

Lawrence Hamnett Soccer Association

COVID-19 RETURN TO PLAY PROTOCOL



As of June 16, 2020

PURPOSE OF THIS DOCUMENT

The purpose of this document is to define the protocols that will be followed by the *Lawrence Hamnett Soccer Association [hereinafter referred to as LHSA]* as Local, State, and Federal COVID-19 restrictions on youth sports are lifted, and LHSA *Returns to Play*. The document cannot anticipate all eventualities and will be adjusted as the COVID-19 situation evolves.

The over-riding theme is followed by the LHSA RETURN TO PLAY is participant health and safety, which is achieved by managing the risk of the spread of the COVID-19 illness.

To help define the activities permitted and protocols to be followed, the LHSA has aligned its protocols with the phases for *Returning to Play* as defined by the New Jersey Youth Soccer (NJYS). These phases are based upon the activities that are permitted and/or restricted by Local/State/Federal governments at a given point in time. The LHSA will follow the below protocols based upon the Phase of permitted activities.

Please note: The level of play and age of the player are contributing factors to the phase with-in which a player finds him/herself. Not all players in the club may advance in Phase at the same pace. Older players and players playing at a higher level of soccer may advance in Phase faster than younger players or players playing at a lower level of soccer.

The guidelines in this document are **NOT** intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. All content, including text, graphics, images, and information, are provided for general purposes only. The knowledge and circumstances around COVID-19 are constantly changing, and, as such, LHSA makes no representation and assumes no responsibility for the completeness of this information. Further, individuals should follow the directives of our governing authorities and use common sense and err on the side of caution should questions arise.

NEW JERSEY DEPARTMENT OF HEALTH GUIDLINES

*Executive Order No. 149, issued on May 29, 2020, permitted sporting activities, including organized sports, to resume on June 22, 2020. Permissible sporting activities must take place in **outdoor** settings only in a manner that **does not involve person-to-person contact** or routinely entail individuals interacting within six feet of one another, and may not resume until June 22, 2020 or later. However, as indicated below, we expect to be able to allow certain contact activities starting July 6, assuming we continue to make progress in our fight against COVID-19.*

This "Guidance for Sports Activities" published by the New Jersey Department of Health (NJDOH) is intended to guide organizations that oversee sports activities as they resume operations to ensure the health and safety of staff, participants, and their families. The Guidance address skill-building drills and team-based practices as described in the [Centers for Disease Control and Prevention \(CDC\) Guidance on Youth Sports](#).

This guidance document does not apply to professional sports activities or US national team activities.

High school sporting activities under the jurisdiction of the New Jersey Interscholastic Athletic Association (NJSIAA) must abide by NJSIAA protocols, which shall consider NJDOH guidance. Per Executive Order No. 149 (2020), NJSIAA activities may not resume before June 30, 2020.

As a reminder, youth sports summer camps that are permitted to open on or after July 6, 2020, must follow all applicable summer camp guidance, available [here](#), in addition to these Standards for Sports Activities.

As of June 22, 2020:

Inter-team games, scrimmages, and tournaments are permitted for low-risk sports, such as golf and individual running events (a more complete list is available below).

Contact sports, which are defined as any sports categorized as medium or high risk (a more complete list is available below), must limit activities exclusively to no-contact drills, practices, and simulations of game situations as of June 22. By July 6, it is anticipated that traditional practices and competitions will be able to resume for medium-risk sports, such as baseball, softball, basketball, and soccer, and by July 20, it is anticipated that competitions will be able to resume for high-risk sports, such as football.

The public health data on which this document is based can and do change frequently. Organizers should check back frequently for updates. NJDOH also encourages organizers to keep informed of guidance from the CDC, which may change regularly.

Sports program operators must abide by the following timeline:

Risk Level	Examples	Important Dates
High Risk - Sports that involve close, sustained contact between participants	Rugby, boxing, judo, karate, taekwondo, wrestling, pair figure skating, football, group dance, group cheer.	No-contact practices: June 22 Contact practices and competitions: July 20
Medium Risk - Sports that involve some close, sustained contact, but with protective equipment in place between participants OR intermittent close contact OR group sports OR sports that use equipment that cannot be cleaned between participants.	Lacrosse, hockey, multi-person rowing, multi-person kayaking, multi-person canoeing, water polo, swimming relays, fencing, cycling in a group, running in a close group, group sailing, volleyball, soccer, basketball, baseball/softball, short track.	No-contact practices: June 22 Contact practices and competitions: July 6
Low Risk - Sports that can be done individually, do not involve person-to-person contact and do not routinely entail individuals interacting within six feet of one another	Archery, shooting/clay target, individual running events, individual cycling events, individual swimming, individual rowing, individual diving, equestrian jumping or dressage, golf, individual sailing, weightlifting, skiing, snowboarding, tennis, individual dance, pole vault, high jump, long jump, marathon, triathlon, cross country, track and field, disc golf, badminton.	Practices and competitions: June 22

CDC Considerations for Youth Sports Guiding Principles

The Center for Disease Control (CDC) has established Covid-19 *Considerations for Youth Sports*. These considerations include “*guiding principles*,” which escalate the risk of COVID-19 spread based upon the activities being performed. The LHSAs have adopted these principles to help measure the level of risk the club is assuming as it progresses the level of play.

- **Lowest Risk:** Performing skill-building drills or conditioning at home, alone or with family members
- **Increasing Risk:** Team-based practice (non-contact training)
- **More Risk:** Within-team competition (team contact)
- **Even More Risk:** Full competition between teams from the same geographic area
- **Highest Risk:** Full competition between teams from different geographic areas

CDC Additional Considerations

In addition to the “*guiding principles*,” the CDC has highlighted “additional considerations” for returning to youth sports. The “*guiding principles*” and “additional considerations” are incorporated into the protocols being followed by LHSAs at each Phase of the *Return to Play*.

The physical closeness of players, and the length of time that players are close to each other or coaches

For close-contact sports (e.g., soccer), play may be modified to increase the distance between players safely. 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 training, 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

It is 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

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. 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. Older players may be able to return to play sooner than younger players.

Players at higher risk of developing a serious disease

Parents and coaches should assess the 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

Teams with a larger number of players may increase the likelihood of spread, compared to teams with fewer team members. Consider decreasing team and training sizes where feasible.

Nonessential visitors, spectators, volunteers

Limit any nonessential visitors, spectators, volunteers, and activities involving external groups or organizations. **Have all parents and the next group for training to wait in cars until the current session is completed. The coach will signal players to the field once it is safe to do so.**

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). LHSA will send a copy of this COVID-19 to clubs that it teams will be playing to make sure that this protocol is being followed before the team can play in that community.

INTRODUCTION OF PRINCIPLES AND RESPONSIBILITIES

The LHSA has defined specific protocols to be followed by the club, trainers/coaches, players, and parents/spectators below for each Phase of our *Return to Soccer*. However, there are general practices that should be followed to help reduce the spread of infection regardless of the *Return to Play* phase.

Club – General Responsibilities:

- Trainers, coaches, and staff should be educated on COVID-19 and safety protocols before the resumption of athletic activities.
- Provide adequate field space for physical distancing. Use of signs, tapes or physical barriers can be used to assist with guiding social distancing requirements.
- Create and distribute protocols to members.
- Have an effective communication plan in place and develop a relationship and a dialogue with local health officials.
- Understand from insurers to ensure all coverages and communicate that information to participants before the commencement of initial training.
- Screen athletes, coaches, staff and others participating in practice sessions, via temperature check and health questionnaire, at the beginning of each training session. Players, coaches, staff, and volunteers showing symptoms of COVID-19 shall not be permitted to participate.
- Will designate an individual to keep records of attendance for tracking purposes.

- Have an action plan to notify adult leaders, youth, and their families if the organization becomes aware of a participant or adult leader who has developed COVID-19 and may have been infectious to others while at a youth activity (remain mindful of maintaining participant confidentiality regarding health status).
- Establish procedures for safely transporting anyone who is sick to their home or healthcare facility.
- Be sensitive and accommodating to parents who may be uncomfortable with returning to play at this time.
- Be prepared to shut down and stop operations.
- Develop plans for the temporary closure of facilities used by the club.

Trainer/Coach – General Responsibilities

- Prioritize the health and safety of the participants.
- Monitor your health for COVID-19 symptoms DAILY and refrain from participating in activities if you are symptomatic. See Appendix D for symptoms of COVID-19. It is recommended that you take your temperature DAILY and refrain from participating in club activities if your temperature is > 100.4 degrees F.
- Inquire how the athletes are feeling and have not had any no close contact with a sick individual or anyone with a confirmed case of COVID-19 (see Appendix C). Send home anyone you believe acts or looks ill.
- Exercise reasonable care to ensure all athletes have their equipment (ball, water, bag, etc.) and station on the sideline for their equipment (e.g., backpack).
- The coach should maintain physical distance requirements from players based on state and local health requirements and exercise reasonable care to ensure players practice appropriate physical distancing (e.g., prohibit high-5s, hugs, handshakes, fist-bumps, etc.).
- Ensure the coach is the only person to handle equipment (e.g., cones, disk, etc.); do not enlist parental or attendee assistance. The use of scrimmage vests, or pinnies, is not recommended at this time.
- All training should be conducted outdoors and compliant with physical distancing per state or local health guidelines.
- Wear a face mask during coaching.
- Have fun, stay positive – players and parents are looking to you for leadership.

Parents General Responsibilities:

- Ensure your child is healthy and check your child's temperature before activities with others. See Appendix D for symptoms of COVID- 19.
- Players who are at higher risk for severe illness from COVID-19 should avoid putting themselves at increased risk from contracting the disease. If you are at higher risk (please see Appendix E for guidance), please contact your coach to make alternate arrangements for training.
- Take the player's temperature before participating in club activities and refrain from participating if the temperature is above 100.3 degrees F.
- Stay in the car or adhere to social distance requirements, based on state and local health requirements
- Ensure washing (e.g., hands) takes place after every training.
- Ensure clothes and equipment (clothes, cleats, ball, shin guards, etc.) are sanitized before and

- after every training.
- Notify LHSAs immediately if your child becomes ill for any reason.
- Do not assist your coach with the equipment before or after training.
- Be sure your child has the necessary sanitizing products with them at every training.
- If your child is diagnosed or symptomatic with COVID-19 (See Appendix D for symptoms of COVID-19)
 - a) Remove them from *club's name* activities,
 - b) Contact a healthcare provider,
 - c) Notify your child coach and the *club's* president regarding COVID-19 symptoms,
 - d) Consult Appendix B for the protocol for returning to soccer.
- If your child comes in close contact with a person with a documented or suspected case of COVID-19
 - a) Remove yourself from all *club's name* activities,
 - b) Contact a healthcare provider,
 - c) Notify your child coach *Club's* President regarding COVID-19 symptoms,
 - d) Consult Appendix C for the protocol for returning to soccer.

Players – General Responsibilities

- Avoid touching your face.
- Take your temperature before activities with others.
- Wash hands thoroughly before and after training.
- Bring and use hand sanitizer with you at every training.
- Wear mask before and immediately after all training.
- Utilize your designated location and do not touch or share anyone else's equipment, water, food, or bags.
- Should bring their own water and drinks to training activities.
- Practice social distancing, place bags, and equipment at least 6 feet apart.
- Wash and sanitize all equipment before and after every training.
- Avoid unnecessary physical contact with other individuals (i.e., shaking hands, high-fives, etc.)
- Follow all CDC guidelines, as well as those of your local health authorities.

POLICY ON NON-DISCRIMINATION OF PARTICIPANTS REGARDING COVID-19

The LHSAs will follow a policy of non-discrimination for all individuals related to COVID-19. The purpose of this policy is to ensure players and staff that they will not be discriminated against regarding:

1. a diagnosis or suspected diagnosis of COVID-19,
2. a personal decision to not participate in any LHSAs activity (including training or games) due to concerns with COVID-19, or
3. a decision not to participate in any LHSAs activities due to being in a COVID-19 high-risk group.

LAWRENCE HAMNETT SOCCER ASSOCIATION RETURN TO PLAY PHASES

The LHSA has defined four (4) Phases for a *Return to Play* during the COVID-19 pandemic. The four phases increase the level of permitted activity and escalate the risk of contracting COVID-19 through contact. These phases are based on New Jersey Youth Soccer, US Youth Soccer, US Soccer, Federal, State, and Local Guidelines & Orders. Each Phase defines an environmental context under which the activities in the Phase will be permitted and then defines the protocols to be followed within the Phase for both training and games.

The four phases of Returning to Play do NOT consider the effects of COVID-19 on persons in high-risk groups (see Appendix E). Persons who are in high-risk groups should refrain from participation and contact their coach/trainer for alternate arrangements. Persons in high-risk groups should only Return to Play when they feel comfortable doing so and under the guidance of a healthcare professional based upon their unique situation.

Phase 1: State health authorities require shelter in place, stay at home order.

- Environmental Context
- NJ State stay at home order/shelter in place
- Organized sports prohibited
- Gathering in groups prohibited
- State/County/Local parks closed for group activities
- [Social Distancing guidelines in affect](#)
 - Face covering required when in public
 - Keep six feet between yourself and others
 - Wash hands regularly
 - If exposed or sick, [self-quarantine/isolate](#) for two weeks
- NJ Youth Soccer Association has suspended sanctioned activities

Protocol for Training

- Coaching occurs virtually. No coaches or other athletes should be present during individual training.
 - Email, social media of weekly Techne challenges
 - Scheduled ("Live") training sessions via video teleconference (i.e., Zoom) in the participant's home/residence. Communications between Trainers/Coaches/Staff and Players must follow SAFESPORT guidelines
 - Participant uses his/her own equipment.
- No in-person training between trainers/coaches/staff and players
- Players must participate in events isolated from other players (non-household members).

Protocol for Games

Organized games not permitted

Phase 2: Public health authorities lift shelter in place requirements but continue to prohibit group activities.

Environmental Context

- NJ State stay at home order/shelter in place
- Organized sports prohibited
- Gathering in groups prohibited
- State/County/Local parks closed for group activities
- [Social Distancing guidelines in affect](#)
 - Face covering required when in public
 - Keep six feet between yourself and others
 - Wash hands regularly
 - If exposed or sick, [self-quarantine/isolate](#) for two weeks
- NJ Youth Soccer Association has suspended sanctioned activities

Protocol for Training

- Coaching occurs virtually. No coaches or other athletes should be present during individual training.
 - Email, social media of weekly Techne challenges
 - Scheduled ("Live") training sessions via video teleconference (i.e., Zoom) in the participant's home/residence Communications between Trainers/Coaches/Staff and Players must follow SAFESPORT guidelines
 - Participant uses his/her own equipment
- No in-person training between trainers/coaches/staff and players
- Players must participate in events isolated from other players (non-household members).

Protocol for Games

Organized games not permitted

Phase 3: Public health authorities allow small group activities.

Environmental Context

- Stay at home restrictions relaxed
 - State/County/Local parks open for small group gatherings Organized sports permitted with no contact
- State/County/Local parks closed for group activities
- [Social Distancing guidelines in affect](#)
 - Face covering required when in public
 - Keep six feet between yourself and others
 - Wash hands regularly
 - If exposed or sick, [self-quarantine/isolate](#) for two weeks
- NJ Youth Soccer Association has permitted "Non -contact" training.

Protocol for Training

- Screen athletes, coaches, staff, and others participating in practice sessions, via temperature check and health questionnaire, at the beginning of each session. See Appendix H for an example. If a player answers "**YES**" to any of the questions on the questionnaire, he/she should be sent home and instructed to contact his/her healthcare provider as soon as possible. See Appendix G

- No signs or symptoms of COVID-19 in the past 14 days and have no known exposure to someone that has been ill in 14 days.
- Limit practice activities to those that do not involve person-to-person contact (e.g. bumping, tackling, shielding) between athletes and/or coaching staff.
- Ensure that athletes and coaches adhere to social distancing while not actively involved in practice activities. Field sessions/training are set-ups to ensure 6+ feet of separation between participants. See Appendix H for guidelines on field usage.
- Consider dividing larger teams into smaller groups and staggering practices at different times or across different days.
- The coaching staff and parents/guardians should wear cloth face coverings.
- Athletes are also encouraged to wear cloth or disposable face coverings when not engaging in vigorous activity, such as when sitting on the bench, when interacting with an athletic trainer, etc.
- Do not permit athletes to share food, beverages, water bottles, towels, pinnies, gloves, or any other equipment or materials that are involved in direct bodily contact.
- Limit any nonessential visitors, spectators, staff, volunteers, vendors, members of the media, and activities involving external groups or organizations as much as possible.
- Restrict spitting, handshakes, high-fives, team huddles, and any other close-contacting activities.
- All athletes, coaches, and staff should bring their own water and drinks to practice activities. Team water coolers for sharing through disposable cups should not be permitted
- Encourage athletes to use their own equipment to the extent possible.
- If the coach provides any equipment, the coach must minimize equipment sharing and clean and disinfect shared equipment at the end of a practice session using a product from the list of disinfectants meeting EPA criteria for use against the novel coronavirus. See Appendix F for the protocol for cleaning equipment.
- Have a plan for sick precipitates. See Appendix I

Protocol for Games

Organized games not permitted

Phase 4 (Overview): Full return to play

Environmental Context

- Stay at home restrictions relaxed.
- State/County/Local parks open.
- Training Facilities & Fields open.
- Organized sports permitted resume by State and Local authorities.
- No local restrictions on the size of group gatherings.
- NJ Youth Soccer Association has permitted competitive games and inter-region travel.

Protocol for Training

- Follow the protocols listed above under Phase 3.
- No training restrictions
- Physical contact should be minimized whenever possible.

- Coaches, staff, visitors, and athletes will be required to abide by the gathering limitations outlined in Executive Order No. 152 (2020), or the Order in effect at the time of competition.
- Consider social distancing requirements when scheduling contests and events. Social distancing will need to be maintained on buses/vans. Thus, multiple buses/vans and/or individual parent/guardian transportation will likely be required. Games should be scheduled at intervals that allow for proper sanitation of facilities and equipment following each game.
- Spectators permitted with proper social or physical distancing and no contact with players or teams. At-risk individuals should still take precautions.
- Have a plan for sick precipitates. See Appendix I

Protocol for Games

- It is expected each competition/league will establish protocols to be followed for games once a return to play has been authorized.
- LHSA will follow the protocols established for the competition/league within which each team plays.
- LHSA will ensure the protocols each team will follow are disseminated to the players and parents.
- Games times should be sufficiently staggered to allow players time to arrive and exit the field without contacting players from other scheduled games.

APPENDIX A: PROTOCOL FOR NOTIFICATION OF A POSITIVE DIAGNOSIS OF COVID-19 AND CONTACT TRACING

In the event a player or coach/trainer notifies the LHSA that he/she is positive or suspected of being positive for Covid-19, LHSA will invoke the following protocol:

1. LHSA will advise the individual to remain at home and isolated per CDC guidelines.
2. LHSA will NOT retaliate against an individual who identifies him/herself as positive for COVID-19. This includes, but is not limited to, dismissing the individual as a coach/trainer or player from a team.
3. LHSA will request the individual provide a list of LHSA activities (date, time, location) to which he/she has been a participant.
4. LHSA will notify the trainer/coach/staff for the team on which the individual is a participant and confirm which other players were present during the identified LHSA activities.
5. LHSA will notify all players on a team that a positive COVID-19 situation exists but will not provide the Name of the individual.
6. In the event the team has played against another team, LHSA will notify the competition authority of a possible COVID-19 diagnosis.
7. The Coach or team manager will notify LHSA of a possible COVID-19 diagnosis. Then LHSA will notify the Lawrence Department of Health (609-844-7089)
8. The individual will only be permitted to return to play when cleared by a healthcare professional.

APPENDIX B: PROTOCOL FOR RETURN TO PLAY FOLLOWING A CONFIRMED OR SUSPECTED COVID-19 INFECTION

Symptomatic player/staff with suspected or confirmed COVID-19 infection cannot attend club events until:

- a) At least three [3] days (72 hours) have passed since the resolution of fever (defined as > 100.4 degrees F) without the use of fever-reducing medications and respiratory symptoms (e.g., cough, shortness of breath)
- b) at least 14 days
- c) Resolution of fever without the use of fever-reducing medications
- d) Improvement in respiratory symptoms (e.g., cough, shortness of breath)
- e) Negative results of an FDA authorized molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected \geq 24 hours apart (two negative specimens).
- f) Written medical clearance is provided from a healthcare practitioner that the individual is safe to return to soccer.

Player/staff with laboratory-confirmed COVID-19 who have not had any symptoms cannot attend club events until:

- a) Fourteen [14] days after the date of their first positive COVID-19 diagnostic test, assuming no symptoms since that time. If symptoms develop, then management should be guided as above for symptomatic individuals.
- b) Negative results of an FDA authorized SARS-CoV-2 RNA test from at least two consecutive
- c) respiratory specimens collected \geq 24 hours apart (two negative specimens).
- d) Written medical clearance is provided from a healthcare practitioner that the individual is safe to return to soccer.

APPENDIX C: PROTOCOL FOR RETURN TO SOCCER FOLLOWING EXPOSURE TO A SUSPECTED OR DIAGNOSED CASE OF COVID-19

Any asymptomatic player or staff member who has been exposed to an individual with a suspected or diagnosed case of COVID-19 should be restricted from participation for at least 14 days and monitor for any symptoms consistent with infection.

If asymptomatic after 14 days since last exposure, the player/staff member can return to participation.

In general, you need to be in close contact with an individual to contract the disease. In this case, exposure means any one of the following:

- Caring for a sick person with a suspected or confirmed COVID-19 infection.
- Living in the same household as an individual with a suspected or confirmed COVID-19 infection.
- Being within 6 feet of an individual with a suspected or confirmed COVID-19 infection for around 10 minutes or more.
- Coming in direct contact with secretions from an individual with a suspected or confirmed COVID-19 infection (being coughed or sneezed on, sharing water bottle or utensils, for example).

APPENDIX D: SYMPTOMS OF COVID-19 INFECTION

Individuals with COVID-19 can exhibit symptoms ranging from mild to life-threatening. Please consult the [CDC website](#) for latest details on COVID-19 symptoms

CDC Website URL: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html

The most common symptoms associated with infection include:

- Fever (> 100.4 degrees F)
- Cough
- Shortness of breath

Less common symptoms that may still be evidence of COVID-19 infection include:

- Sore throat
- Congestion
- Nausea and vomiting
- Diarrhea
- Headache
- Muscle / joint pain
- Sudden loss of taste or smell
- Chills

APPENDIX E: INDIVIDUALS AT HIGHER RISK FOR SEVERE ILLNESS FROM COVID-19

The CDC has provided the following guidance for individuals who are at higher risk for severe illness from COVID-19. These individuals should take extra precautions to avoid contracting COVID-19.

CDC Website URL: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
- Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

APPENDIX F: PROTOCOL FOR CLEANING EQUIPMENT

PERFORM A "TOP TO BOTTOM" DEEP CLEAN TO DISINFECT EVERY SURFACE INCLUDING ALL EQUIPMENT FOLLOWING TRAINING AND GAMES.

- Wash hands for at least 20 seconds prior to initiating cleaning of equipment.
- Use an EPA registered hard surface cleaner and disinfectant when cleaning equipment.
 - **Wear appropriate personal protective equipment when using cleaning products.**
- Use at the proper dilution ratio, as referenced on the EPA label of the product.
- Practice the appropriate dwell, contact, or kill time of listed pathogens on the EPA label of the product.
- Ensure all surfaces are cleaned including all soccer balls, cones, field markers.
- Wash hands for at least 20 seconds following completion of equipment cleaning.
- Ensure all clothing worn is washed (laundered before the next training session.
- Ensure all training vests are washed (laundered) after each use.

APPENDIX G: LHS A QUESTIONNAIRERE

A sample questionnaire for players to complete before the player is permitted to engage in the subject activity: If any question has a **"YES"** response, player is sent home

- Have you had COVID-19 within the last 14 days, or have you been tested for it within the last 14 days? (Yes/No)
- Have you had any signs or symptoms of a fever in the past 24 hours, such as chills, sweats, felt "feverish," or had a temperature that is elevated for you or 100.4F or higher? (Yes/No)
- Do you have any of the following symptoms? (Yes/No)
 - Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle pain or body aches, Headache, New loss of taste or smell, Sore throat, congestion or runny nose, nausea, vomiting, or diarrhea
- Have you traveled internationally or outside of the State of New Jersey in the last 14 days? (Yes/No)
- Within the last 14 days, have you been exposed to, or come into contact with, anyone you know: (a) who has COVID-19, (b) who is/was being tested for COVID-19, (c) who had symptoms consistent with COVID-19, or (d) who was exposed to someone with COVID-19? (Yes/No)

APPENDIX H: THE USE OF FIELD SPACE

Training areas should be separated and specifically designated such that groups will not touch the same surfaces (benches, for example).

Multiple teams may share a field, but the training area should be large enough to ensure social distancing between players before, during, and following training sessions.

APPENDIX I: SICK PARTICIPANTS

The NJ Department of Health refers to the CDC regarding protocol for sick participants:

- **Advise Sick Individuals of Home Isolation Criteria**
 - Sick coaches, staff members, umpires/officials, or players should not return until they have met CDC's criteria to discontinue home isolation.
- **Isolate and Transport Those Who are Sick**
 - Make sure that coaches, staff, officials, players, and families know that sick individuals should not attend the youth sports activity, and that they should notify youth sports officials (e.g., the COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.
 - Immediately separate coaches, staff, officials, and players with COVID-19 symptoms (i.e., fever, cough, shortness of breath) at any youth sports activity. Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick. Individuals who have had close contact with a person who
 - has symptoms should be separated and sent home as well, and follow CDC guidance for community-related exposures" (*"Notify Health Officials and Close Contacts"* below). If symptoms develop, individuals and families should follow CDC guidance for caring for oneself and others who are sick.
 - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19
- **Clean and Disinfect**
 - Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning external icon and disinfection products, including storing them securely away from children.
- **Notify Health Officials and Close Contacts**
 - In accordance with state and local privacy and confidentiality laws and regulations, youth sports organizations should notify local health officials, youth sports program staff, officials, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) external icon and other applicable laws and regulations.
 - Work with Lawrence Department of Health to develop a reporting system (e.g., letter) youth sports organizations can use to notify health officials and close contacts of cases of COVID-19.
 - Advise those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop.