

Required Use of Face Coverings

On June 18, CDPH issued [Guidance on the Use of Face Coverings](#), which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings where there is a high risk of exposure.

People in California must wear face coverings when they are in the high-risk situations listed below:

- Inside of, or in line to enter, any indoor public space;²
- Obtaining services from the healthcare sector in settings including, but not limited to, a hospital, pharmacy, medical clinic, laboratory, physician or dental office, veterinary clinic, or blood bank;³
- Waiting for or riding on public transportation or paratransit or while in a taxi, private car service, or ride-sharing vehicle;
- Engaged in work, whether at the workplace or performing work off-site, when:
 - Interacting in-person with any member of the public
 - Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;
 - Working in any space where food is prepared or packaged for sale or distribution to others;
 - Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
 - In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance;
 - Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.
- While outdoors in public spaces when maintaining a physical distance of six feet from other persons is not feasible.

The CDPH Guidance Document also identifies individuals exempt from wearing a face covering, including but not limited to persons with a medical condition, mental health condition, or disability that prevents wearing a face covering, and persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.

Complete details, including all requirements and exemptions to these rules, can be found in the [guidance](#). Face coverings are strongly encouraged in other circumstances, and employers can implement additional face covering requirements in fulfilling their obligation to provide workers with a safe and healthful workplace.



12. Considerations for Partial or Total Closures

- Check State and local health officer orders and health department notices frequently about transmission in the area or closures and adjust operations accordingly.
- When a student, faculty, or staff member tests positive for COVID-19 and has exposed others at the school, implement the following steps:
 - Consult the local public health department regarding additional follow-up needed to identify close contacts, and recommended actions, closures, or other measures to protect your community.
 - Give standard guidance for isolation at home for 10 days after symptoms begin or after test collected for COVID-19 infected persons.
 - Give standard guidance for quarantine at home for at least 14 days after close contact, parts or all of the campus might need to close temporarily as students or staff quarantine. Refer to local health department website or [CDPH Isolation & Quarantine Guidance](#).
 - Additional close contacts outside of the residence and classroom should also quarantine for 14 days after the last exposure at their residence.
 - Develop communication plans for exposure notifications or school closure to include outreach to students, parents, faculty, staff, and the community.
 - Include information for workers regarding labor laws, information regarding Disability Insurance, Paid Family Leave, and Unemployment Insurance, as applicable.
 - Provide guidance to students, parents, faculty, and staff reminding them of the importance of community physical distancing measures while some or all of campus is closed, including discouraging students or staff from gathering elsewhere.
 - Develop or review plans for continuity of education.
 - Monitor local public health department website and maintain regular communications.

Specific Interim Guidance for Collegiate Athletics

The following guidelines and considerations are intended to help institutions of higher education (IHE) and their communities plan and prepare for resumption of college athletic training, and to resume competition when conditions warrant.

The risk of transmitting the COVID-19 virus depends on several factors germane to sports, including:

- Number of people in a location
- Type of location (indoor versus outdoor)
- Distance or physical contact between people
- Length of time at location
- Touching of shared objects
- Use of face coverings
- Mixing of people from locations with different levels of community transmission

The length of time, proximity of contact and use of shared equipment increases the potential risk for athletes. To help mitigate those risks, colleges who wish to resume competition should provide strong protections for their student athletes, including allowing them the choice to opt-out of the season without the risk of a scholarship being revoked, reduced or cancelled, or any other kind of retaliatory activity. College athletic departments are also expected to vigorously enforce the testing and reporting protocols described below.

As general guidance, smaller groups are safer than larger; outdoor locations are safer than indoor; sports that can ensure distance of six feet or more are safer than close contact; and shorter duration is safer than longer. For most sports activities, this guidance assumes that use of face coverings while playing is not feasible, although they should be worn by players and others while on the side lines. Athletic directors and coaches need to consider all these factors as they plan to resume training and conditioning.

In addition, student-athletes train, study, potentially live off-campus, and travel to compete in other geographies, increasing the risk of transmission. IHEs need to consider these factors as they resume practicing, develop protocols for the use of fitness facilities on campus, and develop guidance for student-athlete housing. Allowing teams to come to the campus from other geographic areas also increases risk of disease transmission.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of student-athletes, workers, and the public.

Collegiate athletic teams are permitted to begin a return to practice only if:

- The institution of higher education adopts, and its teams follow, an institution-specific “return to play” safety plan.
- Regular periodic COVID-19 testing of athletes and support staff is established and implemented by the IHE. Both periodic PCR testing as well as daily antigen testing are acceptable. (See Section 3 below for specific requirements for testing.)
- Consistent with requirements imposed by the National Collegiate Athletic Association (NCAA), athletes are not required to waive their legal rights regarding COVID-19 as a condition of athletics participation.
- The institution of higher education adheres to the general guidance for institutions of higher education and state and local public health guidance related to isolation and quarantine of individuals who test positive for COVID-19 and close contacts of those individuals.

Competition between teams without spectators is permitted to begin only if:

- IHE can provide COVID-19 testing and results within a 48 hour period in advance of competition in high contact risk sports.⁴
- Athletics departments have considered how best to secure reasonable assurance that the same risks have been adequately considered and addressed by other teams. This includes consideration of how to share testing results and related safety assurances with opposing teams before the start of an event in a manner consistent with applicable health information and education privacy laws.
- In conjunction with local public health officials and contact tracers, schools must have in place a mechanism for notifying other schools should an athlete from one team test positive within 48 hours after competition with another team.
- Athletics departments, in consultation with institutional leadership, must evaluate the availability of, and accessibility to, local contact tracing resources. Where the availability of local contact tracing resources is inadequate, schools must train on-site personnel or procure contact tracing resources. Staff who complete formal training in contact tracing can be an invaluable resource with respect to institutional risk-management efforts and resources.

This guidance is interim. These guidelines and considerations are based on the best available public health data at this time, international best practices currently employed, and the practical realities of managing operations. As new data and practices emerge, the guidance will be updated. Additionally, the guidelines and considerations do not reflect the full scope of issues that collegiate athletic programs will need to address.

Institutions of higher education and athletic departments are expected to follow standards adopted by the NCAA, including the NCAA's [guidelines for resocialization of sports](#),⁵ and/or their athletic conference, as applicable. To the extent those guidelines

or local health department guidelines impose additional restrictions or requirements beyond this guidance, are stricter than these guidelines, institutions of higher education and athletic departments must adhere to the stricter requirements.

Implementation of this guidance as part of a phased reopening will depend on improving or favorable local epidemiologic trends and health care capacity availability of IHE and community testing resources, and adequate IHE preparedness to respond to case and outbreak investigations. All decisions about IHE-specific plans should be made in collaboration with local public health officials and other authorities. Local public health departments may have more stringent requirements than these guidelines that must be followed.

Implementation of this guidance should be tailored for each setting, including adequate consideration of programs operating at each institution and the needs of student-athletes and workers. Administrators should engage relevant stakeholders—including student-athletes, their families, staff, and labor partners in the school community—to formulate and implement plans.

Even with adherence to physical distancing, convening in a setting that brings people from multiple different communities together to engage in the same activity, particularly indoors or with close contact, carries a higher risk for widespread transmission of the COVID-19 virus, and may result in increased rates of infection, hospitalization, and death, especially among more vulnerable populations.

Athletic facilities must therefore limit occupancy to essential personnel, such as players, coaches, trainers, security, and event staff. The California Department of Public Health, in consultation with local departments of public health, will review and assess the impact of these imposed limits on public health and provide further direction as part of a phased-in restoration of leisure activities.

Required Use of Face Coverings

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The following areas have been identified as overarching issues that must be adhered to in planning for the resumption of collegiate athletics.



1. Athletic Facility-Specific Plan

- Establish a written, facility-specific COVID-19 prevention plan at every facility, perform a comprehensive risk assessment of all work and athletic areas, and designate a person at each facility to implement the plan. All decisions about IHE-specific plans should be made in collaboration with local public health officials and other authorities.
- Designate a person responsible for responding to COVID-19 concerns for athletics overall, and for each team or sport. All coaches, staff, and student-athletes should know who their COVID-19 contact person is and how to contact them.
- Incorporate the [CDPH Guidance for the Use of Face Coverings](#) into the Athletic Facility-Specific Plan that includes a policy for handling exemptions.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among workers or student-athletes.
- Train and communicate with workers, worker representatives, and student-athletes on the plan and make the plan available to workers and their representatives.
- Regularly evaluate the facility for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related or athletic-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Implement the processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines and orders from the local health department](#).
- Adhere to the guidelines below. Failure to do so could result in illnesses that may cause operations to be temporarily closed or limited.



2. Additional Topics for Student-Athlete and Worker Training

Student-athletes, staff, and coaches should be provided an education session on COVID-19 upon or before return to campus, including additional topics such as:

- Risks COVID-19 poses for athletes
- Proper use of face coverings, including:
 - Face coverings are not personal protective equipment (PPE).
 - Face coverings can help prevent exposure of people near the wearer and the wearer, but do not replace the need for physical distancing and frequent handwashing.
 - Face coverings must cover the nose and mouth.
 - Workers should wash or sanitize hands before and after using or adjusting face coverings.
 - Avoid touching eyes, nose, and mouth.
 - Face coverings must not be shared and should be washed or discarded after each shift.
- Information contained in the [CDPH Guidance for the Use of Face Coverings](#), which mandates the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the employer has adopted to ensure the use of face coverings. Training should also include the IHE's policies on how people who are exempted from wearing a face covering will be handled.
- All personnel, staff, coaches and student athletes should be aware of their daily activity and high-risk contacts (within 6 feet for at least 15 minutes).
- Information on employer or government-sponsored leave benefits workers may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting sick leave and worker's compensation for COVID-19](#), including worker's sick leave rights under the [Families First Coronavirus Response Act](#) and worker's rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20 while that Order is in effect](#).
- Importance of physical distancing.

- Protocols for reporting any symptoms.
- Any facility specific changes.



3. Individual Control Measures and Screening

- Establish effective procedures for regular periodic testing of athletes and workers that work with athletes for COVID-19 in accordance with any published CDC & CDPH guidance and in discussion with the local health department.
- Limit building or facility entry points when possible.
- Provide symptom and health screenings for all workers and student-athletes entering the facility or event. Make sure the temperature/symptom screener avoids close contact with workers or student-athletes to the extent possible.
 - Screening: athletes and staff should be screened for fever and COVID-19 symptoms or exposure before each conditioning session, team meeting, practice or competition
 - Temperature check for fever ($\geq 100.4^{\circ}\text{F}$)
 - Ask if they have had a new cough, a new sore throat, shortness of breath, new onset of loss of taste or smell, vomiting, or diarrhea
 - Ask whether they have had an exposure to a known or suspected COVID-19 case in the previous 14 days
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving home for their shift and follows [CDC guidelines](#).
- Workers should wear gloves when handling items contaminated by body fluids.
- Coaches or referees moving items used by athletes (e.g., balls) or handling trash bags should use disposable gloves (and wash hands before putting them on and after removing them) or wash hands before and after handling shared items.
- Limit any nonessential visitors, staff, and volunteers as much as possible. No spectators are currently permitted during training or competition.

Testing

- Regular periodic COVID-19 testing of athletes and support staff must be established and implemented by the IHEs agree to a minimum testing standard that includes frequency of testing, who is subject to testing (all athletes and staff that have close contact with the athletes), and what type of testing is done, prior to return to practice.
 - Based on current evidence and standards, both daily antigen testing and periodic PCR testing are acceptable testing methods for both baseline and ongoing screening testing.
 - If following a daily antigen testing protocol, the protocol must begin with a PCR test followed by daily antigen testing. Any positive antigen test must trigger a PCR test for confirmation. PCR testing is required for symptomatic athletes and staff and should be conducted within 24 hours of symptoms being reported.
- Testing strategies are always contingent on the availability of ample testing supplies, laboratory capacity, efficient turnaround time and convenient access to testing. If PCR testing in a community is prioritized for symptomatic individuals (updated testing priority criteria on [CDPH website](#)), if daily antigen testing is not possible, if PCR supplies/turnaround time are compromised, or as testing technology evolves, alternative strategies may need to be considered.
- Note that a positive PCR test result indicates that SARS-CoV-2 RNA is present at that point in time, which can represent current or past infection, and may not indicate current infectiousness. A positive antigen test indicates that SARS-CoV-2 antigen is present at that point in time, and likely indicates current infectiousness. It is possible to test negative on either test if the sample is collected early in an infection. False positive results are also possible with either test.
- Competition between teams without spectators is permitted to begin only if:
 - The IHE can provide COVID-19 testing and results within 48hours of competition in high risk contact sports. ⁶



4. Isolation & Quarantine

- In order to engage in contact sports practice or competition, Institutions of Higher Education, athletic team administrators and athletes must commit to adherence with appropriate isolation and quarantine procedures.
- All symptomatic athletes and staff must remain in isolation until test results are available, and repeat testing should be considered if initial testing is negative and symptoms continue and are consistent with COVID-19 symptoms.
- All athletes and staff who test positive or are clinically diagnosed with COVID-19 disease must isolate:
 - For 10 days after symptoms first appeared (or 10 days after specimen collection for their first positive test), AND
 - At least 24 hours have passed with no fever (without use of fever-reducing medications), AND
 - Other symptoms have improved.
- Individuals who test positive for SARS-CoV-2 who **never develop symptoms**, may return to work or school 10 days after the date of specimen collection for their first positive test for SARS-CoV-2.
- Individuals identified as close contacts (within 6 feet for at least 15 minutes) must follow state and local public health directives or orders for quarantine, regardless of the frequency of testing for those in the cohort or footprint. Close contacts must quarantine for 14 days after the last exposure.

Due to the nature of athletic participation, institutions will take steps to assist with the contact tracing process including, but not limited to, film review of practice, if available, and extended assessment of contact associated with athletic participation so that all athlete contacts can be identified.



5. Cleaning and Disinfecting Protocols

- Perform thorough cleaning and disinfection of surfaces in high-traffic areas, including locker rooms, dugouts, benches, stairwell handrails, chairs, doors/door handles, etc., as appropriate.
- Use of shared objects and equipment (e.g., balls, bats, gymnastics equipment, golf flags) should be avoided, or cleaned between use by each individual if possible. Do not let players share towels, clothing, or other items they use to wipe their faces or hands.
 - Avoid sharing equipment or balls as much as possible. For applicable sports, balls should be rotated on a regular basis to limit contact by multiple users until disinfected. For example, in baseball and softball umpires should limit their contact with the ball unless wearing gloves, and catchers should retrieve foul balls and passed balls where possible. Balls used in infield/outfield warm-up should be isolated from a shared ball container.
- Make sure there are adequate supplies of items to minimize sharing of equipment to the extent possible, for example by labeling and assigning them to individuals (e.g., protective gear, balls, bats, water bottles); otherwise, limit use of supplies and equipment to one group of players at a time and clean and disinfect between use.
- Identify a staff member or volunteer to ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.
- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to game clocks, scoreboards, rakes, counters, common pens for sign-in sheets, etc.
- Avoid sharing audio equipment, phones, tablets, pens, and other work supplies wherever possible.
- Discontinue shared use of audio headsets and other equipment between workers unless the equipment can be properly disinfected after use. Consult equipment manufacturers to determine appropriate disinfection steps, particularly for soft, porous surfaces such as foam earmuffs.
- Develop and implement a schedule for increased, routine cleaning and disinfection.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the workers' job duties.

- Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.
- Ensure sanitary facilities always stay operational and stocked, and provide additional soap, paper towels, and hand sanitizer when needed.
- When choosing disinfecting chemicals, athletic departments should use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide workers training on the [chemical hazards](#), manufacturer's directions, ventilation needed, and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves and other protective equipment as required by the product instructions. The California Department of Pesticide Regulation's [requirements for safe use](#) of disinfectants must be followed. Follow the [asthma-safer cleaning](#) methods recommended by the Department of Public Health.
- Indoor facilities should increase fresh air circulation by opening windows or doors, if possible. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling or triggering asthma symptoms) to players or others using the facility.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- Ensure indoor practice and game spaces are large indoor areas with good ventilation and air exchange.
 - For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- Install hand sanitizer dispensers, touchless if possible, at entrances and high contact areas.
- Follow [CDC guidelines](#) to ensure that all water systems are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.



6. Physical Distancing Guidelines

- Prioritize outdoor practice and play, as much as possible.
- If daily antigen testing is the adopted protocol, teams may train outdoors in groups of no more than 75. It is recommended that the teams, to the extent possible, divide into cohorts of 25.
- Train in Cohorts. IHEs should establish cohorts as a strategy to minimize the potential spread of COVID-19. A cohort may be composed of no more than 25 individuals, all members of the same team including coaches and staff, who consistently work out and participate in activities together. Cohorts should avoid mixing with other groups.
- Keep different cohorts separate to the greatest extent possible. Consider using signs, cones, or tape to make dividing lines clear.
- Particularly for athletes in high contact risk sports as defined previously, IHES are strongly encouraged to provide dedicated on-campus housing separate from the rest of campus to minimize transmission risks to other members of the campus community.
- Athletes and coaches should maintain at least six feet of separation from others when not on the field of play or otherwise engaged in play/activity, where feasible.
 - Create reasonable distance between players when explaining drills, rules of the game, or huddling.
 - Limit the number of players sitting in confined player seating areas (e.g., dugouts) by allowing players to spread out into spectator areas if more space is available.
 - Prohibit unnecessary physical contact such as high fives, handshake lines, and other physical contact with teammates, opposing teams, coaches, umpires, and fans. Coaches should regularly review physical distancing rules with athletes.
 - Consider providing physical guides, such as signs and tape on floors or playing fields, to make sure that coaches and players remain at least six feet apart.
 - Maintain at least six feet of distance between players while participating in the sport whenever possible (e.g., during warm-up, skill-building activities, simulation drills).
- Officials should maintain six feet of separation from others and when interacting with athletes and coaches off the field of play. Officials should

avoid exchanging documents or equipment with players and coaches. This may require digital entry of lineups, and other adjustments.

- If practice or competition facilities must be shared, consider increasing the amount of time between practices and competitions to allow for one group to leave before another group enters the facility. For facilities that may be shared with the broader campus community, dedicate separate time for team use. If possible, allow time for cleaning and/or disinfecting.
- Physical distancing protocols should be used in any high-density, high-traffic areas.
- Meetings and trainings of more than 25 persons should be conducted virtually, and in-person meetings may have a maximum of 25 persons. Meetings should occur outdoors, and in areas that allow for appropriate physical distancing between staff, athletes or other workers.
- Stagger breaks, in compliance with wage and hour regulations where relevant, to maintain physical distancing protocols.
- Consider offering workers who request modified duties options that minimize their contact with athletes, coaches, officials, and other workers.



7. Food and Dining

- All players, coaches, and referees should bring their own individual water or drink bottles. Drink bottles should be labeled with the name of the owner. Do not provide team water coolers or shared drinking stations. Teams may also provide bottled water.
- If food is provided, have pre-packaged boxes or bags for players instead of a buffet or family-style meal.
- Prohibit the use of:
 - Self-service condiment caddies, utensil caddies, napkins, lids, straws, water pitchers, to-go containers, etc.
 - Self-service machines, including ice, soda, frozen yogurt dispensers, etc.
 - Self-service food areas, such as buffets, salsa bars, salad bars, etc.
- Follow the California Department of Public Health and Cal/OSHA safety guidance set out for [dine-in restaurants](#).



8. Travel during Competition

- Travel should be limited to essential personnel (e.g., athletes, coaches, medical staff).
- When possible, teams should drive to events.
 - If using more than one vehicle, travel parties should be split according to those already with the closest contact (e.g., cohorts).
 - Face coverings must be worn and removed only minimally for eating or drinking.
 - If traveling by bus, try to keep seats open in front of and behind each person (e.g., using a “checkerboard” pattern).
- When air travel is necessary, it should be on a carrier with robust infection control methods (e.g., required face coverings for all passengers and flight personnel), and handwashing or using hand sanitizer should occur frequently, per [CDC guidelines](#).
- When traveling to away games, teams must remain in a team cohort, with no mixing with the local teams or other members of the host community.



9. Return to Facility or Training after a Positive Test

- Advise sick staff and student-athletes not to return until they have met CDC criteria to discontinue [home isolation](#), including 24 hours with no fever (without fever reducing medication), symptom improvement, and 10 days since symptoms first appeared or since test conducted.
- Student-athletes should work with their medical provider and any team medical staff member to determine how to be cleared to safely return to training. Return to activity in all cases should allow an acclimatization process.
- Discontinuation of practice with contact and competition for the rest of the season may be considered by local health departments if more than 10% of athletes on a team test positive within a 14-day period. For teams with less than 20 athletes total, if more than 5 members test positive, discontinuation of practice with contact and competition for the rest of the season may be considered.



10. Communication and Public Outreach

IHEs must commit to developing and implementing a communication plan, or create addendums to existing plans, that address risk reduction among the campus community, alumni, and the broader fan base in regard to safer ways to enjoy the game or competition (physical distancing, masks, and the need to adhere to the local public health orders and directives regarding any gatherings or events both at home and away games) and distribute these messages in multiple modes (social and traditional media) ahead of and during televised viewing of sporting events.

¹ The Centers for Disease Control and Prevention provides additional information specific [to universities and colleges](#).

² Unless exempted by state guidelines for specific public settings

³ Unless directed otherwise by a worker or healthcare provider

⁴ This guidance adopts the "high risk sport" classification specified in the National Collegiate Athletic Association's guidelines for resocialization of sports which include: basketball, field hockey, football, ice hockey, lacrosse, rowing, rugby, soccer, squash, volleyball, water polo, and wrestling.

⁵ [NCAA: Resocialization of Collegiate Sport: Developing Standards for Practice and Competition](#). 7/16/20.

⁶ See above.

