance differentiates high transmission risk sports that are played indoors versus outdoors. Further, the updated guidance differentiates high transmission risk indoor sports in which Tier 1 individuals universally mask versus Tier 1 individuals who do not universally mask during practice and competition. Highlighted text indicates a change from the Developing Standards document.

Sport classification

- Low transmission risk: bowling, diving, equestrian, fencing, golf, rifle, skiing, swimming, tennis, track and field.

- Intermediate transmission risk: acrobatics and tumbling, baseball, beach volleyball, cross country, gymnastics, softball, triathlon.
- High transmission risk: basketball, field hockey, football, ice hockey, lacrosse, rowing, rugby, soccer, squash, volleyball, water polo, wrestling.

Testing strategies

- Low transmission risk: Testing is performed in conjunction with a school plan for all students, plus additional testing for symptomatic and high infection risk individuals as warranted.
- Intermediate transmission risk:
    - Out-of-season athletic activities: Testing is performed in conjunction with a school plan for all students, plus additional testing for symptomatic and high infection risk individuals as warranted.
    - In-season: Testing once weekly by PCR testing, or three times weekly by antigen testing. [This is increased from 25-50% surveillance testing every two weeks and adds antigen testing as an option.]
- High transmission risk:
    - Out-of-season athletic activities: Surveillance PCR testing, for example, 25%-50% of athletes and Tier 1 nonathlete personnel every one to two weeks if physical distancing, masking and other protective features are not maintained, plus additional testing for symptomatic and high infection risk individuals as warranted. [The option of testing every one to two weeks was added, as certain local circumstances may suggest weekly surveillance testing as a medically preferred alternative.]
    - Preseason: Testing once weekly by PCR testing, or three times weekly by antigen testing. [The antigen testing is added as an option.]
    - Regular and postseason, outdoor sports: Testing once weekly by PCR testing, or three times weekly by antigen testing. [The antigen test has been added.]
    - Regular and postseason, indoor sports: Testing three times weekly on nonconsecutive days, beginning one week prior to the first competition. PCR or antigen testing may be used. If all training and competition are done with universal masking and adherence to infection risk mitigation, then testing can be considered in a manner consistent with outdoor high transmission risk sports. [This recommendation places all **indoor** high transmission risk sports on a testing recommendation protocol that is consistent with basketball, and it represents an increase in suggested testing frequency from the Developing Standards document, which did not differentiate indoor from

outdoor sports. It also differentiates indoor high transmission risk sports where universal masking and adherence to infection risk mitigation occurs in all Tier 1 individuals even during training and competition.]