

Return to Activities Plan and Resources

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As citizens, communities, and nations around the world resume operations and activities in the time of COVID-19, Special Olympics has developed guidance for its Programs on returning to activities. This guidance is founded on the latest medical information available and guidance from organizations such as the World Health Organization (WHO) and nation-specific health agencies such as the Centers for Disease Control and Prevention (CDC) in the U.S.

Throughout this document "participants" are defined as all athletes, Unified partners, coaches, volunteers, family members, caregivers, staff or others in attendance of an activity.

Guidance on COVID-19 Return to Activities

Information on COVID-19 is changing daily. Transmission rates vary across the countries in which Special Olympics Programs operate. Local and national governments, school districts, and health agencies are developing their own guidance and mandates. It will be incumbent upon leaders at all levels of the Special Olympics movement to continually monitor this ever-changing situation and adjust decision-making accordingly while adhering to the guidance contained herein.

These are intended as minimum guidelines for Special Olympics Programs as they consider returning to activities. It is intended to supplement – not replace – any state/provincial, local, territorial/national or tribal health and safety laws, rules and regulations with which similar organizations must comply.

Additionally, the information in this document is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. The knowledge and circumstances around COVID-19 are changing constantly and, as such, Special Olympics makes no representation and assumes no responsibility for the accuracy or completeness of this information. Further, you should seek advice from medical professionals and/or public health officials if you have specific questions about symptoms and/or diagnoses related to COVID-19.

Special Olympics Virginia is dedicated to the protecting the health and safety of our athletes, volunteers, coaches, officials, staff and all that contribute to the success of our athletes in training and events. The purpose of this document is to provide athletes, coaches, agencies and organizations involved with Special Olympics Virginia athletes with information to assist them in a return to training/play in the context of COVID-19. As a guideline meant to be used by a variety of sports and activities as well as a variety of settings, this document cannot be prescriptive; rather it should be used as a basis for local programs forming a unique return to play plan that matches their specific situation and environment. In addition to logistical challenges of returning to play following the COVID-19 there are also ethical and societal considerations that are beyond the scope of this document. All return to play plans and timelines must be compliant with guidelines established by the CDC, the Commonwealth of Virginia Department of Health, and Special Olympics.

Guiding Principles

- 1. The health and safety of all members of the Special Olympics movement is paramount.
- 2. Beyond a sports organization, Special Olympics is a movement for and by people with intellectual disabilities (ID), and its guidance must be inclusive and directed at the unique needs and abilities of people with ID.
- 3. Relevant WHO and country-specific (e.g., U.S. CDC) guidelines should serve as minimum standards. In addition, consideration should be given to local and community authorities in that if there are more conservative/restrictive guidelines, these should be followed.
- 4. Guidance is based on current medical information available at the time of publication. As knowledge of COVID-19 is changing rapidly, guidance will continue to evolve.
- 5. Guidance takes a phased approach that is dependent on local transmission rates as well as testing/monitoring/contact tracing/health system capacity.



Phased Approach to Return to Activities

Special Olympics is adopting adopt a three (3) phased approach to return to activities. It is important to note there may be times a community will revert to an earlier phase if and when the spread of infection rises in the future. Phase 1 of Special Olympics Virignia Return to Play will begin on August 1, 2020.

Participation Risk Awareness and Acknowledgement

Prior to returning to any in-person Special Olympics activities in Phases 1 through 2, all participants are must complete and return a *Participant Risk Acknowledgement Form* which provides information and guidance on assessing risk and acknowledges that participation could increase risk of contracting or spreading COVID-19.

If participants have tested positive and/or been diagnosed with COVID-19, the participant must provide written proof of clearance from their healthcare professional prior to returning to sport or fitness activities. Special Olympics Programs should ensure that all participants (e.g. athletes, unified partners, coaches, volunteers, staff, and families) are educated about those that are at higher risk of complications from COVID-19 as well as all procedures and expectations for return to activities.

SPE	CIAL OLYMPICS RE	TURN TO ACTIVITIE	S PHASES
Phase 0	Phase 1	Phase 2	Phase 3
Prevalence: community	Prevalence: clusters of cases	(Prevalence: sporadic cases	(Prevalence: No reported
transmission occurring	occurring	reported)	cases*)
Stay at home order in	Stay at home order is lifted,	Size restrictions on gatherings	No restrictions on size of
place for all	restriction on size of	increased to ≤50 people.	gatherings and public facilities
individuals.	gatherings (≤10 people).		are open.
			* In Epidemic or Pandemic stage
No events or activities of	HIGH RISK INDIVIDUALS (see	HIGH RISK INDIVIDUALS (see	HIGH RISK INDIVIDUALS (see
any sort to be held in	appendix) should continue to	appendix) should continue to	appendix) can resume public
person.	remain at home.	remain at home.	interactions, but should practice
			physical distancing, minimizing
Individual sport training	PRACTICES, HEALTH/FITNESS,	PRACTICES, HEALTH/FITNESS,	exposure to social settings where
sessions in own home	LEADERSHIP, FUNDRAISING	LEADERSHIP, FUNDRAISING and	distancing may not be practical,
using own equipment.	and LOCAL EVENTS (10 or	LOCAL EVENTS (50 or fewer	unless precautionary measures are
	fewer participants) MAY resume	participants), MAY resume if they	observed.
Coaching occurs	if they adhere to strict physical	adhere to physical distancing and	
virtually.	distancing and sanitation	sanitation protocols. Indirect	LARGE COMPETITION and
eter and the deb	protocols. No direct or indirect	contact (e.g. through a ball in the	GAMES (with people traveling
Fitness and Health programming offered	contact (e.g. through a ball in the hand) should take place.	hand) MAY resume. No direct contact should occur in sports.	from multiple geographic areas who are in same phase) MAY
virtually or at home.	the hand) should take place.	contact should occur in sports.	potentially occur, if permitted by
virtually of actionie.	Virtual programming should be	Virtual programming should be	WHO, country and local standards.
Meetings, conferences	made available for those not	made available for those not able	Willo, country and total standards.
or trainings to be held	able to attend in person.	to attend in person.	Virtual programming should still
virtually.		oo cooonic iii personii	be made available for those not
3	Select disciplines of HEALTHY	HEALTHY ATHLETES may occur	able to attend in person.
	ATHLETES occur for disciplines	for disciplines where risk	·
	where risk mitigation and	mitigation and infection control	HEALTHY ATHLETES may resume
	infection control precautions	precautions can be put in place.	activities, with appropriate
	can be put in place.		infection control precautions in
	SSUCOL beautionistic to the	SCHOOL-based activities led by	place.
	SCHOOL -based activities led by	schools should comply with	SCHOOL hand a shiribing building
	schools should comply with	guidance from schools/districts.	SCHOOL-based activities led by
	guidance from schools/districts.		schools should comply with
			guidance from schools/districts.



Special Olympics Virginia expects each phase of return to last at a minimum 2-4 weeks. Phase 1 of Return to Activities will begin on August 1, 2020. It may be necessary to revert to previous phases depending on recommendations from SOI, the CDC or the Commonwealth of Virginia. Areas may only proceed from phase to phase when advised by the Special Olympics Virginia staff to do so. Notice of advancement from one phase to another will be sent out to all Area leadership and will be posted on the Special Olympics Virginia website and other communication resources.

Mitigation and Precautions by Phase

PHASE 0 – All Individuals Stay at Home Prevalence: Community transmission occurring. Size: Stay at home orders. No gatherings of any size, public facilities are closed.					
Phase 0 Comply	□ Follow local and federal restrictions regarding Stay at Home.				
Phase 0 Educate	 Designate a COVID-19 response point person for the Program. Educate all participants on: Benefits and risk of physical activity after COVID-19 infection. PPE, hygiene, and physical distancing for safety. Continue 'at home' activities to maintain fitness and activity levels. 				
Phase 0 Prepare	 Prepare appropriate resources for safe 'at home' activities. Prepare participants for participation in virtual activities or virtual competitions. Know how to communicate potential cases to local health authorities for testing and to the Special Olympics Accredited Program, while maintaining and respecting privacy laws. 				
Phase 0 Activity	 Share resources digitally and activate participants virtually (or via mailings). Virtual participants with COVID-19 symptoms should refrain from participating in activities and consult with a healthcare professional for further evaluation. 				



PHASE 1	
Prevalence: Clusters Size: Local gathering	of cases occurring is restricted to ≤10 people, individuals at high risk should remain safe at home
Phase 1 Comply	 Ensure compliance with all local and national regulations, including for participation of individuals at high risk. Ensure that the Board (including a medical professional, if possible) approves of the plan to return to activities.
Phase 1 Educate	 Designate a COVID response point person for the activity. Prior to attendance, educate all participants on: High-risk conditions and the risks of participation. Requirement that anyone who has symptoms must stay home and to contact their own health provider if they are sick for further evaluation. Requirements for in-person gathering, including PPE, hygiene, and physical distancing. Following this education (e.g. video or handouts), all participants should
	acknowledge receiving education and confirm understanding of risks and participation procedures by signing <i>Participant Risk Acknowledgement Form</i> (See Supplemental material).
Phase 1 Prepare	 Have COVID screening protocol in place and coaches/staff/volunteers prepared to implement prior to or upon arrival at event (see additional guidance on screening protocol below). Ensure that the venue is disinfected or sanitized, especially bathrooms. Highly recommend use of outdoor, well-ventilated facilities. Where possible instruct participants to use single entry point (to allow for screening process) and separate exit.
	 No shared supplies such as towels and water/beverage bottles). Minimize shared equipment. Equipment should never be used by one participant and then another without disinfection between uses. If equipment is to be used by multiple people during the activity, prepare a cleaning protocol and supplies to disinfect equipment between uses. Remind participants to bring PPE and, if used, their own water bottle, towel, and equipment. Have facemasks/PPE available for those who are unable to bring. Have reminders/signage posted that reinforces appropriate use of PPE
Phase 1 Prepare Continued	relevant to the activity, hygiene and physical distancing.



	 Know how to communicate potential cases to the local health authorities for testing and to the Special Olympics Accredited Program (within privacy laws). Remind participants that during transport to activities, it is recommended that participants should wear a mask if on public transport, such as a bus, trolley, subway or if carpooling which includes someone not living with them. If Special Olympics is providing transportation, participants must wear facemasks during travel.
Phase 1 Activity	 □ On arrival, conduct screening for ALL PARTICIPANTS (see screening protocol below). All participants with symptoms, a history of recent (last 14 days) COVID exposure, or temperature >100.4F/37.8C must not proceed to the activity □ Continue to provide a safe participation option for those who are at high risk and thus unable to participate in person (e.g. virtual/training at home). □ Activities must comply with distancing guidelines at all times. No activities that involve direct or indirect contact (e.g., through a ball in the hand) can occur. Consider spacing for drills, etc. using visual guides such as tape, chalk, cones, etc. ○ Maintain physical distancing and avoid close contact (e.g. high fives, hugs, huddles) during and after activity ○ Wear facemasks throughout the activity, except during exercise, including upon arrival and departure □ Coaches and volunteers should minimize changes in personnelgroups should stay together and not change. □ Program staff must provide reminders to participants on standard infection prevention measures (e.g. frequent handwashing, avoid touching face, cover mouth when sneezing/coughing, etc.) at the start and throughout event. □ No spectators should be allowed to congregate on the sidelines of activities. Individuals providing transportation for participants should remain in vehicles until sessions are over. If participants need assistance, caregivers may remain provided they also maintain distancing, hygiene and use PPE, including masks. □ Maintain a list of all participants with contact details. This will allow for contact tracing should a participant be later diagnosed as having COVID-19 during the activity.



PHASE 2	
	radic cases occurring
	erings restricted to ≤50 people, individuals at high risk should remain safe at home
Phase 2 Comply	 Ensure compliance with all local and national restrictions, including for participation of high-risk individuals.
	 Ensure that the Board (including medical professional, if possible) approves the plan for a return to activities.
Phase 2 Educate	 Designate a COVID response point person for the activity.
	 Prior to attendance, educate all participants on: High-risk conditions and the risks of participation. Requirement that anyone who has symptoms must stay home and to contact their own health provider if they are sick for further evaluation. Requirements for in-person gathering, including PPE, hygiene, and physical distancing.
	 Following this education (e.g. video or handouts), all participants should acknowledge receiving education and confirm understanding of risks and participation procedures by signing <i>Participant Risk Acknowledgement Form</i> (See Supplemental material).
Phase 2 Prepare	Have COVID screening protocol in place and coaches/staff/volunteers prepared to implement prior to or upon arrival at event (see additional guidance on screening protocol below). Ensure that the venue is disinfected or sanitized, especially bathrooms. No shared supplies such as towels and water/beverage bottles. Minimize shared equipment. If shared equipment must be used, prepare a cleaning protocol and supplies to disinfect shared equipment between uses. Remind participants to bring PPE and, if used, their own water bottle, towel, and equipment. Have facemasks/PPE available for those who are unable to bring. Have reminders/signage posted that reinforces appropriate use of PPE relevant to the activity, hygiene and physical distancing. Have hand sanitizer or handwashing facilities available at venue. Know how to communicate potential cases to the local health authorities for testing and to the Special Olympics Accredited Program (within privacy laws). Remind participants that during transport to activities, it is recommended that participants should wear a mask if on public transport, such as a bus, trolley, subway or if carpooling which includes someone not living with them. If Special Olympics is providing transportation, participants must wear facemasks during travel.



Phase 2 On arrival, conduct screening for ALL PARTICIPANTS Activity (see screening protocol below). All participants with symptoms, a history of recent (last 14 days) COVID exposure, or temperature > 100.4F/37.8C may not proceed to the activity Activities must comply with distancing guidelines at all times. Indirect contact (e.g., through a ball in the hand) MAY resume. Direct contact may NOT resume yet. Maintain physical distancing and avoid close contact (e.g. high fives, hugs, huddles). Wear facemasks throughout the activity, except during exercise, including upon arrival and departure Coaches and volunteers should minimize changes in personnel---groups should stay together and not switch up if possible. Program staff must provide reminders to participants on standard infection prevention measures (e.g. frequent handwashing, avoid touching face, cover mouth when sneezing/coughing, etc.) at the start and throughout event. Participants may share equipment when circumstances require it (i.e. soccer ball on the field). If shared equipment must be used, prepare a cleaning protocol and supplies to disinfect shared equipment between uses. Maintain a list of all participants with contact details. This will allow for contact tracing should a participant be later diagnosed as having COVID-19 during the activity.



PHASE 3 Prevalence: No r Size: No restricti	eported cases. ons on size of mass gatherings and public facilities are open.
Phase 3	 Ensure that local and federal restrictions allow holding of mass activities.
Comply	 Ensure that Board (including medical professional, if possible) approve of plan to return to these activities.
	 If participants are traveling from different geographic areas, ensure all communities meet criteria of "no reported cases." If not, provide virtual opportunities for those communities/individuals to join.
Phase 3 Educate	 Designate a COVID response point person for the activity.
Educate	☐ Educate participants on standard hygiene practices.
	 Inform participants showing signs or symptoms of illness to stay home and contact their own health provider for evaluation.
Phase 3 Prepare	 Consider use of Participant Risk Acknowledgement Form (See Supplemental material).
	 Have reminders/signage posted and announced that reinforces hygiene practices.
	 Know how to communicate potential cases to the local health authorities for testing and to the Special Olympics Accredited Program (as per applicable privacy laws).
Phase 3 Activity	□ No pre or onsite screening required.
	s recommended that Programs consider employing sub-phases that will allow for safe

In Phase 3, it is recommended that Programs consider employing sub-phases that will allow for safe growth back to normal operations. For example, start with size <250 people, larger events that do not require overnight stays and/or are single sport events, rather than larger, or multiple sports occurring within one Games or venue. Additionally, there may be some sports that are returned to in this phase sooner than others.

Development of a vaccine may result in further or revised guidance.



Risk Assessment and Risk Mitigation: Functional Area Considerations

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 infection, especially since many within the Special Olympics movement (with and without intellectual disabilities) are at greater risk for complications from COVID-19.



To help assess risk in returning to large-scale, mass gathering activities, consider using the WHO Risk Assessment Tool to determine the organizational risk of spread.

SPORT

Each sport will present a varying level of risk as well and determination of what modifications are feasible should be considered by the Program. However, if precautions and mitigating criteria (e.g. PPE, physical distancing, no shared equipment and/or disinfection, staggered starts, etc.) can be implemented, then most sports may be offered in some capacity (e.g. individual skills or drills or small internal scrimmage) during all phases of return. Many local, national and international sport associations have begun to offer guidance on how to safely return to play within their sport with mitigation. It is recommended that, in addition to the minimum precautions detailed within this document, Programs adhere to sport-specific precautions and mitigation in determining how to resume sport activities and guidance from sport authorities and associations.

SCHOOLS

With regards to activities in schools, Programs should follow the school's protocols and guidance in terms of when and how activities may resume. If school activities transition into Special Olympics community activities (e.g., the final competition/tournament is hosted by Special Olympics), then proper return to play protocol and necessary precautions for Special Olympics events, as outlined in this document, must be followed.

If the school or community partner's guidelines are less stringent or in conflict with the guidelines of Special Olympics, the following guidance applies:

- 1. The school/partner leaders/authorities should be informed of the Special Olympics guidelines for determining return to play.
- 2. The possibility of high-risk conditions in populations within the movement is conveyed to leaders/authorities.
- Decision-making and options are provided to students with and without ID to provide for equal treatment.
- 4. Parents, guardians, or other caregivers of youth participants are provided with education on Special Olympics guidelines and relevant acknowledgements (e.g. video)
- 5. Youth participants involve in Special Olympics branded/sanctioned activities are given the option to opt out without penalty and are provided options for safe at home activities.

HEALTHY ATHLETES

Because of the nature of Healthy Athlete screening events which are often conducted indoors, may require close contact with decreased opportunity for physical distancing, and some interactions may be high risk without proper PPE and precautions in place, Programs should not resume Healthy Athlete screenings in person until Phase 1 and only with limited numbers and for select disciplines. Additional guidance will be forthcoming on safety precautions for returning to in-person Healthy Athlete events. Virtual health programming and education should be offered throughout all phases.



LEADERSHIP

Each leadership activity (e.g. Athlete Leadership workshops, Regional or Program leader meetings, Board meetings, Leadership Academy, Athlete Input Councils) will present a varying level of risk, and determination of what modifications are feasible should be considered by the Program. However, if precautions and mitigation for infection control (e.g. PPE, physical distancing, no shared equipment/supplies, and/or disinfection, staggered starts, etc.) can be implemented, then leadership activities may resume following the size limits for each phase (10 or fewer for Phase 1 and 50 or fewer for phase 2). If travel of participants occurs, the participants must be coming from an area in which they are in the same phase as the host site and follow local regulations on travel for both the originating location and the host location. Virtual programming and participation will be encouraged and available through all phases, as is feasible.

Onsite Screening Protocol for COVID-19

Regular education must be provided to all athletes, staff, volunteers, coaches, families and caregivers reminding them stay home if they have a fever or any signs and symptoms (cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). Individuals must not participate in any activities if they are sick, for their own health and to reduce transmission of any infections to others. Instruct anyone who is ill to contact their own health provider for further evaluation.

However, in addition to this education, before or prior to entering an activity, practice, event, or gathering (in phases 1-2), for all participants, the Program:

- 1. Must set-up a space for screening that maintains physical distance (6ft/2m) during screening.
- 2. Must ask the following questions (reinforced through visuals and verbally, such as a paper with icons):
 - a. In the last 14 days, have you had contact with someone who has been sick with COVID-19?
 - b. Have you had a fever in the last week (temperature of 100.4°F/37.8°C or higher)?
 - c. Do you have a cough and/or difficulty breathing?
 - d. Do you have any other signs or symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)?
- 3. Should conduct onsite measurement of temperature using thermometer (preferred non-touch thermal scanning thermometer if possible).
 - Fever equals temperature of 100.4°F/37.8°C or higher.
 - If high, may re-test after 5 minutes to ensure temperature is accurate.
- 4. Must record all names, results and contact information and keep in case needed for contact tracing or reporting (*Template available in supplemental materials*).
 - a. If yes to any questions, participants MUST be isolated from the group (at minimum, kept 2m/6ft apart from others and with mask on), be sent home, and instructed to contact their healthcare provider for evaluation.
 - b. Participants who are found to have COVID-19 symptoms must wait 7 days after symptoms resolve to return to activity OR must provide written proof of physician clearance to Special Olympics to return earlier.
 - c. Participants who test positive for/have COVID-19 must provide written medical clearance before returning to sport and fitness activities.



Questions?

For local volunteers and participants, please contact your Accredited Program office for questions.

For Accredited Programs, please contact your Regional Office or Special Olympics, Inc. for questions.

For general questions to SOI, Regions may email COVID@special-lympics.org or for liability questions, email Legal@special-lympics.org.

APPENDIX

- 1. Factsheet on High Risk Participants
- 2. COVID-19 Participant Code of Conduct and Risk Assessment
- 3. Sign-In Sheet and Screening Guidelines
- 4. Athlete/Volunteer/Coach Daily Self Checklist
- 5. Environment Safety Document
- 6. Setting up a Safe Training Environment
- 7. Educational Signage
- 8. Signs for Training Facilities

As developed, resources will be added to the Special Olympics Resources website for COVID-19: https://resources.specialolympics.org/return-to-activities-during-covid-19



FACT SHEET ON WHO IS AT HIGH RISK FROM COVID-19

Subject to Change Version: 6-15-2020

Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who is will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. CDC lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older
- People who live in a nursing home or long-term care facility (like a congregate or group home)

People of all ages with underlying medical conditions, particularly if not well controlled, are also at high risk:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy)
- 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). To calculate BMI, refer to:
 - o https://www.cdc.gov/healthyweight/assessing/bmi/adult-bmi/english-bmi-calculator.html
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People with brain and spinal cord disorders (like cerebral palsy, epilepsy, stroke)

If you are at a high risk, you may be putting yourself at risk when you return to activities with Special Olympics. But, you may also put at risk your family and your teammates. If you have these conditions, you should not return to Special Olympics in person activities until Phase 3.

If you have been diagnosed with COVID-19, you should consult with a healthcare professional for written medical clearance before returning to Special Olympics in person activities as serious cardiac, respiratory, and neurological issues may develop as a result of COVID-19.

COVID-19 Participant Code of Conductand Risk Assessment Form



I understand I could get Coronavirus through sports, training, competition and/or any group activity at Special Olympics. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk.

During the time these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 7 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.
Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk.
I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics events in person, until there is little or no Coronavirus in my community,
I know that before or when I get to a Special Olympics activity, they will ask me some questions about symptoms and exposure to COVID-19. They may also take my temperature. I will answer truthfully and participate fully.
I will keep at least 6 ft/2m from all participants at all times.
I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise.
I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty.
I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.
I will not share drinking bottles or towels with other people.
I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.
If I get or have had COVID, I will not go to any in-person Special Olympics events until 7 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.
I understand that if I do not follow all of these rules, I may not be allowed to participate in Special Olympics activities during this time.

COVID-19 Participant Code of Conduct and Risk Assessment Form



I HAVE READ ALL OF THIS AGREEMENT OR HAVE HAD IT READ TO ME AND AGREE TO FOLLOW THESE ACTIONS.

PARTICIPANT	FULL NAME:		
Phone:		Email:	
Агеа #	Local P	rogram:	
Circle one:	Athlete	Unified Partner	Coach/Volunteer Family/Caregiver
PARTICIPANT with capacity to			age 18+) participants, including adult athlete
By signing this, information in	_	e that I have compl	etely read and fully understand the
Signature:		Date	e:
PARENT/GUAI 18) or lacks cap			participant who is a minor (younger than age
understand this	s form and hav	e explained the cor	ant named above. I have read and ntents to the participant as appropriate. By nd on behalf of the participant.
Parent/Guardi	an Signature:		Date:
Printed Name:			
Relationship: _			

Please send all completed Unified Partner, Coach/Volunteer, and Family member/Caregiver forms to Special Olympics Va, 3212 Skipwith Road, Suite 100, Richmond, Va 23294

Please send all completed Athlete forms to Special Olympics Va, 21 Southgate Court, Suite 103, Harrisonburg, Va 22801

Screening and Tracking Template for Special Olympics Activities

Special Olympics

Version: June 15, 2020

This template is provided as a way to screen and track participants during Special Olympics Events. If staff/volunteer/coach have access to tablets or wifi, this could also be converted to a web form that is completed online by staff/volunteer/coach at the practice/event.

REMINDERS:

- All participants to be reminded that they MUST stay home, if they are sick or showing signs and symptoms of COVID-19 or have been exposed to someone who has had COVID-19. They should be encouraged to contact their healthcare provider if they are feeling unwell.
- Before the start of any Special Olympics event/practice/training/competition (during Phases 1 and 2), a screening of all participants must be conducted to assess if anyone is showing signs or symptoms of COVID-19. All participants at an event, training, or practice, must be documented in case someone in attendance is diagnosed with COVID-19 and contract tracing is needed.

SCREENING PROTOCOL:

- 1. Must set-up a space for screening that maintains physical distance (6ft/2m) during screening.
- 2. Must ask the following questions (reinforced through visuals and verbally, such as a poster/paper with icons):
 - a. In the last 14 days, have you had contact with someone who has been sick with COVID-19?
 - b. Have you had a fever in the last week (temperature of 100.4°F/37.8°C or higher)?
 - c. Do you have a cough and/or difficulty breathing?
 - d. Do you have any other signs or symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)?
- 3. Should conduct onsite measurement of temperature using thermometer (preferred non-touch thermal scanning thermometer if possible).
 - Fever equals temperature of 100.4°F/37.8°C or higher.
 - If high, may re-test after 5 minutes to ensure temperature is accurate.
- 4. Must record all names, results and contact information and keep in case needed for contact tracing or reporting (*Template available in supplemental materials*).
 - a. If yes to any questions, participants MUST be isolated from the group (at minimum, kept 2m/6ft apart from others and with mask on), be sent home, and instructed to contact their healthcare provider for evaluation.
 - b. Participants who are found to have COVID-19 symptoms must wait 7 days after symptoms resolve to return to activity OR must provide written proof of physician clearance to Special Olympics to return earlier.
 - c. Participants who test positive for/have COVID-19 must provide written medical clearance before returning to sport and fitness activities.

Throughout the event/practice/training/competition remind participants of infection prevention protocols (e.g. facemasks, physical distancing, hygiene, and disinfection/sanitation). Sample signage and reminders available.

	Name of Event:	Date of Event/Practice:	Location:
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Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed	Screened? (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)



□ Yes

COVID-19 Daily Self Checklist



SOVA participants should review this document before attending any Special Olympics Virginia training session. Each coach must ask these questions of each of their athletes, coaches, unified partners or volunteers prior to athletes entering the training area. If you reply **YES** to any of the questions below, STAY HOME, do not attend any group training sessions and contact your healthcare provider for further advice. If an athletes arrives at a training session and answers yes to any of these questions they should not attend the training session and should wait 7 days after symptoms resolve to return or be cleared by a physician to do so.

and contact your healthcare properties and answers yes to any of these should wait 7 days after symptements.	rovider for further advice questions they should	e. If an athletes arrived not attend the train	es at a training sessing session and
Do you have a fever (tem any fever reducing medic	-	3°F) without havi	ng taken
□ Yes □ No			
Loss of Smell or Taste?	Muscle Aches?	Sore Throat?	Cough?
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No
Shortness of Breath?	Chills?	Headache?	Congestion?
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No
Have you experienced an vomiting, diarrhea, loss o	, -	symptoms such as	s nausea/
Have you, or anyone you with COVID-19, or been p	laced on quarantin		
□ Yes □ No			
Have you been asked to or a local public health o	•	antine by a medic	al professional

COVID-19 and Environmental Safety

The following guidance document is meant to serve as a tool for local programs to utilize to help with the selection of training sites to the extent that is possible to mitigate the risk of acquiring COVID-19 or the subsequent spread of the virus. Although this document does not contain "best practices" that will fit every situation and facility, it will give information on what considerations your group must consider as you choose to resume training activities.

- 1. Planning to resume training: A government directive legally allowing the community to open does not mean that you, in your community, can do that safely. However if the local government has determined that small groups should not be together, it is clear that training should not occur.
- 2. Training Group Participant (Athletes, Unified Partners, Coaches, Volunteers) Education: It is the responsibility of each local program to educate their Training Group Participants on the signs and symptoms of COVID-19 and the preventative tips that must be followed and a mechanism on how to communicate when a member of the Training Group Participants experiences symptoms of COVID-19.
- 3. Social Distance: Can you maintain the recommended social distance at the training site? Public health guidelines stresses that whenever possible, everyone should leave at least six fee to the person closest to them. You should limit the amount of spectators and make sure there are guidelines in place and enforced regarding social distancing around the training area.
- 4. Coaches should have materials to mark fields with appropriate social distancing markers for athletes and unified partners to follow. Cones or other devices can be used to mark off spaces and maintain appropriate social distancing.
- 5. Handwashing: Frequent hand washing is vital to help combat the spread of any virus or bacteria. Does the facility where you are training have adequate hand washing facilities that can be accessed with minimal touching of common surfaces to enter and exit. When hand washing facilities are not available, there needs to be access to hand sanitizer with at least 60% alcohol available for all participants.
- 6. Face coverings or PPE: Participants should be given the option wear face coverings and any PPE they feel necessary especially in situations where social distancing cannot be maintained or guaranteed on a consistent basis.

- 7. Screening of athletes for symptom: Is there adequate space for athletes to be asked screening questions regarding symptoms and/or to take the temperature of participants prior to them entering the training area?
- 8. Cleaning and Common Areas: Is the owner of the facility providing frequent and effective cleaning of the areas especially those of public areas such as lobbies, doorways, restrooms, etc...? Are the restrooms available being cleaned frequently and are there supplies consistently provided for hand washing and protective preventive measures?
- 9. Ingress and Egress: Can your participants enter and leave maintaining social distancing within the training facility and in the parking lots associated with the training facility? Can you schedule times for people to arrive at the training site to stagger their entrance and exit? Have you given the participant's transportation provider instructions on where and how you will need athletes to enter the facility?
- 10. Training Facility Space: How much training space will you need? Adhering to the six foot social distancing rule you will need space that is at a minimum 6x the number of people you have in each group. You will also need to calculate in how much space will be required in between groups if you have more than one group at a training site at a time.
- 11. Emergency Action Plan (EAP): You should already have in place an Emergency Action Plan should someone become injured or develop symptoms while under your care at a training session. If you do not have one you should develop an Emergency Action Plan for each facility. Local programs should contact the owner of the training site and determine if there is an EAP already in place for that particular facility and combine the facility action plan with considerations applicable to your training group.
- 12. Each participant should plan on bringing their own equipment and their own water supply for the duration of the training. Under no circumstances should water bottles be shared between training group participants or with spectators. Public hydration stations (water fountains) should not be utilized.

Additional information can be found throughout the Special Olympics Return to Activities Guidance Document.



COVID-19: What you need to know *Training in a safe environment*



FOLLOW LOCAL GOVERNMENT GUIDANCE

Follow your local government's activity guidance. Understand that just because other facilities may be open, it does not mean it is safe for you to have a training session.



EDUCATE YOUR ATHLETES AND VOLUNTEERS

Educate your athletes, unified partners, coaches and volunteers on the signs and symptoms of COVID-19. Set up a communication mechanism should one of your group become ill.



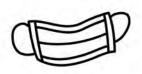
MAINTAIN PHYSICAL DISTANCING

Ensure physical distancing is possible at your practice facility. Mark sections of the field so athletes and volunteers understand and pay attention to distances between each other and between other groups that may be using the practice field.



MAKE HAND WASHING FACILITIES AVAILABLE

Ensure the training facility has adequate hand washing facilities. If not, make sure hand sanitizer is available.



PARTICIPANTS SHOULD WEAR PERSONAL PROTECTIVE EOUIPMENT (PPE)

Athletes, coaches, volunteers and Unified partners should wear PPE if they are able and practice accommodations are made to allow them to do so.



SET ASIDE SPACE TO SCREEN PARTICIPANTS

You must set aside space away from the practice area to collect answers to the symptom survey and take the temperature of all participants. Consider having volunteers dedicated specifically to screening athletes.

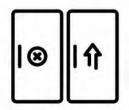


COVID-19: What you need to know *Training in a safe environment*



KEEP IT CLEAN

Frequently clean commonly touched objects with an antibacterial cleaner. Ensure the facility you are using has a consistent cleaning schedule, including for restrooms and hand washing areas.



ENTRANCE AND EXITS FROM FACILITY

Participants should be able to get in and out of the facility and still maintain physical distancing. This should include the parking lot. Families may need some guidance on where to park to maintain adequate distance.



TRAINING FACILITY SPACE

Remember you need enough space within your group to safely maintain the 6 foot physical distancing recommendation between people and you should maintain a reasonable distance between your training group and any other groups who may be using the facility.



EMERGENCY ACTION PLANNING

Each coach should have an Emergency Action Plan that covers what tasks need to be done and by whom in case of a medical emergency, inclement weather, or if a training participant arrives with or contracts COVID -19 during the training season.



PARTICIPANTS BRING THEIR OWN EQUIPMENT

All participants should bring to training sessions their own sports equipment, water bottles, towels and any other personal items. Have sanitizing supplies, if there is a situation where shared equipment might be used and sanitize in between uses.



Preventing the spread of COVID-19



BE AWARE

If you need to sneeze or cough, use the inside of your elbow or a tissue instead of your hands. Try not to touch your face. If you do, wash your hands or use hand sanitizer before and after!



PRACTICE PHYSICAL DISTANCING

We love hugs and high fives as much as you do, but at this time, it is important to stay 6 feet apart. Special Olympics events will look a little different for a while to help everyone stay safe.



WASH YOUR HANDS

Wash your hands for 20 seconds with soap and water. You can also use hand sanitizer with an alcohol content of 60% or more.



KEEP IT CLEAN

Frequently clean and sanitize commonly touched objects with an antibacterial cleaner.



FACE MASKS

Wear a face mask outside of your home, especially if you have a cough, runny nose, or are sneezing. At Special Olympics practice and events, you will be expected to wear a face mask, except during active physical activity.

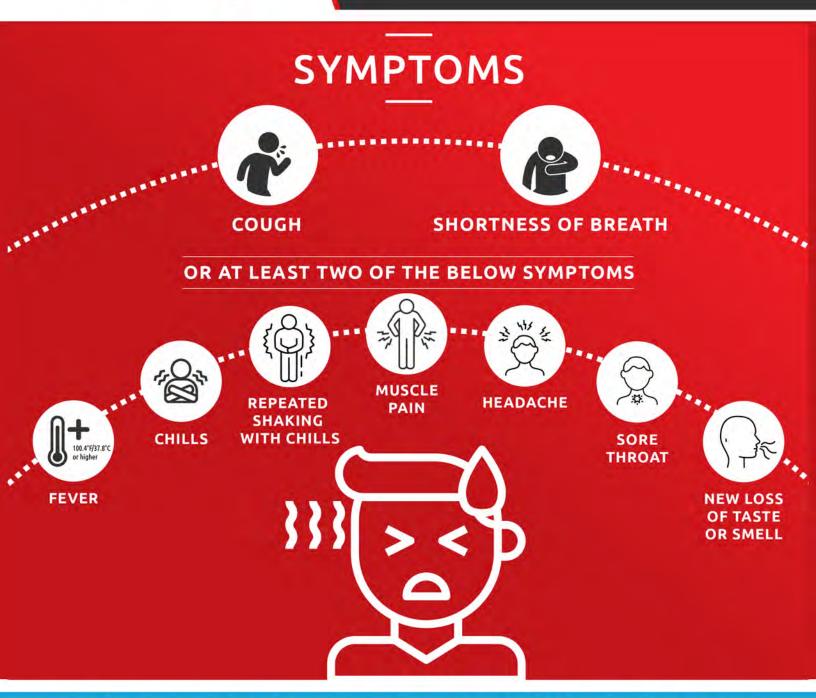


STAY HOME

If you feel sick, or are showing symptoms, stay home and call your healthcare provider for evaluation.



COVID-19: WHAT YOU NEED TO KNOW



IF YOU FEEL SICK, OR ARE SHOWING SYMPTOMS, STAY HOME AND CALL YOUR HEALTHCARE PROVIDER FOR EVALUATION



WEAR A FACE COVERING

STAY SIX FEET APART





DO NOT SHARE EQUIPMENT WASH YOUR HANDS



