Marist College
NY Athletics at Higher Education Safety Plan

Business: Marist College (the “College”)
Industry: Higher Education, Athletics
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Owner / Manager of Business: Tim Murray, Director of Athletics
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Guidance and Recommendations for Game Day Operations - Basketball

The focus of this document is to outline guidance and recommendations for institutions as they host basketball competition in their facility. All information contained in this document should be considered recommendations and/or considerations. As with prior NCAA publications, this document reflects 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 for member schools to use in coordination with applicable government and related institutional policies and guidelines, and they remain subject to further revision as available data and information in this space continue to emerge and evolve.

This document covers the period from when student-athletes and other team personnel arrive at the competition site through the competition. This document does not address travel, testing and officiating. For specific recommendations on COVID-19 testing and other health and safety guidance, please refer to the Core Principles of Resocialization of Collegiate Basketball document.

Communication.

1. Recommend institutions provide visiting teams and officials with information pertaining to their facility at least 72 hours prior to the scheduled game. This document should include:
   1. Which entrance to use to enter/exit the facility.
   2. Any screening requirements needed prior to entry.
   3. Availability of locker room and/or meeting space.
   4. Protocol for use of the athletic training facility, if needed.
   5. Any restrictions on fan attendance.

Personnel.

1. All individuals necessary to host a home basketball game should be divided into three tiers, as described below. Tiers are based on the ability to wear masks/face coverings, the ability to practice physical distancing (6 feet or greater) and the role played in connection with the competition. All individuals should wear masks/face coverings and physically distance whenever possible. Only individuals assigned to Tiers 1 and 2 will be permitted
access to the inner bubble (e.g., locker rooms, athletic training room, court area). The inner bubble must always be secured.

1. Tier 1 — This tier 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 1 individuals should be limited (e.g., 25-30). All Tier 1 individuals should wear masks/face coverings, except for student-athletes and officials on the playing surface. Physical distancing should be adhered to whenever possible.

2. Tier 2 — This tier consists of individuals who come into close contact with Tier 1 individuals but can reasonably maintain physical distance and use face coverings during their interaction. Examples of relevant individuals include certain team staff (e.g., athletic department staff) and certain operational staff (e.g., security, event staff and league staff). Tier 2 individuals will maintain physical distance and universal masking while performing their jobs, and any interaction with Tier 1 individuals must be approved by the designated event organizer or athletics health care administrator (or designee), and both parties must maintain physical distance and wear face coverings.

3. Tier 3 — This tier includes individuals who provide event services but are not in the same vicinity with Tier 1 individuals (and should closer contact become necessary, would be reclassified into Tier 2). Tier 3 individuals should minimize contact with Tier 2 individuals and observe masking and physical distancing at all times. Examples of relevant individuals include certain operational staff (e.g., housekeeping, catering, sanitation and transportation) and media/broadcast.

4. Spectators are not part of Tiers 1, 2 or 3, and, if present, should observe local health official mandates and guidance with seating clearly separated from these tiered individuals at all times, and as per below.

2. Each host institution’s athletics health care administrator should maintain contact with local and state health officials regarding operations within the competition venue, including oversight of the daily screening log and any health developments of attendees.

3. Recommend that visiting band and/or cheer groups avoid travel. If the home band and/or cheer groups are permitted, they should be managed as other Tier 2 personnel.

**Physical distancing/PPE/masks-face coverings.**

1. Recommend all individuals, regardless of role or function, always wear a mask/face covering prior to entry and within the competition venue. The type of mask/face covering and the proper way to wear it should be consistent with CDC recommendations.

2. Cough/sneeze etiquette and hand sanitization are recommended at all times.

3. Face shields may be worn but do not replace masks/face coverings, meaning that a face shield alone is not recommended as sufficient infection control mitigation.

4. No one outside of Tier 1 and Tier 2 individuals shall be allowed in the team areas (e.g., athletic training room, locker rooms, locker room hallway) when student-athletes are present.

5. When feasible, Tier 1 and Tier 2 individuals will not enter guest and public areas of the competition venue (e.g., stands, concession stands, concourse, ticket office).
6. Tier 2 individuals may interact directly with those in Tier 1 only as necessary and upon approval. All parties must wear masks/face coverings and maintain 6 feet of physical distance.

7. Universal masking and physical distancing are the rule except in the competition or medical care areas.

8. Medical staff should follow strict hand sanitization, especially during sessions with student-athletes. Whenever feasible, athletic training staff and student-athletes they are treating should maintain masking/face coverings and physical distancing.

9. Recommend the pregame meeting between game officials and table crew be conducted virtually or in a place that allows for 6 feet of physical distance among participants. Officials should always wear masks/face coverings and maintain physical distancing during all activities except active competitive play.

10. Recommend eliminating or modifying the captains meeting from its current format.

Cleaning and disinfecting.

1. Competition venue cleaning staff shall ensure all team and game officials areas are cleaned prior to each practice and competition. This includes, but is not limited to, team and officials locker rooms, coaches’ rooms, restrooms, team bench areas, the playing court, goal unit padding, nets and the scorers’ table surfaces.

2. Time between practices and games should be adjusted to allow orderly ingress and egress and necessary cleaning protocols to be fully executed. Teams may be restricted to specific entry and exit times to allow cleaning.

3. Regular cleaning by competition venue staff of all high-touch areas, including, but not limited to, restrooms, handles, call buttons, chairs and workstations.

4. Athletic training areas, including treatment tables, stools, high-contact areas and equipment, shall be disinfected after each use.

5. Remind teams and officials to follow personal health guidelines (e.g., wash hands frequently; do not touch your eyes, nose, or mouth; use hand sanitizer; maintain physical distance and wears masks whenever possible).

6. Minimize physical interactions, such as high-fives, fist bumps and hugs, with members of other teams.

7. Provide hand sanitizer stations and disinfectant spray bottles and/or disinfecting wipes in each team locker room, bench and scorer’s table.

8. Recommend the elimination of ball persons who are not Tier 1 individuals. Designate a member of the host institution to clean game court and game balls as outlined.

Hydration and towels.

1. Hydration:
   1. Team members should drink only out of their own cup/personal water bottle.
   2. Single-use cups with proper disposal are preferred.
   3. Water bottles should be labeled for individual use.
   4. Contactless water dispensers may be used.
5. Each team should have its own set of hydration coolers (two — one for water, one for sports drink), water bottles and bottle carriers. Cooler carts may remain behind the benches, but coolers shall be replaced once competition concludes.

2. Towels:
   1. An allotment of clean towels should be placed in the locker room prior to the arrival of the visiting team.
   2. Towels should be used by only one individual for one practice or one half of competition, then laundered.
   3. Multiple towel bins will be needed to discard used towels (locker rooms, athletic training room, bench area, game officials).
   4. An alternative is the use of disposable towels and appropriate disposal container.

Team bench layout.

1. Team benches. If spacing allows, recommend using multiple rows of seats (with appropriate distance between each seat). Seats should be assigned to specific players and coaches. If an L-shaped configuration is used (which wraps around the baseline), benches must be 6 feet from the end line and must end prior to the 3-foot run-off lane, per NCAA rule 1-3.3 (Men’s Playing Rules and Women’s Playing Rules).
2. Individual water bottle and towel. Each player and coach will have their own water bottle and towel by their seat. Players and coaches will be responsible for getting their own water and towels, including during timeouts.
3. Masks/face coverings on the bench. Require that all bench personnel who are not on the court should always wear masks/face coverings. If a face shield is used, it should be done in conjunction with a face mask.
4. Timeouts. Recommend movable chairs be used during timeouts and period breaks. At the conclusion of each timeout or period break, the timeout chairs will be removed to a location to be cleaned by team staff.

Scorers’ table layout.

1. Entry tunnels/doors to the seating area:
   1. No attendees seated or gathered next to entry/exit tunnels/doors; maintain at least 6 feet from seating area around tunnels/doors.
   2. Tier 1 and 2 members should have a different entry tunnel/door to the court than Tier 3 members, if possible. Tier 1 and Tier 2 individuals will not use the tunnel/door at the same time.
2. Plexiglass barriers on the scorers’ table are not necessary and could create a safety issue if the table is not sufficiently removed from the court area. Universal masking and distancing address infection control mitigation. Consideration needs to be given to officials who need access to replay monitors.
3. Even if a face shield is worn, masks must also be worn.
4. Recommend adjusting the courtside setup to allow for physical distancing from playing court and benches. If spacing allows, recommend using multiple rows of seats with appropriate distance between each seat. Only Tier 2 staff at scorers’ table.
1. Row 1: recommend 4-6 essential Tier 2 staff (e.g., official scorer, shot clock operator, video replay).
2. Row 2: other essential Tier 2 staff.
3. On the team bench sideline, Row 1 shall be set back from the playing court sideline a minimum of 6 feet to allow distancing from the court.
4. Row 2 should be a minimum of 6 feet behind Row 1.
5. Baseline and/or opposite side of the court may be used for other necessary staff.
6. A minimum 12-foot physical distance barrier must separate the scorers’ table and bench areas from the general seating area.
7. Similar spacing is recommended for “broadcast tables” on the other side of the court.

Facility planning — movement in/around areas.

1. Entry/exit.
   1. All entrants shall be subject to local health official restrictions and guidance, including health screening and temperature checks, before entering the competition venue.
   2. Entrants should be advised not to enter the venue if they are experiencing any signs or symptoms of COVID-19, feeling unwell or have been in contact with someone who has tested positive.
   3. Head count controls must be in place at each entry point if local guidelines restrict competition venue capacity as needed.
   4. Entry and exit procedures for the competition venue, back-of-house areas and courtside areas will be clearly marked.
   5. No loitering in back-of-house hallways or common spaces.
   6. Entry tunnels/doors to and from the court must be kept clear; no standing in tunnels/doorways.
2. Fan seating.
   1. Subject to local health official restrictions and guidance.
   2. Recommend that courtside seating be eliminated. If no Tier 1, 2 or 3 individuals occupy the space opposite the bench and/or scorers’ table area, recommend the first row of fan seating be a minimum of 12 feet from the sideline.
   3. Recommend the first row of fan seating be a minimum of 12 feet from the back of the bench and/or scorers’ table area, the corners and ends of the court.
3. Isolation and quarantine rooms.
   1. Diagnostic testing should be readily available for symptomatic or suspected cases of COVID-19.
   2. Recommend that isolation and quarantine rooms be identified and ready for use. Isolation rooms are for newly positive cases or evaluation of individuals with COVID-19 symptoms. Quarantine rooms are for high-risk exposure individuals of newly infected or symptomatic individuals. Local health official reporting protocols should be followed.
4. HVAC considerations.
   1. Recommend review of HVAC-related engineering controls. Encourage three or more air changes per hour and use of more fresh recharge air vs. recirculation.
2. Discuss temperature settings targeting a 74+°F temperature and 50+% relative humidity.

**Locker room.**

1. Recommend all individuals, regardless of role or function, always wear a mask/face covering within the competition venue.
2. Once Tier 1 individuals reach the team bench, masks/face coverings may be removed for those individuals on the playing court.
3. Student-athletes and team bench personnel are recommended to wear masks/face coverings within their assigned team locker room.
4. If spacing allows, recommend 6 foot spacing between seats within the home and away team locker rooms.
5. Warmup:
   1. Masks/face coverings must be worn while transitioning to and from the locker room and court.
   2. On-court players must replace their masks/face coverings before leaving the court to return to their designated locker room.
6. Pregame and transitions between games (doubleheaders/MTE):
   1. Teams may stretch and warm up pregame within a designated area or their locker room.
   2. Teams must return fully to their team locker room with two minutes left in the preceding game.
   3. Teams must wait for permission to enter the floor once cleared by the previous teams and appropriate sanitation procedures have been executed.
7. Showers:
   1. Team members are encouraged to shower at their hotel after the game, as opposed to at the venue (if applicable).
   2. Teams are encouraged to depart the facility immediately after their game. If student-athletes stay in the facility to watch the next game, they should preferably shower at their hotel. If this is not feasible, showering should be limited to prevent non-physically distant interactions.

**Handling equipment.**

1. Each team should have its own rack (6-12 or an equal amount) of basketballs for use while in the venue. The basketballs should be cleaned by a designated member of the host institution’s game operations staff (Tier 2) according to manufacturer’s recommendations with dish soap and water, and not with a disinfectant.
2. Recommend three or four basketballs be set aside for game use only. Recommend replacing the game ball each time a ball goes out of bounds and is touched by an individual not in Tier 1 or 2. Game balls should be cleaned during media timeouts, halftime and each period break with dish soap and water.
3. Officials’ water/towels should be located behind each basket or on a table across from the scorers’ table. These must be specific to each official and handled only by the officials.
On-court operations.

1. Eliminate any coach/official/scorers’ table physical contact (e.g., handshakes, fist bumps) at all times.
2. Recommend eliminating the postgame handshake line involving the two participating teams. Consider some act of sportsmanship, such as the teams lining up at their respective free throw lines and giving congratulatory waves to each other.
3. Consider eliminating or reducing the time allotted for any halftime and/or timeout promotions to allow the court to be cleaned.
4. Recommend assigned work areas for the media to minimize the need for cleaning workstations until after media representatives have exited the venue.

Rules, policies and protocols.

1. Recommend eliminating hard copy stats to the bench.
   
   Options for stats on the bench:
   
   • Conferences are encouraged to apply for the technology waiver by Dec. 1, 2020, which allows the transmission of live stats to the bench area ([men’s playing rules website](link) and [women’s playing rules website](link)).
   • Institutions may place sanitized printers in close proximity to each bench area, allowing coaches to retrieve updated hard copies of stats.

2. Establish guidelines for host medical staff. Team athletic medical personnel need to follow their established institutional guidelines.
3. For doubleheaders, add additional time between games to allow for cleaning (at least one hour).
4. In-venue catering should be limited to packaged, grab-and-go-type options. No catered buffets.
5. Crowd noise piped into the facility (even during live play) would need to comply with decibel levels to be clarified by the NCAA Men’s and Women’s Playing Rules Committees, along with proper monitoring and enforcement procedures.
**Competition Rules.** A team must compete if it has 8 scholarship athletes cleared to compete and 1 coach. A team may opt to compete with less than 8 scholarship players.

**Communications.** MAAC institutions (game managers or administrators) must provide visiting teams and officials with information pertaining to their facility at least 72 hours prior to the scheduled game. This document should include the following information: Entrance to Facility, Parking Information, Exiting the Facility, Screening Requirements needed prior to entry, Locker Room/Meeting Room Availability, Athletic Training Facility Protocol, Restrictions on Fan Attendance, Press Conference Format/Protocol, Protocol for administrators attending a game separate from the team, Game Managers Contact Information, Broadcasting/Radio Details.

**Attestation Forms.** Before each conference contest, each school will exchange on the day of the game a COVID-19 Attestation Form, between the two schools Athletic Health Care Administrators with copies to the Director of Athletics. Forms are due the morning of the game at least 3 hours before teams arrive for competition.

**Game Times.** Games are to be minimally scheduled 24 hours apart. Home team designates game times except for ESPNU broadcasts.

**Uniforms.** Uniform designations for back to back games will be home team wears home uniform for Friday game, and away uniform for Saturday game. Visiting team is vice versa. For makeup games the commissioner will designate home/away teams at the time of makeup.

**Officials.** For conference games the use of the same officiating crew for both games of a series is preferred, when possible.

**Pregame Captains Meeting.** Pregame captain’s meeting can only include on player from each team and all meeting attendees must adequately distance. To help with keeping a physical distance between game officials and players, there should be no more than one captain from each team taking part in the captain’s meeting.

**Masks.** Coaches and other bench staff, but not the players, must wear masks during the game. All Tier 1 individuals should wear masks/face coverings, except for student-athletes and officials on the playing surface. Physical distancing should be adhered to whenever possible. All bench personnel who are not on the court should always wear masks.

**Handshakes.** Pregame handshakes and fist bumps should be avoided. Non-contact greetings with captains, coaches and table personnel only. Minimize all physical interactions, such as high-fives, fist bumps, hugs, etc., with members of other teams.

**Timeout Chairs.** Recommend movable chairs be used during timeouts and period breaks. At the conclusion of each timeout or period break, the timeout chairs will be removed to a location to be cleaned by team staff.
Ball Kids. No ball kids allowed that are not Tier 1 individuals. Designate a member of the host institution to clean game court and game.

Stats. Hard copy stats to the bench are prohibited. MAAC has a NCAA technology waiver to allow the transmission of live stats to the bench area. The home team may provide monitors at the ends of the Scorers’ table for the purpose of providing stats only to each team.

Film Exchange. For conference games, home schools must provide the opposing team a copy of the game following every contest. The ESPN copy should be used for all games. Both games should be uploaded to Synergy by 12pm on Sunday.

Practices and Shoot-arounds. Each institution should make a best effort to provide at least a 1.5 hour window for practice time for the visiting team the day before a game, at the facility in which the game will be played. In addition, the home teams should provide the standard equipment to the away teams for practice/ shootaround. If the visiting team cannot be accommodated for a shoot-around on game day, then the home team may not have access to the facility for a shoot-around on game day. The visiting team coaching staff should contact the home institutions as early as possible to arrange practice times at the facility in which the game is being played. If there is an existing conflict, the home and away schools should work together to find an alternative solution.

Each institution should also block a minimum of one (1) hour on game day for the visiting team to have a shootaround. The playing court must be available for warmups no less than 60 minutes (on countdown clock) prior to the game. Teams requesting practice and shoot-around times are responsible for arriving early enough to meet all COVID-19 entry requirements including providing attestation forms on all occasions of entry.

Home operations staff will need to schedule these activities in a manner that allows for venue cleaning COVID-19 protocols to be fully followed. Home team must provide 12 balls for the visiting team’s practice sessions and shoot-arounds. A visiting team that cancels scheduled times for practices and shoot-arounds may be fined by the conference office so that the home team can be reimbursed for any operating expenses including COVID-19 staffing requirements for entry to the venue. For those teams traveling to/from Western NY, practice opportunities will be provided by host institution when requested the day before competition.

Make-up games. In anticipation of COVID-19 disruptions to the MAAC conference game schedule the week of February 22-28 has been left open to reschedule games. Per MAAC Bylaw 25.1 if a schedule change is required due to an unforeseen conflict caused by COVID-19, the Directors of Athletics or designees from the involved institutions and the MAAC office should be notified as soon as the conflict becomes known. MAAC competition must take precedence over non-conference contests should it be necessary to reschedule a contest due to an unforeseen conflict. Each school’s Director of Athletics will communicate with the MAAC Commissioner on potential rescheduling options and the MAAC office (commissioner) will make the final decision regarding the competition. If more than two games need to be rescheduled the commissioner will weigh the impact on possible seedings for the 2021 championship in determining which two games will be rescheduled in late February. If possible, the schools being rescheduled will be provided 48 hours-notice of the change before the date of competition. The commissioner will consider travel issues posed by the rescheduling and a team may not be scheduled against the same opponent more than four times in the regular season. Unforeseen Conflict Bylaw can be found here. The commissioner will have wide latitude and flexibility in the scheduling of make-up games and additional MAAC games during the 2020-21 season.
MARIST COLLEGE BASKETBALL
2020-21 VISITING TEAM/OFFICIALS
VENUE INFORMATION

Per the NCAA’s Guidance and Recommendations for Basketball Game Day Operations, institutions are asked to provide visiting teams and officials with information pertaining to their facility at least 72 hours prior to the scheduled game.

HOME SCHOOL: Marist College
VENUE: McCann Arena
VENUE ADDRESS: 3399 North Road, Poughkeepsie, NY 12601

Entrance to Facility:
Visiting Team – rear entrance doors of McCann Center, nearest locker room & bus parking
Officials – front entrance doors of McCann Center

Parking Information:
Visiting Team – team drop-off/pick-up & bus parking it at rear of McCann Center parking lot
Officials – utilize parking spaces in front of McCann Center

Exiting the Facility:
Visiting Team – utilize same doors as Entrance
Officials – utilize same doors as Entrance

Screening Requirements:
Marist will conduct testing of all College athletic staff and student-athletes 48 hours prior to any competition as per the September 2020 New York State COVID-19 Guidance for Professional Sports Competition. Individuals who are not tested will follow College screening protocols, which may include temperature and symptom screening upon entry into the McCann Arena.
Visiting Team is required to send COVID-19 Attestation Form to Marist’s Athletic Health Care Administrator no later than three (3) hours prior to the start of the game, and prior to arriving on-campus for any scheduled practice(s) or shoot-around(s).

Locker Room/Meeting Room Availability:
Locker Rooms will be available two (2) hours prior to the start of the game on gameday.
Meeting Room are not available. Locker Rooms are not available for shoot-arounds.

Athletic Training Facility Protocol:
(* TBA – will follow with specific protocol *)

Restrictions on Fan Attendance:
Marist Security will be at front entrance of the McCann Arena for all games to restrict building access.
No Fans will be in attendance.

Press Conference Format/Protocol:
Marist Sports Information will hold a virtual Press Conference, and will make the link available.
Contact the Marist Sports Information for details.
Protocol for administrators attending a game separate from the team:

Must contact Tim Murray, Director of Athletics, for approval and instructions prior to travel.

Game Managers Contact Information:

Darren McCormack  cell (201) 317 – 6296
Harrison Baker    cell (845) 926 – 7239

Additional Notes:

Marist will film the game and provide the Visiting Team with a copy following the game. No Visiting Team personnel will be provided access to the McCann Arena TV Platform.

No Visiting Team Radio or Visiting Team Media are allowed to enter the McCann Center.

No hard copy stats will be produced.

As per NY State guidance, any team traveling to or from any area within New York that has been designated as a red or orange zone will consult with and adhere to county department of health guidance.

The visiting team should provide the home team with the following information at least 24 hours prior to the scheduled game:

How many people will be in your travel party?

Will there be any administrators travelling to the game separate from the team bus?
Marist College McCann Center—3399 North Road Poughkeepsie, NY 12601
Basketball Game Bench Layout

Men's Basketball:
- 5 Coaches
- 14 Players
- 1 Athletic Trainer
- 3 Managers

Women's Basketball:
- 5 Coaches
- 13 Players
- 1 Athletic Trainer

Key:
- Marist Bench Chair
- Designated Bleacher Chair

Optional bleacher seating for larger teams

28' Old Coaches Box
(End of Scorers Table)

20 cushioned Marist Chairs

31 ft.

Marist Locker Rooms

Managers/Athletic Trainer
ESPN CONTROL ROOM

MARK'S DESK

SERVER ROOM

STATS

AUDIO

POSSIBLE POSITIONS:
DIRECTOR
TD
GFX
REPLAY
AUDIO
AD/TAPES
STATS

GFX

DIRECTOR

AD/COMMERCIALS

TD

REPLAY
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<td>TBA</td>
<td>vs. Canisius</td>
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<td>4pm</td>
<td>vs. Binghamton</td>
<td>12-Dec</td>
<td>TBA</td>
<td>vs. Canisius</td>
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<tr>
<td>11-Dec</td>
<td>TBA</td>
<td>@ Canisius</td>
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<td>2pm</td>
<td>vs. Albany</td>
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<td>TBA</td>
<td>@ Canisius</td>
<td>16-Dec</td>
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<td>29-Jan</td>
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- **Testing: MBB/WBB**
- **Split Group Testing**
- **Full Practices**
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- **MBB vs Stony Brook (H)**
- **Testing Antigen**
- **MBB @ Albany WBB @ Drexel**
- **Testing: MBB/WBB**
- **Antigen Testing**

**Calendar Templates by Vertex42**
[https://www.vertex42.com/calendars/](https://www.vertex42.com/calendars/)
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Calendar Templates by Vertex42
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Marist College Fall 2020 Training Protocols and Phases

- Prior to participation in any phases outlined below, student-athletes are subject to all applicable campus health policies, including any mandatory quarantine periods and/or Office of Sports Medicine requirements (yearly paperwork, preparticipation physical examination, concussion baseline testing, etc.).
- Facemasks (surgical, cloth) will be required for all activities, including in weight room, including outdoor conditioning with proper social distancing. Coaches will be encouraged to use face-shields/googles when involved with conditioning/weight training activities.
- Countable athletic activity total hours should follow NCAA/Conference requirements.
- Outside of countable team activities, student-athletes may only use athletic facilities on the same basis as all other students and may not have “captain’s practices”.
- Weight room availability and usage based on State/Local Guidelines and Athletic protocols for weight room usage.
- Movement between phases (forward or backward) to be determined as conditions permit and based on state, local and College guidelines/policies.
- Weekend training sessions are discouraged due to lack of referral access to Health Service (closed on weekends).
- All training plans and schedules must be approved by Athletic Director, Coordinator of Sports Medicine and Strength and Conditioning Coach.

Pre-Phase: 1-2 weeks

- Physicals/vitals (tba) – scheduling will be based on fall sports given priority followed by winter and then spring.
- Concussion Testing (first-years, returners not completed last year or with a concussion last year).
- Outdoor Team/Town Hall meetings with Athletic Department Staff.
- Virtual Team and/or individual Meetings Permitted.

Phase 1: 2-3 weeks – Conditioning and Virtual Team Meetings

- Weekly conditioning volume must be reduced by 50% from the uppermost volume on file for training with a 1:4 or greater work to rest ratio (W:R).
- Teams should create training “pods”: maximum group size 10 student-athletes or 25% of roster (whichever number is lower) – should be based on housing or individuals who spend the most time together away from athletics.
- Social Distancing of 10+ feet between participants and coaches required for all activities.
- Virtual Team and/or individual Meetings Permitted. In-person individual meetings permitted where social distancing/proper prevention protocols can be followed.
- No ball/equipment permitted in this phase.

Phase 2: 2-3 weeks – Small Group Activities

- Weekly conditioning/weight training volume must be reduced by 30% from the uppermost volume on file for training with a 1:3 or greater work to rest ratio (W:R).
- Teams can increase training “pod” sizes: maximum group size 20 student-athletes or 50% of total roster (whichever number is lower).
- Social Distancing of 10+ feet between participants and coaches required for all activities.
- In-person meetings permitted for groups up to 10 student-athletes where social distancing/proper prevention protocols can be followed (no limit for virtual team meetings).
• Sport specific activities can occur with share balls/equipment as long as cleaning protocols are followed; no direct or prolonged close contact allowed (see distancing guidelines) – group sizes should be minimized to prevent exposure risks (use of phase 1 pods is recommended).
• No matches or scrimmaging permitted.

**Phase 3: Remainder of Semester – Mid-Size Group Activities**

• Conditioning/weight training volume can then return to normal training volumes and intensities based on the professional judgment of the coach and the medical staff.
• Teams can increase training “pod” size to full roster (must follow campus policies).
• In-person meetings permitted for full size groups where social distancing/proper prevention protocols can be followed.
• Sport specific activities can occur with shared ball/equipment as long as cleaning protocols are followed; no direct or prolonged close contact allowed (see distancing guidelines) – group sizes should be moderate to prevent exposure risks (use of phase 2 pods is recommended).
• No matches or scrimmages permitted.

**Hydration**

1. At no time will any athlete be denied access to fluids.
2. “Team” hydration will not be available. This includes shared water bottles. Each athlete will be required to bring their own individualized and labeled bottles.
   a. **Water coolers will be made available to re-fill individual water bottles.** Hand sanitizer will be located with each cooler and student-athletes must use for 20 seconds prior to using cooler. **Failure to follow these guidelines will result in removal of water coolers.** Water cooler protocols are subject to change based on current or new guidelines.
3. If an athlete arrives to training or competition without an individualized bottle, they will not be allowed to partake in the training.

**Environmental Monitoring**

1. The **Marist College** policy for monitoring the environment will continue to be in effect.
2. As environmental heat stress increases, modifications, such as the removal of unnecessary equipment or clothing, increased frequency of rest breaks, and access to hydration, or rescheduling the session to an earlier/later (i.e., cooler) time of the day should be implemented.

**Injury Prevention**

1. Each team should work to develop a preventative training program. The purpose of these training programs is to reduce the likelihood of musculoskeletal injury.
2. Each team should dedicate a minimum of **15-20** minutes at the beginning of training to implement the preventative program. The preventative training program may, and likely will, take the place of the traditional warm-up for the team.
3. Preventative training programs:
   a) Should include exercises in at least 3 of the following categories: strength, balance, plyometrics, agility, and flexibility.
   b) Should be performed **2-3 times per week**.
As we prepare as an athletic department to address the impact COVID-19 will have and is having on athletic operations, the following document will be used as a guide for identifying and implementing best practices to help reduce the potential health risks associated with resuming athletic operations and activity.

The Marist College Office of Sports Medicine has reviewed current literature and developed evidence-based recommendations to prevent and/or mitigate community spread of infections (including COVID-19) in our student-athlete, coaches, and staff populations.

Currently it is known that like most communicable diseases, COVID-19 is transmitted through respiratory droplets or saliva. Practicing physical distancing, appropriate use of masks and other personal protective equipment (PPE), and proper hygiene, including handwashing and use of hand sanitizers, are key to minimizing transmission.

Best practices for managing COVID-19, are organized into four (4) recommendations:

1) Education and Reporting of Symptoms
2) Return to Campus / Return to Participation
3) Mitigation Strategies, Screening, and Testing
4) Facility Sanitation Practices

**RECOMMENDATION 1: Education and Reporting of Symptoms**

**Education-**

- Student-athletes, coaches, and other Athletics personnel will be educated on current recommendations for infection control through a variety of methods, including, but not limited to in-person and remote presentations, team-specific messaging, facility signage / messaging, and/or social media messaging.

- Special emphasis will be placed on appropriate physical distancing measures, appropriate hand hygiene (i.e. frequency, hand-washing, hand sanitizer use, refrain from touching your face, etc.), cough hygiene, use of appropriate PPE (i.e. masks, gloves, etc.), “Stay home if you are sick!”, self-monitoring of symptoms, and self-reporting measures.

- Other educational materials and the latest recommendations may also be utilized from the following sources:
  - Marist College- [https://www.marist.edu/coronavirus-updates](https://www.marist.edu/coronavirus-updates)

- Upon return to campus and as part of the annual Student-Athlete Sports Medicine education session for student-athletes, special emphasis on COVID-19, mitigation strategies, reporting of symptoms, and other best practices will be reviewed with all student-athletes and they will have an opportunity to ask questions and voice concerns.

- As part of the annual Student-Athlete Sports Medicine education modules for coaches, administrators, and other team personnel, special emphasis on COVID-19, mitigation strategies, reporting of symptoms, and other best practices will be reviewed, and personnel will have an opportunity to ask questions and voice concerns.
Self-Reporting
  • Student-Athletes:
    o Student-athletes should immediately report any symptoms to their Athletic Trainer
    o Student-athletes SHOULD NOT come to any athletic facility and/or scheduled events including but not limited to: Treatments/rehab, meetings, class, practice, individual workouts, strength & conditioning sessions, study hall, academic appointments etc. if they are symptomatic.
    o If possible, student-athletes should call or text their Athletic Trainer prior to showing up to any Athletics facility
    o Ill student-athletes will be given a mask (if they don’t already have one) to wear as soon as possible and will be given further instructions with regards to a telehealth visit with a physician (if applicable), self-care and/or quarantine.

  • Student Support Staff (i.e. managers, athletic training students, video students, work study, student labor)
    o Student Support Staff should immediately report any symptoms to their team’s Athletic Trainer and/or their supervisor.
    o Student Support Staff SHOULD NOT come to any athletic facility and/or scheduled events including but not limited to: meetings, practice, individual workouts, strength & conditioning, etc. if they are symptomatic.
    o Student support personnel that are ill will be advised to wear a mask and contact Student Health & Wellness (Health Services) or their primary care physician (PCP) as soon as possible for further instructions with regards to being evaluated by a physician (if applicable), self-care and/or quarantine.

  • Team Personnel (i.e. coaches, administration, operations, and/or other support staff, etc. that attend practices, travel, and/or otherwise are around student-athletes on a day-to-day basis)
    o Team Personnel should immediately report any symptoms to the team’s Athletic Trainer and their supervisor.
    o Team Personnel SHOULD NOT come to any athletic facility and/or events (including routine office work, meetings, practice, individual workouts, strength & conditioning, etc.) if they are symptomatic.
    o Team Personnel that are ill will be advised to wear a mask and contact their primary care physician (PCP) as soon as possible for further instructions with regards to being evaluated by a physician (if applicable), self-care and/or quarantine.

  • Non-Team Personnel (i.e. administrative work units, etc. that do not attend practices, travel, and/or are otherwise around student-athletes on a day-to-day basis)
    o Non-Team Personnel should immediately report any symptoms to their supervisor.
    o Non-Team Personnel SHOULD NOT come to any athletic facility and/or events if they are symptomatic.
    o Non-Team Personnel that are ill will be advised to wear a mask and contact their primary care physician (PCP) as soon as possible for further instructions with regards to being evaluated by a physician (if applicable), self-care and/or quarantine.

Everyone associated with the Department of Athletics will have a role in decreasing the spread of communicable diseases and in particular COVID-19. The practice of good hygiene which includes frequent hand washing, practicing appropriate social distancing, self-monitoring of symptoms, self-reporting of symptoms, correct use of PPE and most importantly, “STAYING AT HOME IF SICK”, are all paramount in keeping everyone healthy.

RECOMMENDATION 2: Return to Campus / Return to Participation

The Department of Athletics will not open facilities and/or allow for student-athlete return until cleared to do so in collaboration with State of New York and Marist College administration.
Several parameters and/or variables (i.e. low transmission and/or incidence; valid, timely, and available testing; contact tracing / tracking; etc.) must be achieved nationally, regionally, and within the State of New York before return can be considered and permitted.

Prior to being considered for reintegration, athletes and staff must be able to state that they have had no signs or symptoms of COVID-19 in the past 14 days and that they have had no close/sustained contact (<6 feet for longer than 10 minutes) with anyone who is sick within 14 days of returning to campus.

Athletes will be required to self-quarantine for 14 days upon arrival to campus before engaging in training.

Athletes, Coaches, & Staff may be subject to initial COVID-19 testing in addition to frequent surveillance testing as indicated.

Return to play following a symptomatic positive test: (Symptom based strategy vs Test based strategy): Any athlete or staff that have had a documented case of COVID-19 infection, must not return until at least 10 days from the onset of their symptoms and 72 hours without fever (without the use of fever reducing medications) and/or they may require two negative COVID-19 tests at least 24 hours apart before they will be allowed to return to work/training. Athletes will need to be cleared by their team physician/Health Services prior to training.

If rapid testing is not available and an athlete undergoes a COVID-19 test for any reason they will not be allowed to participate in training/practice until their results are available and may need to move to an isolation space while awaiting their test results.

Athletes, Coaches & Staff must complete all COVID-19 Education Modules which have been created by and are available through the Marist Sports Medicine Office.

All aspects of this document, including the phased approach to reintegration, is subject to change in accordance with State and University guidelines and access to essential supplies needed to achieve each phase

BARRIERS: Several barriers currently exist in order to execute this plan as written:

- Access to accurate rapid COVID-19 testing must be available in order to quickly identify new cases.
- A plan for appropriate contact tracing must be in place.
- A self-isolation protocol must be in place for any confirmed cases.
- A self-quarantine/self-monitor protocol must be in place for any confirmed contacts of positive cases.
- Widespread shortage of hand sanitizer to be available within our facilities.

The Following process is a phased approach based on Federal, State of New York and NCAA recommendations

Phase 0: Public health authorities require shelter in place, public training facilities are closed

- Individual training sessions in your home using your own equipment
- Coaching occurs virtually. No coaches or other athletes present during training.
- Rigorous, frequent cleaning protocol of living space and athletic equipment with an approved disinfectant (www.epa.gov) wearing appropriate personal protective equipment (PPE) (e.g., gloves, face mask, etc.) to prevent contact with contaminated surfaces and protect against toxicities associated with cleaning products
- Vulnerable student-athletes, athletics health care professionals, coaches and athletics personnel should continue to shelter in place
- Only leave your home for essential work or errands and follow infection prevention measures when in public (Appendix 1)
Phase 2: (Modified/Small Group Training) Public health authorities must allow small group activities (of at least 10 people), but public training facilities may still be closed

- Individual training sessions can continue at home or outside (maintaining social distancing) using personal equipment.

- Training within athletics facilities: At this phase limited buildings may be open and available for use. In conjunction with facilities, decisions regarding which buildings are most appropriate for use will be made based on ability to control entry points, sanitation practices, etc.

- Number of athletes allowed to participate in small group training will be determined by state and College guidelines.
  - Participants in small group training should use their own equipment and avoid touching each other with their hands.
  - Consider functional units when dividing players (Place roommates in the same functional unit).
  - Use own water bottle, towel, personal hygiene products.

- Only one point of entry to the building will be allowed. The others will be secured.
  - A sequenced ingress/egress procedure will control entry to and exit from the facility to minimize large concentrations of people.

- Upon arrival to the athletic facility, everyone will need to complete a COVID 19 questionnaire (online survey) and have their temperature taken by a designated staff member ( screener).
  - If anyone screens positive for signs or symptoms of COVID-19 (Including a temperature of 100.4 degrees F or higher), they will be denied access to the facility and appropriate follow-up instruction will be communicated.

- GET IN-TRAIN-GET OUT
  - Come to facility dressed and ready for training. Prepare to shower at home when training is complete.

- Weight Rooms are not fully operational at this time.

- Wide open spaces that permit social distancing can be used for conditioning along with minimal/individual equipment. Use of Bars/Racks/Plates etc. will still be restricted.

- Strict sanitation guidelines will be enforced after each conditioning session.

- Locker Rooms remain closed.

- Meeting/Film rooms remain closed.

- Athletic Training Rooms are open on an appointment only basis.
  - Treatment tables will be spaced 6 feet apart
  - Anyone entering the athletic training rooms must wear a face covering
  - Manual/hands on therapy will be limited
  - Wet rooms will be reopened as dictated by the State of New York and pending sanitation protocols that will follow.

- Coaches can occur:
  - Virtually
  - From a safe distance (i.e. the press box in Tenney)
  - With coaches present on the court/field but maintain strict social distancing and face coverings must be worn by coaches.

- Rigorous, frequent cleaning protocol of any athletic equipment that is used (i.e. Basketballs, footballs, medicine balls) with disinfectant wearing appropriate personal protective equipment (PPE) (i.e., gloves, face mask, etc.) to prevent contact with contaminated surfaces and protect against toxicities associated with cleaning products.

- Athletes are not permitted to organize or participate in any group workouts or practice activities outside of Marist sanctioned training sessions.

- Athletes shall continue to stay home as much as possible, avoid unnecessary interactions with others and shall not physically spend social time together in close contact with one another.

- Vulnerable student-athletes, athletics health care professionals, coaches and athletics personnel should continue to shelter in place

- Follow infection prevention measures when in public
Phase 3: (Full Training) Public health authorities allow public training facilities to open, no limitations on group size (All athletic facilities open).

- Training within athletics facilities: All facilities open
  - Normal sized group training sessions outside and/or inside using training facilities may resume.
  - Participants may use each other’s equipment, but equipment should be cleaned between use.
  - Continue to use own water bottle, towel, personal hygiene products (e.g., soap, deodorant, etc.)
  - Activities with direct or indirect contact can resume.
- Rigorous, frequent cleaning schedule/protocol of equipment with disinfectant before, during, and after training should continue including wearing appropriate personal protective equipment (PPE) (e.g., gloves, face mask, etc.) to prevent contact with contaminated surfaces and protect against toxicities associated with cleaning products
- Coaching can occur onsite but physical distancing should still be practiced when possible.
- Only one point of entry to the building will be allowed. The others will be secured.
  - A sequenced ingress/egress procedure will control entry to and exit from the facility to minimize large concentrations of people.
- Upon arrival to the athletic facility, everyone will need to complete a COVID 19 questionnaire (online survey) and have their temperature taken by a designated staff member ( screener).
  - If anyone screens positive for signs or symptoms of COVID-19 (Including a temperature of 100.4 degrees F or higher), they will be denied access to the facility and appropriate follow-up instruction will be communicated.
- Weight Rooms can open fully with strict sanitation protocols.
  - Still should consider smaller training group sizes to allow for physical distancing and appropriate means of cleaning equipment in between workouts.
- Locker Rooms are open.
  - Still should practice physical distancing when appropriate
- Meeting/Film rooms are open.
  - Should still consider virtual meetings when possible
- Athletic Training Rooms are open on an appointment only basis.
  - Treatment tables will be spaced 6 feet apart
  - Anyone entering the athletic training rooms must wear a face covering
  - Manual/hands on therapy will be limited
  - Wet rooms will be reopened as dictated by the state and pending sanitization protocols that will follow.
- Vulnerable student-athletes, athletics health care professionals, coaches and athletics personnel can resume in-person interactions, but should practice physical distancing, minimizing exposure to settings where physical distancing is not practical
- Follow infection prevention measures when in public

Phase 4: A vaccine or cure for COVID-19 is developed

- Incorporate COVID-19 vaccination into the standard vaccinations of athletes, coaches and staff
- Continue to educate athletes, coaches and staff on the signs and symptoms of infection. If they develop signs and symptoms of infection, they should not attend practice, should notify their coaches and/or staff, and contact their healthcare provider
- Continue standard infection prevention measures (e.g., frequent handwashing, avoid touching your face, cover your mouth when coughing, etc.)
- Continue rigorous, frequent cleaning schedule/protocol of equipment with disinfectant before, during, and after training*
Pre-Participation Physical Exam Guidelines:

Upon returning to campus, all student-athletes must complete a pre-participation physical examination prior to being cleared for participation and permitted to use Marist College Athletic facilities. The pre-participation physical examination process includes, but is not limited to:

- Health History Questionnaire (Incoming Student-Athletes & Returning Athletes)
- Primary health insurance / insurance card submission
- Completion of preseason forms in ATS
- Annual student-athlete education presentation (online / remote)
- Completion of Annual Pre-Participation Physical Examination (appropriate distancing and/or remote interactions will be utilized)
- Physical Examination by Team Physician (Returning Student-Athletes & selected/applicable Incoming Student-Athletes)
- Orthopedic Assessment / Evaluation (if applicable)
- Applicable blood tests
- Concussion Baseline Testing
- Submission of all applicable documentation and/or medical records from any hospitalizations, diagnostic testing, laboratory testing, physician visits, etc. from March 9, 2020 to present
- COVID-19 Risk Assessment (i.e. Antibody testing, Virus testing, Risk Assessment questionnaire) based on availability and current recommendations
- Potentially enhanced cardiac screening based on having documented/presumed COVID-19
- Clearance by Marist College Team Physician

Returning Student-Athlete pre-participation physical examinations will be staged to enhance physical distancing, limit face-to-face interactions where possible, and allow for appropriate physiological return to participation. Mass participation physicals may be suspended and therefore additional medical administration days (minimum of 2-3) will be required for adequate data collection, risk stratification and/or testing.

A Sport-Specific Physiological Return-to-Participation, acclimatization, and phased incremental return algorithm will be developed for each sport by Strength Coach and the Sports Medicine Department in concert with NCAA guidelines and using applicable consensus and/or position statement documents (Interassociation Recommendations: Preventing Catastrophic Injury & Death in Collegiate Athletes and CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity) (Marist College Return to Physical Activity Protocols)

Return-To-Play Protocol after COVID-19 infection:

After an athlete is diagnosed with COVID-19 they may require additional testing in order to be cleared to return to activity. Such testing may include, but is not limited to; lab-work, ECG, echocardiogram, exercise stress testing, spirometry, etc. Recommendations for testing prior to return to play will be based on contemporaneous data and best practices.

RECOMMENDATION 3: Mitigation Strategies, Screening, Monitoring & Testing

Self-Monitoring- (To occur throughout all phases)

- All individuals should assume that they have been exposed to COVID-19 and self-monitor for symptoms on a daily basis, as well as practice other appropriate mitigation measures
• Self-Monitoring includes, but is not limited to frequent (1-2x daily) monitoring of body temperature and monitoring for other common symptoms (i.e. cough, “night sweats”, shortness of breath, difficulty breathing, other respiratory symptoms, diarrhea, etc.)
• Emphasis is on strengthening the “Stay at Home if You Are Sick” culture among all individuals

Transportation of Symptomatic Individuals-(Phase 0-3)

• It is highly recommended that symptomatic individuals do not seek the assistance of other personnel for transportation if possible, to help minimize the potential spread of any communicable diseases.
• Symptomatic individuals should not show up at medical facilities and should call in advance for further guidance.

Daily Screening- (To occur during phases 2-3)

• Prior to entering any athletic facility, all individuals will be required to undergo screening daily.
• Such screening may include, but not limited to, a COVID-19 Risk Assessment Questionnaire, temperature assessment, and/or other recommended items.
• Individuals disclosing symptoms and/or with a fever (temperature > 100.0 degrees F) will be denied entry to the facility, immediately given appropriate PPE, and will be referred to the appropriate medical facility.

Social and/or Physical Distancing- (To occur during phases 0-2)

• Keeping space between yourself and other people outside of your home.
• Physical (social) distancing and personal hygiene remain the most important ways to prevent ongoing transmission of the COVID-19 virus.
• To practice physical (social) distancing:
  o Stay at least 6 feet (2 meters) from other people
  o Avoid gathering in groups
  o Avoid crowded places and mass gatherings
  o Use appropriate PPE (i.e. masks)
  o Use appropriate hand and cough hygiene

Personal Protective Equipment (PPE)-(To occur during phases 2-3)

• Healthcare personnel must use masks during any patient-facing activities, including, but not limited to injury / illness evaluations, treatments, rehabilitation, taping, physician’s appointments, nutrition appointments, counseling appointments, etc.
• Healthcare personnel must don appropriate PPE (i.e. gown; eye protection, N95 mask, etc.) during any aerosol- producing procedure and/or patient interaction with individuals who are Confirmed (Lab Confirmed) COVID-19 positive and/or other symptomatic individuals.
• Patients must use masks during all activities within the Office of Sports Medicine Facilities and/or the Physician's Suite, including, but not limited to injury/illness evaluations, treatments, rehabilitation, taping, physician’s appointments, etc.
• Student-athletes may be required to wear masks (standard medical, cloth, bandana, etc.) when participating in strength and conditioning activities, if applicable.
• Student-athletes may be required to wear masks (standard medical, cloth, bandana, etc.) during all non-practice activities.

Self-Quarantine (When exposure to COVID-19 is presumed)

• Definition- The separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.
• Application-
  o Stay separated from others, limit movement outside of your home or current residence.
• Athletics &/or Health Service personnel will work with student-athletes that are quarantined and their roommates to ensure everyone’s safety, comfort, nourishment, etc.

• Applies to- Asymptomatic individuals that:
  o Are living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting for a person with symptomatic laboratory-confirmed COVID-19 infection without using recommended precautions for home care and home isolation (High Risk Exposure); AND/OR
  o Close contact (within 6 feet for greater than 10 minutes) with a person with symptomatic laboratory-confirmed COVID-19 without the ill individual using a face covering at all times of interaction (Medium Risk Exposure); AND/OR
  o Living in the same household as, an intimate partner of, or caring for a person in a non-healthcare setting to a person with symptomatic laboratory-confirmed COVID-19 infection while using recommended precautions for home care and home isolation (Medium Risk Exposure); AND/OR
  o On an aircraft, being seated within six (6) feet of a traveler (approximately two (2) seats in each direction) with symptomatic laboratory-confirmed COVID-19 infection

• Discontinuation-
  o Continued asymptomatic; AND
  o 14 days since the last exposure.

Self-Isolation (For anyone with a positive/presumed positive COVID-19 test) (See Health Services Protocol for Positive cases on campus) (Appendix 3)

• Definition- The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

• Application-
  o While at home, separate yourself from others by staying in a specific “sick” bedroom or space and using a different bathroom (if possible)
  o Athletics and/or Health Services personnel will work student-athletes that are isolated and their roommates to ensure everyone’s safety, comfort, nourishment, etc.

• Applies to:
  o Individuals who are Confirmed (Lab Confirmed) COVID-19 positive or Not Tested but there is clinical suspicion (i.e. fever, mild respiratory illness, etc. without alternative diagnosis)

• Discontinuation after a symptomatic positive test
  o Symptom-based strategy
    ▪ At least three (3) days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications; AND
    ▪ Improvement in respiratory symptoms (e.g. cough, shortness of breath); AND
    ▪ At least ten (10) days have passed since symptoms first appeared.
  o Test-based strategy
    ▪ Resolution of fever without the use of fever-reducing medications AND
    ▪ Improvement in respiratory symptoms (e.g. cough, shortness of breath), AND
    ▪ Negative test results of an FDA

• Discontinuation after an asymptomatic positive test
  o Time-based strategy
    ▪ At least 10 days have passed since the date of their positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
    ▪ If they develop symptoms, then the symptom-based or test-based strategy should be used.
  o Test-based strategy
    ▪ Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected at least 24 hours apart (total of two negative specimens).
Testing Recommendations (Phase 2-4)

- All students may require COVID-19 testing upon returning to campus.
- Subsequent surveillance testing may also be required in accordance with Health Services.
- Any athlete with a positive COVID-19 test may require 2 negative COVID-19 tests (at least 24 hours apart) to ensure that they are no longer shedding the virus prior to returning to training.
  - This will depend on the sensitivity of the available tests at the time the sample is taken.
- **If rapid testing is not available, and an athlete undergoes a COVID-19 Test for any reason, they will not be allowed to participate in training/practice until their results are available and may be moved to an isolation space while results are pending.**
- **Low Risk Contact:** Any athlete deemed to be a low-risk contact of a COVID-19 positive case (defined as contact with a positive case by a member of a functional unit/social group with appropriate masking of both parties/social distancing) will be asked to:
  - Monitor themselves closely for symptoms
  - Individuals with underlying high-risk conditions may choose a more conservative approach and opt to quarantine or consider testing.
- **High Risk Contact:** Any athlete deemed to be a high-risk contact of a COVID-19 positive case (defined as contact with a positive case at a distance of less than 6 feet for greater than 10 minutes with both parties unmasked) may be subject to:
  - Testing even if they are asymptomatic.
  - Self-monitor/Self Quarantine at home
    - For 14 days (no testing) per current national guidelines (recommendations may evolve based on emerging evidence).

Recommended limited capacity/infection mitigation plans for individual facilities

Athletic Training Rooms-(Phase 2-4)

- Limit hours to allow for enhanced facility sanitation
- Limit capacity of facilities (1/3 – 1/2), including recovery, hydrotherapy, rehabilitation, and cardio areas
- Dedicated and/or appointments for treatment and rehabilitation vs. open door policy
- Limit / Modify hands on manual therapies
- No shoes, cell phones or personal belongings (I.e. backpacks) in the athletic training room.

On-Field/Court-(Phase 3-4)

- Discontinue use of shared hydration appliances (i.e. water bottles; “water cows”; etc.)
- Discontinue use of shared towels
- Increased sanitation of shared field equipment
- Increased availability of hand sanitizer

Other / Miscellaneous-(Phase 3-4)

- Limit “after-hours” facility access to decrease exposures and allow for enhanced facility sanitation
- Increase sanitation of all facilities
- Increase availability of hand sanitizer in all environments
- Suspend use of athletics facilities by non-student-athletes
- Increase spacing of furniture in common areas
RECOMMENDATION 4: Facility Sanitation Practices

Cleanliness and sanitation of Athletics facilities is an important practice in the mitigation of COVID-19 transmission. The Department of Athletics will work with State of New York and other College entities to ensure proper sanitation of facilities on an ongoing basis.

- Instruction and support will be given to Athletics Facilities and custodial staff by the appropriate entities to ensure that all facilities are being sanitized appropriately to prevent the spread of infection.
- Items such as doorknobs, light switches, handrails, restroom and shower fixtures, etc. should be cleaned multiple times per day, in addition to thorough and regular cleaning of common areas and open spaces.
- The sanitizing of high-risk areas (i.e. athletic training rooms, physician’s clinics, strength & conditioning areas, rowing erg room, locker rooms, meeting / study rooms, fueling stations / training table areas, etc.) should be completed frequently.
- Where appropriate doors should be propped open to limit touch areas
- Hand sanitizer stations should be placed at building entrances, in all common offices, conference and meeting rooms, lobbies, locker rooms, outside of restroom, lounges, indoor practice facilities, fueling stations, and team bench areas, other high-traffic areas within facilities.
- Hand sanitizer stations should be monitored and maintained daily.

Medical Facility Sanitation-(Phase 2-4)

- Healthcare personnel should wash their hands and/or use hand sanitizer before and after every patient interaction
- All personnel will always don appropriate PPE
- Reduced capacity limits will be put into place
- Appropriate physical distancing within the facility should be maintained
- The Following items should be cleaned and/or sanitized after each use
  - Therapeutic modalities
  - Rehabilitation equipment
  - Recovery modalities
  - Tools / instruments
  - Treatment tables
  - Taping tables
  - Exam tables
  - Cardio machines
  - Strength equipment
  - Exam lights
  - Stools
  - Physioballs, Bosu balls, balance pads

- The following should be sanitized multiple times per day-
  - Countertops
  - Cabinets
  - Computers / printers
  - Copy machines
  - Doorknobs / handles
  - Hydrocollator handle / tongs
  - Ice machine scoop
  - Ice machine door
  - Sinks
  - Water fountains / bottle fillers
- Waiting room furniture
- TV remotes
- Phones

- Towels should be one (1) time use and should be placed in the dirty laundry bin immediately after use
- Hot pack covers should be laundered daily; a towel should be placed between the hot pack and the body surface
- Student-athletes should not bring personal items (i.e. coats, backpacks, athletic equipment, etc.) into the athletic training facility. All items should be placed in the student-athletes’ locker or left at home.
Policy on Reports by Student-athletes of COVID-19 positive tests or Symptoms Consistent with COVID-19 Diagnosis and Underlying Medical Conditions

All Marist College Student-athletes who report the following shall be required to seek an EKG from their Primary Care Physician prior to their arrival on campus. The EKG must be sent to the Office of Sports Medicine for review by Marist Team Physicians prior to any athletic participation.

The criteria for this testing is:

- A report of a positive COVID-19 test and mild symptoms (including not limited to cough, fever, loss of taste or smell, fatigue, headache, sore throat, etc..) that resolved
- A report of having symptoms of COVID-19 (including not limited to cough, fever, loss of taste or smell, fatigue, headache, sore throat, etc..) that resolved but were never tested or tested positive

Atypical signs or symptoms upon MD physical examination, abnormal EKG or having prolonged COVID-19 symptoms may require further cardiac testing with cardiology referral and clearance before athletic participation is permitted.

Any student-athlete who reports prolonged symptoms (more than two weeks), severe symptoms (including not limited to shortness of breath, chest pain, cyanosis, etc..) or hospitalization from COVID-19 may be referred for further cardiac testing, bloodwork and cardiology referral before clearance for athletic participation.

All cardiac testing results shall be provided to the Office of Sports Medicine and reviewed by Team Physicians who have the final authority in clearing student-athletes for athletic participation. Student-athletes who reported symptoms or positive results that fit any of these criteria are encouraged to seek advice from their Primary Care Physicians for guidance as well.

Delays in seeking this testing may slow the process of clearance for athletic participation. The Office of Sports Medicine can assist the student-athlete with the needed referrals. This policy may change as data, guidance and information from national resources evolves.

COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, people with the following conditions might be at an increased risk for severe illness from COVID-19:

- Asthma (moderate to severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Chronic Kidney Disease
- Immunocompromised state (weakened immune system)
- Certain neurologic conditions
- Liver disease
- Pregnancy
- Pulmonary Fibrosis (damaged or scarred lung tissue)
Participation in athletics is assumed to increase the risk of COVID-19 transmission an individual with the above listed underlying conditions. Any Marist College student-athlete who reports or has reported any of these underlying conditions is encouraged to speak with their treating physician for this condition for guidance on the risks of participating in athletic activities during the pandemic. All reported underlying medical conditions shall be reviewed by Marist Team Physicians, who have the final authority in clearing student-athletes for athletic participation.

**These policies are current and may change as emerging evidence and best practices are available.**
MAAC Basketball Tier 1 Individuals Return to Activity Post Positive Test Result (FINAL)

Symptomatic Individual(s): Per CDC Guidelines – If an individual has symptoms of COVID they should immediately be referred to student health services or medical care center for evaluation and testing. While waiting for testing and/or results individual(s) should be in a temporary quarantine until results are obtained. Testing should include a RT-PCR test if a rapid antigen test is initially used.

A negative PCR test should be recorded before the individual is released from the temporary quarantine. See Positive Individual(s) below if a positive PCR test is recorded.

Positive Individual(s): Per CDC Guidelines - For most persons with COVID-19 illness, isolation and precautions can generally be discontinued a minimum of 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

For persons who never develop symptoms (asymptomatic), isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Positive individual(s) cannot test (RT-PCR or antigen) out of isolation once primary PCR test is confirmed. Positive antigen tests should be confirmed with a RT-PCR test (see above for isolation guidelines once positive test is confirmed). All tier 1 individuals will be quarantined once an individual has received a positive antigen test. Should the follow up RT-PCR test be negative, then tier 1 individuals are cleared from quarantine. Note: Subject to your local county and state department regulations.

Once a positive individual is cleared from isolation from Institution’s County Health Department and/or Campus Health Service, they should be cleared for participation by Institutional Team Physician. This clearance should be based on current cardiovascular COVID-19 guidelines¹ and NCAA Resocialization Standards².

Close Contact Tier 1 Individuals: Per CDC Guidelines - People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months should self-quarantine for 14 days from their last exposure (i.e., close encounter with confirmed COVID-19 case).

A typical basketball team has 15 players, all of whom typically train on a single basketball court at the same time in an enclosed space. If any Tier 1 individual becomes infected, schools must quarantine the entire team, including coaching staff and other essential personnel who are part of Tier 1, for 14 days, provided determinations around who must be quarantined are ultimately the jurisdiction of applicable public health officials. Each school must send their current Tier 1 list to the conference office by noon on Monday of each week.

Individuals who have been placed in quarantine cannot “test out” prior to the 14-days and should constantly monitor for development of symptoms. If symptoms develop, individual should be placed in isolation (see above).

Consistent with the NCAA Resocialization Standards, it is suggested that student-athletes who are placed in quarantine for high risk contact but who are not infected with COVID-19 be permitted to exercise individually if such exercise does not cause cardiopulmonary symptoms. If individual exercise is performed outside, schools should consider monitoring all such outdoor activities to ensure physical distancing and masking as appropriate, and such exercise should be consistent with applicable public health official guidance. Group exercise is not recommended³.
People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months, as long as, they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

**Definitions:**

**Temporary Quarantine** is used for individuals waiting for testing results after reporting symptoms associated with COVID. This is not a set timeline and can be ended based on a negative PCR test result.

**Isolation** is used to separate people infected with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected.

People who are in isolation should stay home until it’s safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific “sick room” or area and using a separate bathroom (if available).

**Tier 1:** This tier 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 strength and conditioning staff. It is expected that the total number of Tier 1 individuals within a team would approximate 25-30.

**Close Contact**
- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more over a 24-hour period
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

**Proximate contact** is defined as “being in the same enclosed environment such as a classroom, office, or gatherings but greater than 6 ft from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19”.

**Contact of a Contact** is defined as a person being the contact of someone who had close contact with a COVID-19-positive person. This person does not require testing as long as their contact does not test positive or become symptomatic.

**Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

1. JAMA Cardiology. *Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play*; Jonathan H. Kim, MD, MSc; Benjamin D. Levine, MD; Dermot Phelan, MD, PhD; et al; Published online October 26, 2020.
3. NCAA SSI. *Core Principles of Resocialization of Collegiate Basketball*; Published online via NCAA.org/Sport-Science-Institute/core-principles-resocialization-collegiate-basketball.

4. New York State Health Department. *Guidance on the Contacts of a Close or Proximate Contact of a Confirmed or Suspected Case of COVID-19*. Published online via health.ny.gov.
MAAC COVID-19 Attestation Form for Contests

The Director of Athletics, Athletic Healthcare Administrator or Head Athletic Trainer must complete this document and exchange with the opposing team the day of a contest, at least three hours prior to the visiting team arrival. The institution must also forward a copy to the Conference office to Jessica Grasso, Deputy Commissioner via email (jgrasso@maac.org) no later than three hours prior to the scheduled contest.

By signing and dating this form, you attest that your institution has satisfied the policy requirements outlined below:

1. Your institution has complied fully with the requirements for surveillance testing, medical response plan, quarantine and isolation protocols outlined in the NCAA Core Principles of Resocialization of Collegiate Basketball during the week leading into competition with a MAAC institution. Note; surveillance testing excludes those who are post-positive and are within 90 days of the date of testing positive.
2. All student-athletes, coaches, support staff, medical staff deemed Tier 1 making up the travel party, who will participate in or be present at the contest have been tested for COVID 19 consistent with the NCAA Core Principles of Resocialization of Collegiate Basketball.
3. All members of the travel party have not had a verified positive test within the last week. No members of the travel party have been identified as being a close contact with exposure to a positive individual and subject to quarantine by institutional, state or local health departments contact tracing.
4. Upon date and time of signature, no member of the travel party has developed or reported symptoms that might indicate an infection of SARS-CoV-2 between the time the most recent test was collected and the beginning of the contest. Should any individual report symptoms at any time prior to the contest, since the last test, he/she must be self-quarantined and may not participate until proof of a negative test and cleared to participate by a licensed physician. If the student-athlete tests positive or testing cannot be done before the competition, he/she will be held out of the contest. Guidance from host county health department should be sought regarding quarantine/isolation protocols.
5. The home institution has complied fully with Conference requirements related to sanitization and disinfection, including but not limited to equipment, facilities and locker rooms as outlined in the MAAC Manual.
6. In the event a member of either institution’s host or travel party who participated in or were present at the contest becomes symptomatic or has a positive test for SARS-CoV-2 in the 48 hours after a contest, the opponent institution will be notified immediately consistent with Conference policy.
7. Participating institutions agree to comply with masking and other competition requirements as outlined in the MAAC Manual.

HOST INSTITUTION: ________________________________ VISITTING INSTITUTION: ________________________________

SPORT: ____________________________________________ DATE OF COMPETITION: ___________________________

Director of Athletics or Sport Administrator, Athletic Healthcare Administrator or Head Athletic Trainer

__________________________________________________________

Print or type Name

__________________________________________________________

Signature Date
Please fill out a potential travel party roster for your men’s and women’s basketball teams. This will be used for future conversations regarding potential caps on travel parties to eliminate exposure.

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
<th>TIER</th>
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<tr>
<td>(Please insert full name)</td>
<td>(Please note the position at school)</td>
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To: MAAC Committee on Athletic Administration  
From: Jordan Confessore, Associate Commissioner  
Subject: MAAC Basketball Administration Forms/Documents  

Throughout the 2020-21 season there will be forms that need to be exchanged between schools and the conference office. Below are a list of forms (actual forms attached) that includes who should fill out and send each form, who they should be sent to and what the timeline is for distribution. If you have any questions, please let me know.

**Attestation Form**

Sent To: Athletic Health Care Administrator to Athletic Health Care Administrator  
Copy: Director of Athletics, Athletics Operations designee, and Jessica Grasso (igrasso@maac.org)  
Timing: Forms are due the morning of the game at least **3 hours before teams arrive for competition** and in addition, prior to a team attending a practice the day before a game.

**Tier 1 List**

From: Athletic Health Care Administrator  
Sent To: Jordan Confessore, jordan.confessore@maac.org (men’s), Caitlin Lowe, caitlin.lowe@maac.org (women’s)  
Copy: Director of Athletics  
Timing: Must be provided to the conference office every Monday.

**Communications Document**

From: Home game manager  
Sent to: Visiting team sport administrator and visiting team DOBO.  
Copy: Visiting team head coach  
Timing: At least 72 hours prior to the game.