

ROADMAP FOR RETURN TO INTERSCHOLASTIC ATHLETICS

The information contained in this document is provided to assist schools in the creation of reopening plans.

Note: *This is not an exhaustive list and there may be additional steps in each school and city to help prevent the spread of COVID-19. Even when taking all precautions, there will still be risk of transmitting illnesses. Everyone should stay vigilant about the health of members of their teams. Lastly, the situation with COVID-19 is rapidly changing and this information may quickly become outdated. Please continue to monitor information provided by the CDC as well as local and the NYSDOH.*

According to the Centers for Disease Control and Prevention (CDC), people with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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The New York State Department of Health (NYSDOH) [*“Interim Guidance For In-Person Instruction At Pre-K To Grade 12 Schools During The COVID-19 Public Health Emergency”*](#) (July 13, 2020) states:

*“Extracurriculars: Policies regarding extracurricular programs and **which activities will be allowed**, considering **social distancing PPE usage**, and **cleaning and disinfection**, as well as **risk of COVID-19 transmission** (e.g. interscholastic sports, assemblies and other gatherings) Policies should consider **how to maintain cohorts** if applicable or members of the same household. Responsible Parties should refer to DOH’s [*“Interim Guidance for Sports and Recreation During the COVID 19 Public Health Emergency”*](#) to assist in development of these policies however, interscholastic sports are not permitted at the time of publication of this guidance, and additional information on athletic activities is forthcoming.”*

The following information address the above **BOLD** items.

ACTIVITIES TO BE ALLOWED:

According to the NYSDOH (July 13, 2020), *“interscholastic sports are not permitted...additional information on athletic activities is forthcoming.”* The NYSPHSAA will attempt to preserve all athletic seasons for the 562,000 student-athletes who annually participate in interscholastic athletics during the 2020-2021 school year.

Pending forthcoming guidance from the NYSDOH, the NYSPHSAA will provide member schools with a list of sports to be played at an appropriate time during the 2020-2021 school year taking into consideration sport risk assessment, social distancing protocols as well as CDC and NYSDOH guidance. The National Federation of State High School Associations’ (NFHS) Sports Medicine Advisory Committee, in consultation with the United State Olympic and Paralympic Committee, has developed the following sport risk assessment based upon the potential of respiratory droplet spread:

Higher Risk: Sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants.

***Examples:** Wrestling, football, boys lacrosse, competitive cheer, dance.*

Moderate Risk: Sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can’t be cleaned between participants.

***Examples:** Basketball, volleyball*, baseball*, softball*, soccer, gymnastics* (if equipment can’t be sufficiently cleaned between competitors), ice hockey, field hockey, tennis*, swimming relays, pole vault*, high jump*, long jump*, girls lacrosse.*

**Could potentially be considered “Lower Risk” with appropriate cleaning of equipment and use of masks by participants.*

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Lower Risk: Sports that can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between use by competitors.

***Examples:** Individual running events, throwing events (javelin, shot put, discus), individual swimming, golf, alpine skiing, sideline cheer, cross country running (with staggered starts)*

According to the CDC's "[Considerations for Youth Sports](#)" guidance" (May 29, 2020) the way sports are played, and the way equipment is shared can influence the spread of COVID-19 among players. When a school district is assessing the risk of spread, the following should be considered:

- Physical closeness of players, and the length of time that players are close to each other or to staff. Sports that require frequent closeness between players may make it more difficult to maintain social distancing, compared to sports where players are not close to each other. For close-contact sports (e.g., wrestling, basketball), play may be modified to safely increase distance between players.
 - For example, players and coaches can:
 - focus on individual skill building versus competition;
 - limit the time players spend close to others by playing full contact only in game-time situations;
 - decrease the number of competitions during a season.

Coaches can also modify practices so players work on individual skills, rather than on competition. Coaches may also put players into small groups (cohorts) that remain together and work through stations, rather than switching groups or mixing groups.

- **Amount of necessary touching of shared equipment and gear (e.g., protective gear, balls, bats, racquets, mats, or water bottles).** It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it, and then touching their own mouth, nose, or eyes. Minimize equipment sharing, and clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.
- **Ability to engage in social distancing while not actively engaged in play (e.g., during practice, on the sideline, or in the dugout).** During times when players are not actively participating in practice or competition, attention should be given to maintaining social distancing by increasing space between players on the sideline, dugout, or bench. Additionally, coaches can encourage athletes to use downtime for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.
- **Age of the player.** Older youth might be better able to follow directions for social distancing and take other protective actions like not sharing water bottles. If feasible, a coach, parent, or other caregiver can assist with making sure that athletes maintain proper social distancing. For younger athletes, youth sports programs may ask parents or other household members to monitor their children and make sure that they follow social distancing and take other protective actions (e.g., younger children could sit with parents or caregivers, instead of in a dugout or group area).

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- **Players at higher risk of developing serious disease.** Parents and coaches should assess level of risk based on individual players on the team who may be at higher risk for severe illness, such as children who may have asthma, diabetes, or other health problems.
- **Size of the team.** Sports with a large number of players on a team may increase the likelihood of spread, compared to sports with fewer team members. Consider decreasing team sizes, as feasible.
- **Nonessential visitors, spectators, volunteers.** Limit any nonessential visitors, spectators, volunteers, and activities involving external groups or organizations.
- **Travel outside of the local community.** Traveling outside of the local community may increase the chances of exposing players, coaches, and fans to COVID-19, or unknowingly spreading it to others. This is the case particularly if a team from an area with high levels of COVID-19 competes with a team from an area with low levels of the virus. Youth sports teams should consider competing only against teams in their local area (e.g., neighborhood, town, or community).

CLEANING AND DISINFECTION:

In accordance with the NYSDOH [“Interim Guidance for Sports and Recreation During the COVID 19 Public Health Emergency”](#) (June 26, 2020) the following could be utilized for proper hygiene, cleaning and disinfecting (Pgs. 10-11):

- Responsible Parties must ensure adherence to hygiene and cleaning and disinfection requirements as advised by the CDC and DOH, including [“Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19,”](#) and the [“STOP THE SPREAD”](#) poster, as applicable. Responsible Parties must maintain cleaning logs that include the date, time, and scope of cleaning and disinfection.
- Responsible Parties must provide and maintain hand hygiene stations on site, as follows:
 - For handwashing: soap, running warm water, and disposable paper towels.
 - For hand sanitizing: an alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical.
 - Hand sanitizer must be placed throughout the site for use by employees and patrons/players/spectators. It should be placed in convenient locations such as points of entrance/exit.
- Responsible Parties should post signage indicating that visibly soiled hands should be washed with soap and water; hand sanitizer is not effective on visibly soiled hands.
- Responsible Parties must provide appropriate cleaning and disinfection supplies for shared and frequently touched surfaces and encourage employees to use these supplies, following manufacturers’ instructions, before and after use of these surfaces, followed by hand hygiene.

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- Responsible Parties must conduct regular cleaning and disinfection of the site and more frequent cleaning and disinfection for high risk areas used by many individuals and for frequently touched surfaces. Cleaning and disinfection must be rigorous and ongoing and should occur at least after each shift, daily, or more frequently as needed. Please refer to DOH's "Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19" for detailed instructions on how to clean and disinfect facilities.
- Responsible Parties must ensure regular cleaning and disinfection of restrooms. Restrooms should be cleaned and disinfected more often depending on frequency of use.
 - Responsible Parties must ensure distancing rules are adhered to by using signage, occupied markers, or other methods to reduce restroom capacity where feasible.

The following information, pertaining to cleaning and disinfecting facilities, is included the NFHS' ["Guidance For Opening Up High School Athletic and Activities"](#):

- Adequate cleaning schedules should be created and implemented for all athletic facilities to mitigate any communicable diseases.
- Prior to an individual or groups of individuals entering a facility, hard surfaces within that facility should be wiped down and sanitized (chairs, furniture in meeting rooms, locker rooms, weight room equipment, bathrooms, athletic training room tables, etc.).
- Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating in workouts.
- Hand sanitizer should be plentiful and available to individuals as they transfer from place to place.
- Weight equipment should be wiped down thoroughly before and after an individual's use of equipment.
- Appropriate clothing/shoes should be worn at all times in the weight room to minimize sweat from transmitting onto equipment/surfaces.
- Any equipment such as weight benches, athletic pads, etc. having holes with exposed foam should be covered.
- Students must be encouraged to shower and wash their workout clothing immediately upon returning to home.

SOCIAL DISTANCING:

In accordance with the NYSDOH [“Interim Guidance for Sports and Recreation During the COVID 19 Public Health Emergency”](#) (June 26, 2020) the following could be utilized to ensure appropriate social distancing during interscholastic athletic participation.

- Responsible Parties must ensure that for any indoor sport or recreational activity, capacity is limited to no more than 50% of the maximum occupancy for a particular area as set by the certificate of occupancy, inclusive of employees and patrons/players/spectators. (Pg. 5)
- Responsible Parties must ensure a distance of at least six feet is maintained among individuals at all times, whether indoor or outdoor, unless safety or the core activity (e.g. practicing, playing) requires a shorter distance. If a shorter distance is required, individuals must wear acceptable face coverings, unless players are unable to tolerate a face covering for the physical activity (e.g. practicing, playing); provided, however, that coaches, trainers, and other individuals who are not directly engaged in physical activity are required to wear a face covering. (Pg. 5)
 - Acceptable face coverings for COVID-19 include but are not limited to cloth-based face coverings and disposable masks that cover both the mouth and nose.
- Responsible Parties should put in place measures to reduce bi-directional foot traffic of patrons/players/spectators walking through the space using barriers, tape, or signs with arrows on sidewalks, walking paths, aisles, or hallways. (Pg. 9)
- Responsible Parties should clearly designate separate entrances and exits, to the extent practicable. (Pg. 9)
- Responsible Parties should rearrange waiting areas (e.g. lines, parking areas) to maximize social distance among other patrons/players/spectators and minimize interaction with others in the area. (Pg. 9)
- Responsible Parties must ensure the cashier or ticket-taker wears a face covering when interacting with any patron/player/spectator. This process should be contactless to the extent practicable. (Pg. 9)
- Responsible Parties must ensure individuals not participating in sports or recreation activities (e.g. coaches, spectators) wear appropriate face coverings when they are within less than six feet of other individuals, unless a physical barrier is present. Additionally, employees must wear face coverings any time they interact with patrons/players/spectators, regardless of physical distance. (Pg. 9)

For spectators, the following additional safety measures apply: (Pg. 6)

- For sports events (e.g. games), Responsible Parties must limit spectators to **two** spectators per player.

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- Responsible Parties must ensure spectators maintain six feet of physical distance between individuals and/or family/household units at all times and all spectators must wear face coverings when they are in common areas and situations where six feet of distancing is not able to be maintained, so long as they are over the age of two and medically able to tolerate such covering.
- Responsible Parties may facilitate appropriate distancing through the use of markings on the ground or seating areas, and other signage.
- Responsible Parties must ensure that, among all spectators, no individual group exceeds the gathering limit that is currently in place for the region.
- Responsible Parties may facilitate appropriate gathering size through the use of signage and/or staff to ensure groups are aware of and adhere to guidelines.

The following information, pertaining to social distancing, is included the NFHS' "[Guidance For Opening Up High School Athletic and Activities](#)":

Social distancing during Contests/Events/Activities

a. Sidelines/benches

Appropriate social distancing will need to be maintained on sidelines/bench during contests and events. Consider using tape or paint as a guide for students and coaches.

b. Who should be allowed at events?

Group people into tiers from essential to non-essential and decide which tiers will be allowed at an event:

1. Tier 1 (*Essential*): Athletes, coaches, officials, event staff, medical staff, security
2. Tier 2 (*Preferred*): Media
3. Tier 3 (*Non-essential*): Spectators, vendors

Only Tier 1 and 2 personnel will be allowed to attend events until state/local health departments lift restrictions on mass gatherings.

PREVENTING TRANSMISSION:

The following information has been provided to State High School Athletic Associations by the National Federation of State High School Association (NFHS) to minimize COVID-19 transmission for interscholastic athletic participation.

Considerations for Coaches:

- Communicate your guidelines in a clear manner to students and parents.
- Consider conducting workouts in "pods" of same students always training and rotating together in practice to ensure more limited exposure if someone develops an infection.
- Keep accurate records of those athletes and staff who attend each practice in case contact tracing is needed.

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- Clean and disinfect frequently touched surfaces and exercise equipment.
- Pre and Post Game/ Contest Ceremony: Establish cross country specific social distancing meet protocols including the elimination of handshakes before and after the match.
- Social distancing of at least 6 feet should be maintained at all times. No hugging, shaking hands, or fist bumps for support/encouragement.

Considerations for Students:

- Consider making each student responsible for their own supplies.
- Students should wear their own appropriate workout clothing (do not share clothing), and individual clothing/towels should be washed and cleaned after every workout immediately upon returning home.
- Hand sanitizer should be plentiful at all contests and practices.
- Athletes should tell coaches immediately when they are not feeling well.
- Cloth face coverings are permitted.
- Bring your own water bottle.

Considerations for Officials:

- Bring personal hand sanitizer. Wash hands frequently
- Don't share equipment.
- Follow social distancing guidelines:
 - Pre and Post Meet conferences,
 - Consider using electronic whistle.
 - Do not shake hands.
 - Officials personnel may wear cloth face coverings at all times.

Considerations for Parents:

- Make sure student-athletes and immediate household members are free from illness before participating in practice and competition (if there is doubt stay home).
- Provide clearly labeled personal items for student-athletes.

According to the CDC's "[Considerations for Youth Sports](#)" guidance" (May 29, 2020) youth sports organizations may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

Staying Home when Appropriate

- Educate staff and player families about when they should stay home and when they can return to activity.
 - Actively encourage sick staff, families, and players to stay home. Develop policies that encourage sick employees to stay at home without fear of reprisal, and ensure employees aware of these policies.
 - Individuals, including coaches, players, and families, should stay home if they have tested positive for or are showing COVID-19 symptoms.
 - Individuals, including coaches, players, and families, who have recently had a close contact with a person with COVID-19 should also stay home and monitor their health.

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Do not allow spitting and encourage everyone to cover their coughs and sneezes with a tissue or use the inside of their elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.

Cloth Face Coverings

- Teach and reinforce the use of cloth face coverings. Face coverings are not intended to protect the wearer, but rather to reduce the risk of spreading COVID-19 from the person wearing the mask (who may not have any symptoms of disease). Face coverings may be challenging for players (especially younger players) to wear while playing sports. Face coverings should be worn by coaches, youth sports staff, officials, parents, and spectators as much as possible.
- Wearing cloth face coverings is most important when physical distancing is difficult.
- People wearing face coverings should be reminded to not touch the face covering and to wash their hands frequently. Information should be provided to all participants on the proper use, removal, and washing of cloth face coverings.
 - Note: Cloth face coverings should not be placed on:
 - Babies and children younger than 2 years old;
 - Anyone who has trouble breathing or is unconscious;
 - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.

Adequate Supplies

- If hand washing facilities are available, support healthy hygiene by providing supplies including soap, paper towels, tissues, and no-touch/foot pedal trash cans. If hand washing facilities are not available, provide hand sanitizer with at least 60% alcohol (for coaches, staff and older players who can safely use hand sanitizer).

SCREENING:

Although the NYSDOH [“Interim Guidance for Sports and Recreation During the COVID 19 Public Health Emergency”](#) encourages responsible parties to offer optional health screenings for patrons/ players/ spectators the [“Interim Guidance For In-Person Instruction At Pre-K To Grade 12 Schools During The COVID-19 Public Health Emergency”](#) (July 13, 2020) does state:

“Screening: Responsible Parties must implement mandatory health screenings, including temperature checks, of students, faculty, staff, and, where applicable, contractors, vendors, and

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visitors to identify any individuals who may have COVID-19 or who may have been exposed to the COVID-19 virus. Specifically, all individuals must have their temperature checked each day. If an individual presents a temperature of greater than 100.0°F, the individual must be denied entry into the facility or sent directly to a dedicated area prior to being picked up or otherwise sent home. Responsible Parties must also use a daily screening questionnaire for faculty and staff reporting to school; and periodically use a questionnaire for students, particularly younger students, who may require the assistance of their parent/legal guardian to answer. Remote health screening (e.g., by electronic survey, digital application, or telephone, which may involve the parent/legal guardian) before any individual reports to school, is strongly advised.”

To accommodate the mandatory health screenings, the NYSPHSAA COVID-19 Task Force is supportive of the use of the EzSCRN application. The EzSCRN application provides a unique online tool for schools to utilize if screening is part of their reopening plan as it complies with New York state and national restrictions and guidelines (i.e. Ed 2D Law, etc.). The EzScrn application allows a school or team to easily screen, trace and track students/ staff and immediately notify school administrators and health care officials of anyone exhibits COVID-19 symptoms. For more information on the EzScrn application visit: <http://www.nysphsaa.org/COVID-19-Info>

In addition, to the above guidance from the NYSDOH, the [*“Interim Guidance For In-Person Instruction At Pre-K To Grade 12 Schools During The COVID-19 Public Health Emergency”*](#) (July 13, 2020) document states:

- **Screening:** Protocols and procedures for mandatory health screenings, including temperature checks, of students, faculty, staff, and, where applicable, contractors, vendors, and visitors to identify any individuals who may have COVID-19 or who may have been exposed to the COVID-19 virus. Responsible Parties should consider limiting the number of visitors permitted on school grounds or in school facilities, and, if visitors are allowed, screening of such visitors;
- **Testing Protocols:** Process for the provision or referral of diagnostic testing for students, faculty, and staff for COVID-19, in consultation with local health department officials, when needed, which should include plans for testing of symptomatic individuals, close contacts of COVID-19 suspected or confirmed individuals, and individuals with recent international travel or travel within a state with widespread transmission of COVID-19 as designated through the New York State Travel Advisory, before allowing such individuals to return to in-person to the school;
- **Testing Responsibility:** Identification of who in the community is responsible for referring, sourcing, and administering testing (e.g., local health department testing site, physician offices, hospital system), particularly in the event that large-scale testing at the school is needed; and
- **Early Warning Signs:** Defined metrics that will serve as early warning signs that positive COVID-19 cases may be increasing beyond an acceptable level, as established by state and local health departments; define and deploy method(s) to monitor against such metrics.

MAINTAINING COHORTS:

According to the CDC's "[Considerations for Youth Sports](#)" guidance" (May 29, 2020) youth sports organizations may consider implementing several strategies to maintain healthy operations.

Identifying Small Groups and Keeping them Together (Cohorting)

- Keep players together in small groups with dedicated coaches or staff, and make sure that each group of players and coach avoid mixing with other groups as much as possible. Teams might consider having the same group of players stay with the same coach or having the same group of players rotate among coaches.
- Consider staging within-team scrimmages instead of playing games with other teams to minimize exposure among players and teams.

Staggered Scheduling

- Stagger arrival and drop-off times or locations by cohort (group) or put in place other protocols to limit contact between groups and with guardians as much as possible. One example is increasing the amount of time between practices and competitions to allow for one group to depart before another group enters the facility. This also allows for more time to clean the facility between uses.
- When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining a distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

NFHS On-Line Course

COVID-19 for Coaches and Administrators

The COVID 19 pandemic presents a myriad of challenges to high school athletic and activity programs. To help address some of those challenges, the National Federation of State High School Associations has developed "COVID-19 for Coaches and Administrators" linked below:

<https://www.nfhslearn.com/courses/covid-19-for-coaches-and-administrators>

The NFHS Sports Medicine Advisory Committee developed "[Guidance for Opening Up High School Athletics and Activities](#)" to aide state associations during this unprecedented event. The online course presents material from that document along with some other helpful information and materials to assist school administrators and coaches conduct workouts, practices and contests as safely as possible.



CONFIRMED CASES & RETURN TO SCHOOL:

NYSDOH Guidance (*Interim Guidance For In-Person Instruction*) July 13, 2020 states:

“Responsible Parties must establish protocols and procedures in consultation with the local health department(s), about the requirements for determining when individuals, particularly students, who screened positive for COVID 19 symptoms can return to the in person learning environment at school. This return to school protocol shall include at minimum documentation from a health care provider following evaluation, negative COVID 19 diagnostic test result and symptom resolution, or if COVID-19 positive, release from isolation Responsible Parties should refer to DOH’s [‘Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure’](#) regarding protocols and policies for faculty and staff seeking to return to work after a suspected or confirmed case of COVID-19 or after the faculty or staff member had close or proximate contact with a person with COVID-19.”

Included within the NYSDOH [“Interim Guidance for Sports and Recreation During the COVID 19 Public Health Emergency”](#) (June 26, 2020) CDC guidelines on [“Cleaning and Disinfecting Your Facility”](#) if someone is suspected or confirmed to have COVID-19 are as follows:

- Close off areas used by the person suspected or confirmed to have COVID-19.
 - Responsible Parties do not necessarily need to close operations, if they can close off the affected areas.
- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours before you clean and disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as offices, bathrooms, common areas, and shared equipment.
- Once the area has been appropriately cleaned and disinfected, it can be reopened for use.
 - Workers without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the work area immediately after cleaning and disinfection.
 - Refer to DOH’s [“Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure”](#) for information on “close and proximate” contacts.
- If more than seven days have passed since the person suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.
- For activities involving the handling of shared objects (e.g. payment devices), areas (e.g. pick-up area), and/or surfaces (e.g. doors), Responsible Parties must ensure that such areas and objects are cleaned and disinfected daily, at a minimum.

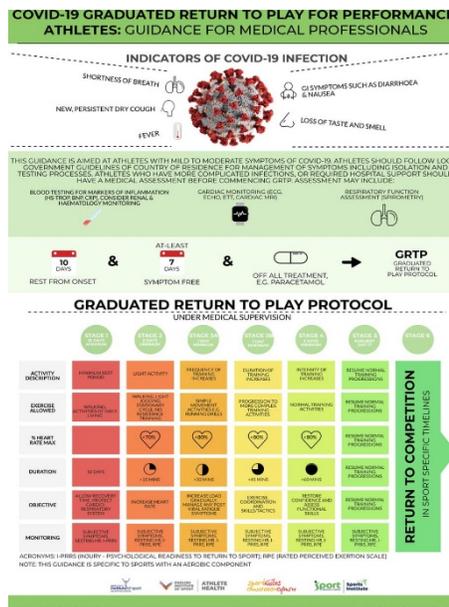
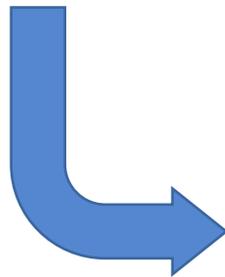
The following protocols are based upon the most current CDC guidelines as of July 21, 2020:

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In the event a student-athlete is found to be COVID-19 positive the following may be utilized:

1. Contact the Chief School Physician and make them aware of the diagnosis.
2. Immediate removal of the student-athlete from school and athletic participation.
3. Refer the student-athlete to their primary care physician for guidance.
4. Use contact tracing to identify potential at risk persons who may have had close contact (close contact is defined in most literature/protocols as exposure to a person within 6 feet for >15 minutes with or without a mask).
5. Document those persons who are determined to be "at risk" and refer them to their primary care physician.
6. At the discretion of the primary care physician, individuals who are deemed "at risk" may be required to self-isolate and monitor symptoms for 14 days AND/OR obtain a COVID-19 test for verification.
 - A. Those who test positive and develop symptoms in isolation, should then monitor symptoms for 10 days after onset and be fever free for 24 hours before returning to school or sport
 - B. Those who test positive and do not develop symptoms can return after 10 days from the initial positive test.

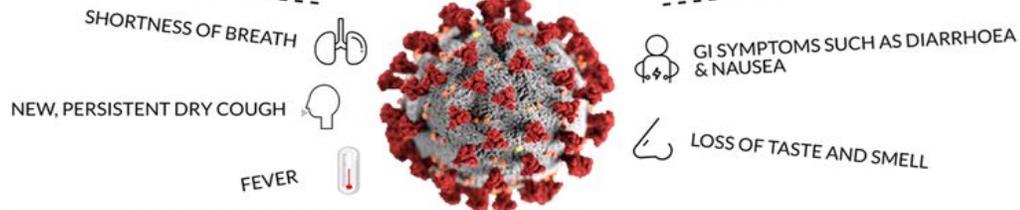
The chart on the next page could be used to return student-athletes to participation following a positive COVID-19 diagnosis:



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COVID-19 GRADUATED RETURN TO PLAY FOR PERFORMANCE ATHLETES: GUIDANCE FOR MEDICAL PROFESSIONALS

INDICATORS OF COVID-19 INFECTION



THIS GUIDANCE IS AIMED AT ATHLETES WITH MILD TO MODERATE SYMPTOMS OF COVID-19. ATHLETES SHOULD FOLLOW LOCAL GOVERNMENT GUIDELINES OF COUNTRY OF RESIDENCE FOR MANAGEMENT OF SYMPTOMS INCLUDING ISOLATION AND TESTING PROCESSES. ATHLETES WHO HAVE MORE COMPLICATED INFECTIONS, OR REQUIRED HOSPITAL SUPPORT SHOULD HAVE A MEDICAL ASSESSMENT BEFORE COMMENCING GRTP. ASSESSMENT MAY INCLUDE:

BLOOD TESTING FOR MARKERS OF INFLAMMATION (HS-TROP, BNP, CRP). CONSIDER RENAL & HAEMATOLOGY MONITORING

CARDIAC MONITORING (ECG, ECHO, ETT, CARDIAC MRI)

RESPIRATORY FUNCTION ASSESSMENT (SPIROMETRY)

10 DAYS
REST FROM ONSET



AT-LEAST
7 DAYS
SYMPTOM FREE



OFF ALL TREATMENT, E.G. PARACETAMOL



GRTP
GRADUATED RETURN TO PLAY PROTOCOL

GRADUATED RETURN TO PLAY PROTOCOL

UNDER MEDICAL SUPERVISION

	STAGE 1 10 DAYS MINIMUM	STAGE 2 2 DAYS MINIMUM	STAGE 3A 1 DAY MINIMUM	STAGE 3B 1 DAY MINIMUM	STAGE 4 2 DAYS MINIMUM	STAGE 5 EARLIEST DAY 17	STAGE 6
ACTIVITY DESCRIPTION	MINIMUM REST PERIOD	LIGHT ACTIVITY	FREQUENCY OF TRAINING INCREASES	DURATION OF TRAINING INCREASES	INTENSITY OF TRAINING INCREASES	RESUME NORMAL TRAINING PROGRESSIONS	RETURN TO COMPETITION IN SPORT SPECIFIC TIMELINES
EXERCISE ALLOWED	WALKING, ACTIVITIES OF DAILY LIVING	WALKING, LIGHT JOGGING, STATIONARY CYCLE, NO RESISTANCE TRAINING	SIMPLE MOVEMENT ACTIVITIES E.G. RUNNING DRILLS	PROGRESSION TO MORE COMPLEX TRAINING ACTIVITIES	NORMAL TRAINING ACTIVITIES	RESUME NORMAL TRAINING PROGRESSIONS	
% HEART RATE MAX		<70%	<80%	<80%	<80%	RESUME NORMAL TRAINING PROGRESSIONS	
DURATION	10 DAYS	<15 MINS	<30 MINS	<45 MINS	<60 MINS	RESUME NORMAL TRAINING PROGRESSIONS	
OBJECTIVE	ALLOW RECOVERY TIME, PROTECT CARDIO-RESPIRATORY SYSTEM	INCREASE HEART RATE	INCREASE LOAD GRADUALLY, MANAGE ANY POST VIRAL FATIGUE SYMPTOMS	EXERCISE, COORDINATION AND SKILLS/TACTICS	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS	RESUME NORMAL TRAINING PROGRESSIONS	
MONITORING	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE)
NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT



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