Covid-19 Return to Play Guidelines Anaheim Hills Little League

Anaheim Hills Little League (AHLL) will implement the following guidelines during the Covid-19 pandemic. These practices have been compiled using guidelines from Little League International, US Centers for Disease Control and Prevention (CDC), California Department of Public Health, City of Anaheim and Major League Baseball.

This plan has been reviewed and approved by the AHLL Board and is subject to change.

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx

General Guidance:

Covid-19 is spread by air droplets and the opportunity to pass along infection is always possible even without symptoms or feeling sick.

Face masks/ facial covering will be required in public gathering areas within the fields

Hand washing with soap and water for 20 seconds after being in public place, coughing, sneezing or blowing your nose. Use of a hand sanitizer with 60% alcohol can be used in place of soap and water. Cover all surfaces of your hands and let sanitizer air dry. Hand sanitizer will be provided by the league for most common areas. Individuals are encouraged to bring their own for personal use.

Avoid touching your eyes, nose and mouth.

Avoid touching the center of your mask. Handle your mask by the ear straps or outer most part away from your nose/ mouth.

Participants should maintain at least six feet of distance from others to the maximum extent possible. Coaches should avoid contact with participants and facilitate physical distancing between participants to the maximum extent possible.

For youth sports (age 18 years and under), immediate household members may observe practices and games as needed for age-appropriate supervision, but observers should be limited to ensure physical distance can be maintained, reduce potential crowding. When observing, individuals must stay at least 6 feet from non-household members.

If a person develops symptoms of COVID-19, including fever, cough, shortness of breath, headache, chills, sore throat, new loss of taste or smell, gastrointestinal distress or upset stomach, and has reason to believe they may have been exposed, they should call their health care provider before seeking care. Stay home and avoid close contact with others, including attending Little League events until symptoms are free and deemed safe by a medical professional.

Personal Protective Equipment (PPE)

All managers, coaches, volunteers, umpires should wear PPE whenever possible (cloth face coverings/ protective masks). Players should wear face coverings when in close contact areas and in places where recommended social distancing is challenging (dugouts). Players should not wear medical gloves on the field during games.

Players are not required to wear face coverings while on the field during game play but may choose to exercise this option based on individual guidance of the player/parent or guardian

On-Field

Players and coaches should take measures to prevent all but the essential contact necessary to play the game. This should include refraining from handshakes, high fives, fist/ elbow bumps, group celebrations. Little League International suggests lining up outside the dugout and tipping caps to the opposing teams as a sign of good sportsmanship after a game.

Players and families should vacate the field/ facility as so as it reasonably possible after the conclusion of their game to minimize unnecessary contact with players, coaches, and spectators from the next game, ideally within 15-20 minutes.

Bring your own personal drinks and should be labeled with the person's name. No sharing of beverages or snacks. Bring individual, pre-packaged food for snacks. No post game snacks provided by team parents.

Dugouts

Managers/ coaches and players should be assigned spots in the dugout, bleachers so that they are six feet apart. Use of bleachers for overflow or use sectioned zones for the player to return to their observing parent. Limit number of players to 6 at anytime in the dugout. Stay in assigned spot until called into position.

Players, coaches and managers should sanitize their hands after each half-inning or the handling of equipment. Hand sanitizer must be available (with conspicuous signage) in the dugout

While in the dugout, all players, coaches and managers must wear facial coverings.

Players, coaches and managers must make every effort to avoid touching their face with their hands (including to give signs), wiping away sweat with their hands, licking their fingers, whistling with their fingers, *etc*.

Players utilizing mouthguards should wash or disinfect their hands prior to inserting and removing their mouthguard.

Equipment

Baseballs should be cycled out on a regular basis

Umpires should limit contact with the ball

Warm up balls should be separated from game balls.

Foul balls landing outside the field of play should be retrieved by team players, coaches or umpires. No spectators should handle foul balls.

Shared equipment should be cleaned and disinfected before use by another person, group, or team.

When equipment is shared during an activity, participants should perform hand hygiene (use an alcohol-based hand sanitizer) before play, during breaks, at half time, and after the conclusion of the activity.

Balls or other objects or equipment can be touched by multiple players and used during practice and play if the above hand hygiene practices are followed.

Spitting

Spitting is prohibited (including but not limited to, saliva, sunflower seeds or peanut shells) at all times (including on the field). Chewing gum is not permitted.

Games

Pre-game plate meetings will follow 6 feet spacing and consist of one manager from each team and the umpire. Face coverings will be required.

Equipment to be inspected by the umpire will be individually placed in front of the respective dugouts with good spacing to allow clear sight. Umpires should avoid direct contact where possible. In the event equipment requires handling, the umpire will use hand sanitizer prior to handing. At no point should a player or coach handle another player's equipment.

Game volunteers

For each game, only the required volunteers (managers/ coaches) should be in the dugout.

Only the official scorekeepers will be behind the backstop at least 6 feet apart

Field Maintenance and Preparation

In addition to the coaches/ manager per team, one parent will be allowed to assist with field work.

Shared equipment should be cleaned and disinfected before use by another person, group, or team.

Umpires

Facial coverings will be required while umpiring.

Umpires are permitted to be placed behind the pitcher's mound to call balls/ strikes if that is their personal preference or the preference of their parents (junior umpires). Umpires are encouraged to keep a safe distance from players as much as possible and wear protective gloves.

Batting Cages

Batting cage to be closed at this time until further notice

Encourage the use of batting gloves to the extent possible, and high touch areas should be regularly cleaned or disinfected when in use.

Cleaning of Surfaces

The league will make its best effort to clean and disinfect frequently touched surfaces daily and in between all facility uses for games. This includes tables, handles, common use equipment, dugouts etc. Coaches and managers to wipe down team use areas at the conclusion of practice/ games.

Staggered Scheduling

To control the flow of people entering and exiting the facilities to promote physical distancing, and avoid any mingling, the league will schedule sufficient time between practices and games.

Players, families or spectators will not be permitted to show up to the fields more than 40 minutes before game time.

Game day warm up will be limited to 40 minutes.

AHLL will ensure practices and games adhere to current state and local guidelines regarding the number of people allowed to gather in one place.

Limits on Spectator Attendance

Spectators should adhere to social distancing guidelines, staying 6 feet apart, wear facial covering and avoiding direct contact with players/ coaches during play.

Spectators to provide their own seating (portable chairs).

No spectators will be allowed on the bleachers

Any person with symptoms of COVID-19 (including fever, cough, shortness of breath, headache, chills, sore throat, new loss of taste or smell, gastrointestinal distress or upset stomach, and has reason to believe they may have been exposed) should stay home and avoid close contact with others, including attending Little League events until symptoms are free and deemed safe by a medical professional.

Persons over the age of 65, nursing home residents and those with underlying medical conditions (heart disease, diabetes, lung disease, kidney disease or immunocompromised) should seek consultation with their medical provider before attending a game.

Restrooms

Per OUSD/ City of Anaheim guidelines

Concession stands

No plans are in place to re-open the Snack Shack given COVID-19

Returning to Sports After Infection

Children and teens with symptoms of COVID-19 should not attend practices or competition. They should consult their physician for testing and notify their coach of their symptoms.

Youths recovering from COVID-19 will have different paths to return to sports based on the severity of their illness. Those who are asymptomatic or have mild symptoms should not exercise until cleared by a physician. See the American Academy of Pediatrics Interim Guidance on Return to Sports for additional guidance for more serious infections.

https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/

What to do if a participant had COVID-19 or has it during the season?

In a SARS-CoV-2–positive child who is either **asymptomatic** or **mildly symptomatic** (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy), there are limited data available and recommendations are based on expert opinion. Individuals who test positive for COVID-19 should not exercise until they are cleared by a physician. It is suggested they visit with their primary care physician (PCP) who will review the local 14-point preparticipation screening evaluation with special emphasis on cardiac symptoms including **chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope** and perform a complete physical examination. If the preparticipation screening evaluation and examination are normal, no further testing is warranted and the patient may begin a gradual return to play after 10 days have passed from date of the positive test result and a minimum of 24 hours symptom free off-fever reducing medications. If the PCP identifies any new or concerning history or physical examination findings at this visit, an ECG should be performed and referral should be made to a pediatric cardiologist for evaluation and further testing.

For those with **moderate** symptoms of COVID-19 (≥4 days of fever >100.4°F, myalgia, chills, or lethargy or those who had a non-ICU hospital stay and no evidence of MIS-C), an ECG and cardiology consult is currently recommended after symptom resolution, and at a minimum of 10 days past the date of the positive test result. Individuals who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. The cardiologist may consider ordering a troponin test and an echocardiogram at the time of acute infection. Depending on the patient's symptoms and their duration, additional testing including a Holter monitor, exercise stress testing, or cardiac magnetic resonance imaging (MRI) may be considered. If cardiac workup is negative, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine.

For patients with **severe** COVID-19 symptoms (ICU stay and/or intubation) or **multisystem inflammatory syndrome in children (MIS-C),** it is recommended they be restricted from exercise for a minimum of 3 to 6 months and definitely require cardiology clearance prior to resuming training or competition. Coordination of follow-up cardiology care should be arranged prior to hospital discharge. Extensive cardiac testing should include but is not limited to: troponin tests, echocardiogram, and cardiac MRI.

A graduated return-to-play protocol can begin once an athlete has been cleared by a physician (cardiologist for **moderate** to **severe** COVID-19 symptoms) and is asymptomatic when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to athletes who experienced **moderate** COVID-19 symptoms as outlined above.

The following progression was adapted from Elliott N, et al, infographic, *British Journal of Sports Medicine*, 2020:

Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less- Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes -Normal training activity - intensity no greater than 80% maximum heart rate.

Stage 5: Day 7 - Return to full activity/participation (ie, - Contests/competitions).