

PLAYER'S HEALTH



COVID-19 Return to Play Manual



On March 11th, the NBA suspended play due to positive COVID-19 tests among players. The NHL quickly followed suit and shortly after, all professional leagues shut down. For many, the NBA's suspension of play was a wake-up call to the severity of the threat posed by the Coronavirus. Since then, sports – professional, college and amateur — have been postponed indefinitely. In light of states beginning to 'reopen' as the beginning of the summer season kicks off, it is pivotal for sporting organizations to outline and enact a Return to Play Protocol aimed at maintaining player and staff safety above all else. What does it look like to Return to Play during an active pandemic and how do we safely do it? The path we lay in the following months is essential for the future of sport. In this document, we will outline and facilitate information to help you setup your organization for Return to Play amidst the COVID-19 Pandemic.

Before proceeding, there are considerations that should be weighed. By re-opening your program:

- **There is a high probability for contagion exposure**
- **Your program will experience increased risk and exposure**
- **The total number of cases in your area, county and/or state/province**
- **You need a testing capability**
- **Contact tracing must be possible**

Before developing a Return to Play Manual, you should decide when you want to begin restructuring your program to align with Public Health and CDC recommendations. For example, Josh Krusewski, Executive Director of the Connecticut Junior Soccer Association, estimates January 2021 to be the earliest organized soccer training will return in his state. "Let's call it what it is – the spring is already gone and the summer is probably already gone," Krusewski said. "I just think there are too many boxes to be checked for the fall to even get off the ground. Rec departments and municipalities are all going to have their own Return to Play plans. They're not going to release any fields until they're ready to go."¹ For high-risk sports, you may be waiting to implement your Return to Play Manual for a longer period despite ongoing reopening efforts.

If the timing is right for your organization and you can envision a path to RTP, you must begin assessing the costs and benefits of RTP. Factors your organization must consider include:

- **Career aspirations (of athletes, coaches, staff)**
- **The potential presence of high-risk individuals (athletes, parents, coaches, staff)**
- **What is the overall state of your local health facilities**
- **Is there an existing burden on the local medical facilities**
- **Are the parents interested in returning their children to play**

¹ <https://www.aspenprojectplay.org/coronavirus-and-youth-sports/reports/2020/4/30/how-will-youth-sports-return-to-play-usopc-offers-first-glimpse>

Assessing Risk within Your Organization

Assessing risk in your organization can be difficult with so many unknowns in the midst of a pandemic. The best way to start preparing your Return to Play (RTP) Manual is to begin writing out the risks and benefits of reopening your sports program. Assessment will give you an understanding of your environment to better cater your RTP to protect athletes, staff, coaches, parents and anyone else involved. Building a successful Return to Play Manual means building safety measures and protocols that minimize or mitigate the risk you could be exposed to.

At a glance, there are many benefits to kids playing sports and getting exercise. After all, the CDC still recommends kids receive at least 60 minutes of physical activity each day.² However, how do we know if it is the right time to bring back youth sports based on what we know about the virus.

“That’s really, really hard, and it’s a highly personal decision and judgment,” Emory University epidemiologist Zachary Binney suggests. “It probably has to be a family-specific decision and you should be clearing any plan with local public health officials about whether you’re creating an unacceptable risk for the broader community. It’s all a risk-benefit analysis and there are no easy answers.”³ Deciding to reopen will mean overcoming fears of infection. Parents will want to know everything put in place to protect their child.

“I wouldn’t recommend opening youth team practices, and certainly not youth competitions with spectators, until we have demonstrated that we have the virus under control,” said Dr. Andrew Stolbach, an emergency physician and faculty member at Johns Hopkins University School of Medicine. “We shouldn’t even open schools until a given area has demonstrated that cases are decreasing, and hospitals can offer tests and treatment to all who need those services. Youth sports should be a lower priority than schools, because they present most of the same risks without all of the same societal benefits.”⁴

A big challenge for sports organizations will be their ability to test their athletes and manage contact tracing. One possibility is keeping sports teams localized initially. Leagues would be created with players who live within a certain radius. This will keep information localized and keep contact within a specific geographic area. This means the format of competition will have an impact on how quickly you are able to Return to Play. Teams that travel large or small distances can create a risk of infection to a new geographic area.

² <https://www.aspenprojectplay.org/coronavirus-and-youth-sports/reports/2020/4/30/how-will-youth-sports-return-to-play-usopc-offers-first-glimpse>

³ <https://www.aspenprojectplay.org/coronavirus-and-youth-sports/reports/2020/4/30/how-will-youth-sports-return-to-play-usopc-offers-first-glimpse>

⁴ <https://www.aspenprojectplay.org/coronavirus-and-youth-sports>

This means teams will likely not travel outside state/province, county and possibly town/city lines. Travel leagues will be on the later end of the Return to Play plan unless they can implement a high level of testing and contact tracing early on.

We have seen pro sports, most recently Major League Baseball's Commissioner Rob Manfred, talk about the need for testing. It is essential to contain the player's so they are able to provide contact tracing in the event that they were to test positive for the Coronavirus. Bundesliga, one of the first professional sports leagues to return, suspended a coach from attending a game because they left the mandatory 14-day quarantine to get toothpaste. This highlights the need to control the circumstances of the leagues to lower the risk of exposure. As noted by many health officials, this is easier to accomplish at a professional level because they are adults who can be contained as part of their profession. When dealing with amateur athletes, you cannot have the same level of control.

"Pro sports without fans is easiest to return because of the sheer resources involved and the fact these are adults you can sequester in an area and minimize the chances of bringing the infection back," said Emory University epidemiologist Zachary Binney. "College is the hardest because it has to take place in the context of a college, which means it has to be open. You still need to not have fans and modify travel schedules. Youth is in the middle because they don't have the resources, but they can be highly localized, so it's relatively easy to return if you're in an area that has suppressed the virus."⁵

Some areas, cities and states/provinces will recover sooner than others. A recent American Enterprise Institute report offered key milestones for reopening local economies:

- **Hospitals in the state/province must be able to handle the demand and safely treat all patients requiring hospitalization, without resorting to crisis standards of care.**⁶
- **A state/province needs to be able to at least test everyone who has symptoms.**⁷
- **A state/province is able to conduct monitoring of confirmed cases and contacts.**⁸
- **There must be a sustained reduction of cases for at least 14 days.**⁹

⁵ <https://www.aspenprojectplay.org/coronavirus-and-youth-sports/reports/2020/4/30/how-will-youth-sports-return-to-play-usopc-offers-first-glimpse>

⁶ <https://www.aei.org/wp-content/uploads/2020/03/National-Coronavirus-Response-a-Road-Map-to-Recovering-2.pdf>

⁷ <https://www.aei.org/wp-content/uploads/2020/03/National-Coronavirus-Response-a-Road-Map-to-Recovering-2.pdf>

⁸ <https://www.aei.org/wp-content/uploads/2020/03/National-Coronavirus-Response-a-Road-Map-to-Recovering-2.pdf>

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The Phases of Re-entry

While creating your Return to Play Plan, you should not expect an immediate return to pre-COVID play. Your protocol needs to be adaptable to the different phases of social distancing enforced by governments or local authorities. Don't plan to move through these phases in a linear fashion. Instead, build a flexible and adaptable plan that leaves room for adjustment from authorities in your area. You may move back and forth between phases as we move towards the ability to fully open. One major difficulty in creating any kind of protocol is the fluidity of the current situation. Reopening efforts in Asia and Europe have seen the possibility for flare ups. This means until a vaccine or treatment for the Coronavirus is available, there will be a slow and steady return to pre-COVID conditions. Expect an extended time period of cycling between mitigation efforts and cancellation.

The United States Olympic and Paralympic Committee (USOPC) has published a five phase Re-entry plan on how to return to training and game play based on Public Health requirements. The phases below were built for higher levels of competition. Organizations should adapt them to meet their own particular circumstances. As seen below, the stages are organized based on levels of social distancing needed. Some sports will be able to return at a much earlier stage than others based on their ability to meet the social distancing requirements. For example, running versus football. In each of the first four phases, it is recommended that personal protective equipment is used.

Phase 1: Lockdown and full social distancing.

Training should only happen individually in the safety of the athlete's home using his or her own equipment. Any coaching that is to be made available should happen through virtual means.¹⁰

Phase 2: Lockdown restrictions lifted but group activities and public facilities are closed.

As some states/provinces are beginning to enter into this phase, — no coaches or other athletes should be present during individual training. These sessions occur at home or outside while maintaining social distancing and using only personal equipment.¹¹ Families of athletes may find open space to train or have a casual workout/practice.

¹⁰ <https://www.aspenprojectplay.org/coronavirus-and-youth-sports/reports/2020/4/30/how-will-youth-sports-return-to-play-usopc-offers-first-glimpse>

¹¹ <https://www.aspenprojectplay.org/coronavirus-and-youth-sports/reports/2020/4/30/how-will-youth-sports-return-to-play-usopc-offers-first-glimpse>

Phase 3: Gathering of 10 or less for light organized activities.

The criteria the USOPC's has put together for group training is as follows:

- **Coaches, staff and athletes must show no signs or symptoms of COVID-19 in the past 14 days**
- **They must have remained in the training location for 14 days prior to starting group training**
- **Have had no close contact with anyone who is sick within the previous 14 days**
- **Additionally, two negative COVID-19 tests separated by 24 hours or serology tests demonstrating prior infection, but no current infection could be alternatives to return to group training, if the science and testing allow this.**

All participants should continue to use their own equipment and avoid making contact with their hands. For sports using a ball, ensure only one player is using a specific region of the court and/or basket at a time. Each area must be cleaned prior to another player using the ball in that space to prevent indirect transmission from the ball.¹²

Phase 4: Public training facilities may open no limitations on group size.

Activities with direct contact (such as wrestling) or indirect contact (such as high jump pit and basketball) can resume. This will have restrictions and limitations on travel and gameplay. This will be full training for teams to come back together.¹³

Phase 5: Vaccine developed.

This phase is full re-entry as things were pre-COVID. "Until COVID-19 is either eradicated, a vaccine is developed, or a cure is found, there is no way of completely eliminating the risk of fatal infection," the USOPC said. "This should always be in the forefront of your mind when designing your return to training program."¹⁴

¹² <https://www.aspenprojectplay.org/coronavirus-and-youth-sports/reports/2020/4/30/how-will-youth-sports-return-to-play-usopc-offers-first-glimpse>

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Creating Your Return to Play Protocol

In creating your Return to Play protocol, there are a number of factors to take into consideration. We recommend that organizations follow the regulations and advice set out by relevant authorities. This is about creating the safest possible environment for your staff, coaches and athletes. This may mean adhering to federal/state/local government laws, school district regulations, or your specific sport's governing body. That said, one major difficulty in creating any kind of protocol is the fluidity of the current situation and the different context of each sporting organization. What works for one organization may not be suitable for yours and what is a good protocol today may be inappropriate in a week. With all that in mind, there are a number of key issues that should be taken into consideration when creating your Return to Play protocol.

Where should I look for information?

- It is important to pay attention to recommendations at the federal, state/provincial, and local level — although perhaps the most important is the local level. Rather than attempting to make broad sweeping decisions regarding a Return to Play, it is best to find out how your particular region is being affected by COVID-19 and respond accordingly. You can also look at what your particular sport is doing to explore a Return to Play or what larger organizations are doing and adapt your protocol according to their recommendations.

Communication of your Protocol

- You should plan for how you will communicate your new protocol to all people tied to the organization. What will be the most effective method of communication? Should it be done via phone? Email? A mandatory webinar? It is pivotal that your protocol is written and communicated in a clear and precise manner that leaves no opportunity for ambiguity.
- Consider posting reminder signage throughout facilities wherever possible to remind all players and spectators to maintain social distancing.

Stakeholder Perspective

- When creating your protocol, it is important to consider each aspect from the perspective of your multiple stakeholders. How will this impact coaches, organization staff, athletes, families of athletes, and spectators? For example, a coach or athlete might have a healthcare worker at home who works in a hospital. Do you exclude that individual on the basis that they might put other people at risk?

Enforcing of Protocol: Is this protocol doable and how will we get it done?

- It is one thing to develop a Return to Play plan, but in designing it you need to take into consideration whether it is enforceable. Staying apart might be workable in your sport, but if you're working with 8 year olds, chances are it won't last long.
- You will also need to consider who will be ensuring that the protocol is followed. Will athletes and coaches be expected to police themselves or will you hire staff to do so? Perhaps use volunteers who will serve as "crowd busters." These volunteers could walk around fields and facilities to politely but firmly ask any groups of parents or players to disperse and maintain appropriate distancing.
- If you do hire new staff or take on volunteers you should consider qualifications and training. How will you train them in the new protocol? How will you train coaches and athletes? The margin for error is slim to none. If your protocol is complex and difficult to understand, it will probably not work.

Infection mitigation: What can you do to prevent the spread?

• Physical Contact

- Physical contact between players and coaches should be kept to the absolute minimum. Avoid "high fives," handshakes, or other types of physical touching. This may be difficult as players enjoy celebrating with their teammates, but we need to be diligent at enforcing this protocol for health and safety of our players.

• Masks

- We will require all coaches to wear CDC-recommended appropriate face coverings during training sessions. Players will also be allowed to wear masks while training, but this will be a personal choice of the player.

• Sanitization

- Ensure that there is access to hand sanitizer in and around your primary facilities, especially entrances and high-traffic areas. We encourage you to supply your player with hand sanitizer for personal use.
- Make sure that you have a plan for the sanitization of equipment and facilities after use. Consider whether this will require additional maintenance staff. Don't assume that coaches and players can manage this themselves.
- Central on-field facility structures should be cleaned and disinfected daily, as well as any railings attached to nearby/attached stairs. To limit traffic in these areas we suggest that players/parents/coaches enter these facilities only for official business with coaches or staff.

- **Equipment**

- If possible, assign equipment to single individuals. If you use practice jerseys each player should use the same one each time. If you have an apparatus that all need to use, then consider whether you can sanitize it between each individual use or whether it should be momentarily phased out. Sometimes players may help gather equipment after each practice session for proper storage. In order to avoid unnecessary touching by players on this equipment, consider asking coaches to handle all the retrieval and storage of equipment.

- **Social Distancing**

- Is it possible for social distancing in your sport? What are some alternatives to the whole team gathering? What would it take to set up virtual coaching?

- **Player Health**

- Have players send in their temperature readings to ensure they are healthy to be around others. Have a process set up for them to report signs and symptoms of COVID.

Financial consideration

- The reality of this situation is revenue will be down, and operating costs are going to go up. Enacting much of your protocol will cost a great deal in resources. Do you have the resources to Return to Play and still be able ensure the safety of your coaches, players and staff?
 - Cancelled events
 - Wages and possibly new wages
 - Supplies
 - Increased Equipment

Medical plan

- In returning to play you are increasing your risk and exposure. You should be planning for what happens should someone tied to the organization become sick. What are your next steps? Do you have contact tracing capabilities? Do you have the means for testing in possible infected individuals? Are there adequate medical facilities for caring for sick individuals? Can your local medical system increase capacity?

Insurance and Waivers

- Most insurance policies have exclusions for contagions. That means you aren't able to transfer the risk if a lawsuit or other action is presented to you. Ensure that you have built a plan that is proactive and preventative in nature. A great way to release risk is through a waiver. We have provided a sample waiver in the appendix of this manual to help you. A disclaimer, we are not providing legal advice, rather a framework for you to ask for professional legal advice. The most important piece in all of this is ensuring the safety of everyone involved in your organization.

These are all considerations to keep when building your Return to Play Manual. This is about providing a safe place for kid to return to the sports they so dearly love. If you can't ensure safety, then you may reconsider when the right time is to plan to open your organization. There is a strong need to be able to test your organization and provide contact tracing.

The Need for Testing – Player's Health and JDP

In order to safely Return to Play, your organization will need the ability to test. We have seen this throughout government conversations in order to allow businesses to open. Just recently, Rob Manfred the Commissioner of Major League Baseball (MLB), has asserted the need for testing and contact tracing in order for the league to successfully start the season.

In the week of April 20-26, thirty-one (31) states were not conducting enough COVID-19 testing to consider relaxing stay-at-home orders after May 1.¹⁵ However, Montana has been able to test at or close to the need and American Legion Baseball has begun practicing with split-squad sessions. The season could begin by the end of May with a limitation put on the number of attendees.

Contact Tracing

Contact tracing is an important step because it allows you to prevent the further spread of COVID-19 if someone in your organization tests positive. Create a system where family units track their contact and report to you on a weekly schedule and track it in a master file. You will want to have this information ready if ever needed. If someone shows symptoms, you will have a web of connections to contact if the test were to come back positive and you can alert them to quarantine for the required 14 days.

To build a contact tracing system, you will want to consider the following points:

- Who has the player been in contact?
 - Immediate family
 - Extended family
 - At practice
 - During Gameplay
 - At school,
 - Etc...

Testing

Clinical understanding of the utility of SARS-CoV-2 serology testing is evolving rapidly. At this time, the potential clinical utility of the test(s) include:

- Investigating who has been in contact with the virus
- Exposure studies for a population

¹⁵ <https://www.statnews.com/2020/04/27/coronavirus-many-states-short-of-testing-levels-needed-for-safe-reopening/>

- Helping assess if an individual with recent symptoms suggesting COVID-19, but who did not undergo molecular diagnostic testing for SARS-CoV-2 or who was tested but who results were negative, likely had COVID-19, and
- Helping assess those who suffer COVID-19 symptoms yet test negative for SARS-CoV-2 NAA and negative for other respiratory pathogens.

A positive serologic result indicates that an individual has likely produced an immune response to the SARS-CoV-2 virus. A negative serologic result suggests that an individual has not developed detectable antibodies at the time of testing. While contingent on a variety of factors, a negative result could be due to testing too early in the course of infection, the absence of exposure to the virus, or the lack of adequate immune response, which can be due to the conditions or treatments that suppress immune function. Confirmation of infection with SARS-CoV-2 must be made through a combination of clinical evaluation and other applicable tests. Decisions about ongoing monitoring, treatment, or return to normal activities for patients being treated for suspected infection with SARS-CoV-2 should also be made in accordance with guidance from public health authorities.

Testing will ensure that you are maintaining a safe environment for everyone in your organization. In order to set up the capability of testing in your organization, you will want to ensure you have all of the elements ready to go before a test is needed. In order to set up your process, consider these steps:

- 1. Find a site march for testing**
- 2. Get pricing details**
- 3. Review setup is sufficient with the provider and pricing**
- 4. Build the documentation to provide to the testing site**
- 5. Build testing protocol**

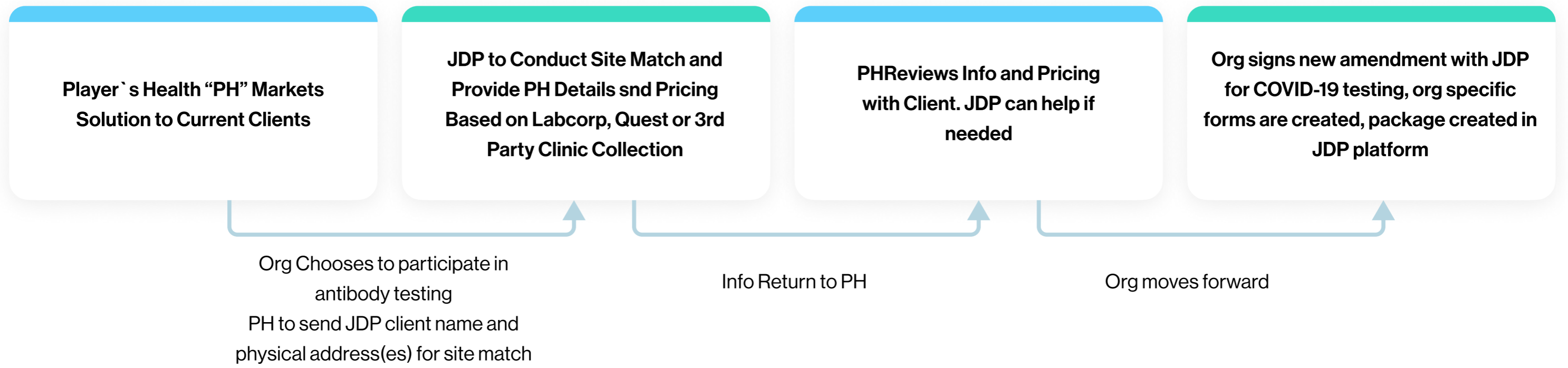
In building your testing protocol, ensure that a test can be administered as quick as the system can allow so that the organization can make the appropriate decisions. In building your testing protocol, follow these considerations:

- 1. Place an order or determine that an someone in the organization should be tested**
- 2. Fill out the appropriate forms to submit for testing**
- 3. Submit to the testing facility**
- 4. Applicant takes the forms to the testing site to have the test administered**
- 5. The specimen goes off to a lab to be tested**
- 6. The results are provided to the applicant**
- 7. The applicant must report the results to the organization**
- 8. If a positive test, involve your local public health to manage the cased**

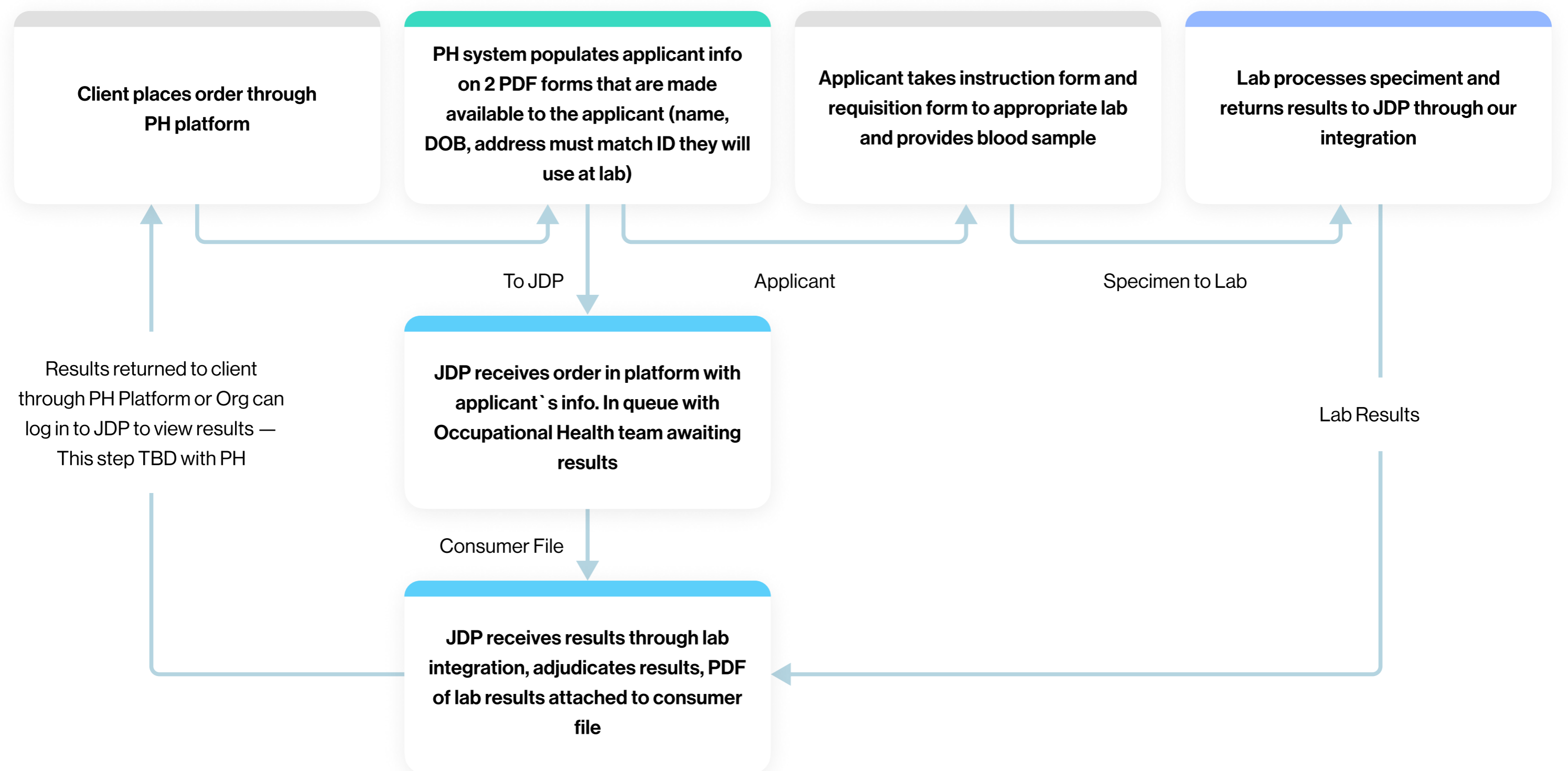


The diagram below lays out a simplified testing protocol with our partner JDP using our software. We can streamline and set up a process to give you the testing capability you need quickly and accurately. You will get your results digitally through both our Player's Health system and the JDP system. If we can partner with you to help in any way, please let us know.

Client Setup



Client Ordering



A Return to Sports. **We are in this together!**

A Return to Play will benefit many of us and provide a sense of 'normal' in our lives. It will help kids get active again and it will help boost the economy by supporting those that have built their livelihoods around the world of sport, this organization included. However, we cannot rush into a Return to Play without the proper planning and resources. Without rigorous testing and contact tracing we could open up our children and ourselves to considerably more risk. Nevertheless, we should continue to hope and plan that this too will pass, and the sun will again shine down on cracking bats, breaking huddles, and team wide celebrations.



Sports will be **back!**

