

AZCFL 2020-2021 COVID-19 Recommended Protocols and Guidance

This document contains guidelines for establishing a minimal set of standards to assist teams in resuming participation. Understand that while these recommendations are scientific, neither we nor anyone can guarantee prevention of illness or injury during athletic participation. Attempting to play sports during the COVID-19 pandemic involves significant risk. The strategies and guidelines outlined in this document are recommended to mitigate that risk to a level that allows for safer participation in sport while COVID-19 continues to be present in the community. There can be no guarantee of safety in a contact sport. This document does not supersede any state or federal guidelines in place for the COVID-19 pandemic. These recommendations are subject to change. Each team is responsible for implementing appropriate safeguards for resumption of play. The AZCFL is not liable for anyone who contracts COVID-19 while practicing, playing or participating in any manner.

All athletes, coaches, and other support staff must be free from symptoms for at least 14 days and no individual may be in close contact with anyone who is sick within that 14 day period before group in-person training may begin.

Promoting general behaviors that reduce the spread of illness

- Stay home when sick
- Wash hands (with soap and hot water for recommended 20 seconds)
- Discouraging spitting
- Cover your mouth and face if you sneeze or cough
- Shower immediately upon arriving home and wash hands after placing clothes in a place to be washed that other people living in your house are not in contact with
- Avoid touching face with hands, Avoid physical contact after activity until properly sanitized: No high fives or fist bumps, hugs
- Athletes, coaches, and staff should be strongly encouraged to use masks when in all indoor spaces or when not actively participating in rigorous physical activity. This is inclusive of the training room and weight rooms. Cloth face coverings are adequate (surgical or N95 masks, while also acceptable, are not necessary). The CDC website has complete references for mask specifications and maintenance. The garment should cover both the nose and mouth and allow for continued unlabored breathing.
- Wearing gloves has not been shown to decrease transmission of the virus. Recommendation is for frequent hand washing and avoidance of touching the face.
- Ensure vaccinations are up to date, Flu vaccination is also strongly recommended

Social Distancing

- Social distancing should be encouraged at all times (six feet at a minimum).
- Consider limiting staff to only essential personnel.
- Take into account the capacity of rooms/buildings and consider a reduction in this number.
- Large social gatherings in any spaces should be discouraged.
- Virtual team meetings should take place when possible.
- When at practice or in competition, any unnecessary contact should be avoided such as handshakes, high fives, fist bumps, or elbow bumps.

- In all common areas, seating should be spaced six feet apart. Large social gatherings in any spaces should be discouraged.
- Athletes should sit every other seat on a bench when possible. They should consciously stand six feet apart when not participating in a drill or activity that requires closer contact.

Maintaining healthy environments & operations

- Outdoor practice when possible using modified layouts and social distancing, Maintain at least 6 feet of distance between all people present
- Closure of locker rooms, water fountains, and common showers until declared safe to open by local public health departments and school districts is recommended
- Athletes shall come to play and leave immediately after practice, Discourage athletes grouping together before/after practice
- No shared objects: Each participant shall have his/her own protective gear
- Water bottles: Athletes shall fill up their own water bottle in a contactless system when possible. If contactless system is unavailable then a designated person shall fill water bottle while athlete holds his/her bottle. Alternatively, athlete shall use hand sanitizer before and after filling up his/her water bottle
- All gear such as balls and tees, shall be disinfected before and after all training sessions. If equipment must be shared, limit to one small group and clean and disinfect between uses
- Identifying small groups and keeping them together (cohorting). Below guidelines CDC recommendation for sanitization. https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf
- Temperature checks are suggested
- Outside observers shall not be permitted to stay and observe practices particularly those in a facility
- Keep player's belongings separated from others'
- Encourage athletes to be transported to games/competitions by person living in the same household or travel alone
- Athletic training staff may begin treating athletes on a limited basis as long as guidelines for social distancing and practices to maintain a healthy environment and healthy operations are followed
 - Only one athlete shall receive treatment at a time
 - Athlete and athletic trainer shall wear a mask at all times while in athletic training facility and/or when receiving treatment
 - Athletes who can wear a brace that they put on themselves shall wear a brace rather than being taped by an athletic trainer.
 - Athletic training areas shall be disinfected before and after each athlete receives treatment
 - At least 6 feet of distance shall be maintained between athlete and athletic trainer when there is no hands-on treatment; Hands-on treatment should be minimized

Travel Considerations

- Teams will need to be willing to share information regarding potential positive cases and exposures.
- Travel should be limited and when possible done by charter bus or air. Whenever reasonable, minimize travel outside of your community

- Social distancing should be maintained, including masking. When on a bus, social distancing is needed with no two athletes sitting in the seats next to each other.
- Preparations should be made for limited stops when en route (such as prepackaged meals).
- Overnight stays should be avoided when reasonable with game schedule. Games should be scheduled in groups in a geographic area when travel is necessary. If an overnight stay is necessary, recommendation is for no more than two people in a room with their own sleeping space.

Limitations of Activity due to COVID-19 positive athletes, coaches, or athletic staff on a team

- Notify team COVID-19 point of contact immediately
- Do not come to practice or sports activity and do not return until he/she has met the CDC's criteria to discontinue home isolation and have been cleared by a physician.
- Avoid contact with other members of team
- Follow directive from county and state health department
- If athlete, coach, or staff member becomes sick at athletic practice/contest/event:
 - Remove person who is sick from contact with anyone else present
 - Notify team/league COVID-19 point of contact
 - Area where individual was when they became sick should be closed for a minimum of 24 hours and then cleaned and disinfected per CDC protocol
 - All close contacts of the sick individual shall be sent home immediately and should monitor for symptoms over a 14-day period. If symptoms develop the sick individual will follow the return to play guidance for a sick athlete.
 - If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary
- **Definition of a close contact**
 - *Individual (mask or no mask) who has been <6 feet for greater than 15 minutes (does not have to be consecutive), has had direct physical contact, or who has had direct exposure to infected body fluids with a person who has tested positive for COVID-19 (with symptoms or without symptoms).*
 - *Period of contact occurred from 2 days before symptom onset or positive test whichever is first until that individual meets criteria for discontinuing home isolation.*
- Athletes who have positive COVID-19 test will require clearance by a qualified medical professional to return to practice and will have return to play protocol outlined by the their physician that must be followed due to the risk of cardiac complications from COVID-19
- An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.
- Anytime there are multiple members of a team who develop COVID-like symptoms or have a positive COVID19 PCR test a consideration of suspending athletic activity should be considered.
- The number of team members, coaches, or staff working with a team who develop acute COVID-like illness or positive COVID-19 PCR tests on a team that call for a suspension of in person activities is defined as >2 members per team for teams with 25 or more members and 2 members for teams with less than 25 members.

- Once the above numbers are reached, all team activities should be paused for a minimum of 8 days from the last exposure of the team to the sick individual. The time should be extended if other members of the team develop symptoms.
- The team should not resume activities until 8 days have passed from start of symptoms of the last team member to develop symptoms or the last member to have a positive COVID-19 PCR test.
- All athletes, coaches and staff with acute COVID-like illness or positive COVID-19 PCR testing will be quarantined for at least 14 days and then will be cleared only by a health care professional

Returning to Participation Following COVID Exposure or Diagnosis

Should an athlete have a positive COVID-19 test they will need to follow the return to participation protocol outlined below. Individuals who have had COVID-19 are at risk of developing severe cardiac complications that can affect participation in sport. There is limited research in this area to standardize clinical decision making. Evaluation and management by the primary care provider allows for the patient's past medical and cardiac history to be known.

Athletes have a minimum of 14 days to establish and arrange an appointment with a primary care provider for clearance to begin the return to sport protocol.

The evaluation to determine whether an athlete is ready to begin the return to play progression must include:

- Symptoms are resolved or nearly resolved, any remaining symptoms are not interfering with daily activities without medication YES NO
- No fever ($\geq 100.4F$) for minimum of 14 days without fever reducing medication YES NO
- COVID-19 respiratory and cardiac symptoms (moderate/severe cough, shortness of breath, fatigue) have resolved YES NO
- Athlete was not hospitalized due to COVID-19 infection. YES NO
- Chest pain/tightness with daily activities YES NO
- Unexplained/excessive dyspnea/fatigue w/ daily activities YES NO
- New palpitations YES NO
- Heart murmur on exam YES NO

*If any cardiac screening question is positive or if athlete was hospitalized, had prolonged fevers (greater than 3 days), further workup is recommended based on the Return to Play After COVID-19 Infection.

SUSPENSION OR DISCONTINUATION OF COMPETITION CONSIDERATIONS

- Inability to isolate new positive cases and/or quarantine high risk contacts.
- Lack of ability to secure cleaning materials or staff needed to maintain a safe environment.
- Inability to perform adequate contact tracing.
- Staff members, coaches or students not following mitigation standards put forth after appropriate education and warnings have been instituted.

COVID-19 Self Screening

COVID-19-specific questions should be included in the self-screen to include:

1. Have you tested positive for COVID-19?
2. Have you had any known exposure to a COVID-19-positive individual?
3. Have you been tested for COVID-19?

IF Yes, were your results positive and what date was the test? _____

4. Have you had any new onset of cough or shortness of breath?
5. Have you experienced any recent fever? (temp > than 99.5° F)
6. Have you had known exposure to a COVID-19-positive individual?
6. Have you experience any of the following symptoms in the past 7 days? Circle all that apply
 - Fever (reported or measured)
 - Loss of smell and/or taste
 - Sore throat
 - Cough
 - Difficulty breathing
 - Body aches
 - Runny nose
 - Sinus congestion
 - Headache
 - Lymph node enlargement
 - Contact with COVID19 positive person

High Risk groups as defined by CDC:

- People over the age of 65 and/or who live in a nursing home or long-term care facility
- People of any age who have a serious underlying medical condition, especially if it is not well controlled for example:
 - cancer
 - serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - weakened immune systems from solid organ transplant
 - sickle cell disease
 - Type 1 & 2 diabetes mellitus
 - chronic kidney disease
 - obesity (BMI >30)
 - asthma (moderate-to-severe)
 - Cerebrovascular disease
 - cystic fibrosis
 - hypertension or high blood pressure
 - immunocompromised state (weakened immune system) from blood or bone marrow transplant,
 - immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
 - neurologic conditions, such as dementia
 - liver disease
 - pregnancy
 - pulmonary fibrosis (having damaged or scarred lung tissues)
 - smoking
 - thalassemia (a type of blood disorder)
 - children who have medical complexity, neurologic, genetic, metabolic conditions, or who have congenital heart disease