



Recommendations  
For  
Returning to Play  
After COVID-19

## PURPOSE:

These Recommendations for Returning to Play in a Training Environment (the "Recommendations") are provided to assist youth soccer in safely and gradually resuming to soccer training while reducing infection risk in the setting of the ongoing COVID-19 pandemic.

These recommendations do not supersede or replace any applicable local, state, regional or federal health guidelines or requirements, which should be adhered to by all members. To date, published local, state, and regional guidelines and requirements vary widely. Each team should conform to the guidelines and requirements that apply to them and should routinely monitor any changes to these guidelines and requirements.

## CONTEXT:

Soccer presents its own inherent risks of disease transmission with respect to SARS-CoV-2, the novel coronavirus responsible for the COVID-19 pandemic, as well as other communicable diseases. Nonetheless, particularly with respect to COVID-19, member organizations will encounter widely disparate levels of local infection and disease spread, local public health guidelines, available resources for testing and preventive measures, and training / competition environments. In this context, it is unrealistic to implement uniform guidelines that are applicable to all organizations.

These recommendations are intended to provide a phased return to training that will be implemented at different times by organizations throughout the country based on local disease burden, local restrictions and gating criteria, local resources and team environmental characteristics. Even if local laws or restrictions would accommodate immediate return to full team activities, however, this document outlines a training progression before full-contact and high intensity team training in order to promote fitness development, reduce injury risk, and account for the possibility of a local resurgence of COVID-19 cases.

In addition, if any player, or certain groups within an program, cannot adequately accommodate the requirements of a given phase in certain environments (for example, social distancing in younger age groups), then those groups should not progress to that phase.

# GENERAL RECOMMENDATIONS

General hygiene practices to reduce the risk of spread of infection: The following practices should be reinforced within our soccer program and community to mitigate transmission of any communicable disease.

- ☒ Avoid touching your face.
- ☒ Frequently wash hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.
- ☒ Cover mouth and nose (with arm or elbow, not hands) when coughing or sneezing and wash hands afterward.
- ☒ Wear a face mask or covering when outside if you have any symptoms of upper respiratory infection.
- ☒ Frequently clean commonly used surfaces (doorknobs, for example) with an antiseptic cleanser.
- ☒ Avoid contact with other individuals (shaking hands, for example).
- ☒ Maintain a distance of 6 feet between you and others.
- ☒ Stay home if you feel sick and contact your health care provider.

## MEMBER ORGANIZATION RESPONSIBILITIES:

We will consider developing and distributing specific written plans regarding practices to reduce risk of transmission within the soccer environment. This plan may include the following information:

- ☒ The specific guidelines and steps that will be taken to reduce the risk of infection among players and staff in accordance with national and local restrictions, as well as the recommendations outlined within this document.
- ☒ Details regarding the following:
  - a) Identification of lead/contact person(s) for matters relating to COVID-19 in terms of prevention, event planning, case reporting, and dissemination of information.
  - b) Symptom monitoring and plans for medical evaluation of symptomatic staff and players.
  - c) Methods for dissemination of information regarding proper hygiene practices, social distancing requirements, and disinfection measures in all training environments.

d) Emergency response planning and coordination with local emergency medical services for all medical emergencies, including COVID-19.

☒ Commitments to abide by national and local recommendations and restrictions regarding hygiene, social distancing, limits on the size of group gatherings, and any other means of reducing the spread of COVID-19.

These procedures may differ from one age group to the next, but for additional specific guidance, please see CDC guidelines regarding returning to youth sports:

(<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>).

Examples of information from the CDC can be found here:

(<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>) and here

(<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs-11x17-en.pdf>)

## **RETURN TO TRAINING RECOMMENDATIONS:**

Returning to training involves a step-by-step re-initiation of safe training environments for players.

Recommendations for returning to competition will be addressed separately but will require progression through each phase of the return to training protocols.

The recommendations for each phase provides an incremental return to soccer participation that is intended to account for both:

(i) the risk of both COVID-19 resurgence; and (ii) the risks of overtraining and injury due to a rapid return to play. The timelines are intended to prioritize athlete health and well-being, including but not limited to the risks presented by COVID-19. These recommendations do not supersede national, state or local laws or requirements. Players and staff should continually abide by all applicable restrictions in their community and should attempt to comply with all recommended guidelines where possible.

## **PHASE 1: TRAINING AT HOME**

While local shelter-in-place orders are in effect and group gatherings are prohibited, players are limited participation and activity to individual training at home, or training with household members, under the guidance of virtual coaching modalities.

## PHASE 2: SMALL GROUP TRAINING AT FACILITIES

*Environmental Context.* This phase can begin once local stay-at-home restrictions are no longer in place and group gatherings are permitted, but when social distancing requirements still apply. At this point, we can take steps to ensure a safe transition to small group training environments at our facilities. This phase could last 2 weeks before progression to Phase 3. In Phase 2, coaches will implement the following recommendations:

- ☒ Prior to attending any training session, each player should check his or her temperature at home, and refrain from participation if she has a fever ( $\geq 100.4$  degrees F).
- ☒ Prior to participation, staff should obtain verbal confirmation from each participating player that:
  - a) The player has not had any no close contact with a sick individual or anyone with a confirmed case of COVID-19
  - b) The player has not had a documented case of COVID-19 in the last 14 days.
  - c) The player is not currently demonstrating or suffering from any ill symptoms
- ☒ Any player reporting or demonstrating symptoms of illness at any point should be removed from training (or prohibited from training) and should seek guidance from his or her physician before attempting to return to training.
- ☒ Training groups may not exceed nine players and one coach (up to 10 total individuals) and should prioritize grouping players who share living spaces where possible (siblings, for example).
- ☒ Players should avoid all physical contact with each other, including celebrations, handshakes, high-fives, etc.
- ☒ All coaches and players must maintain a social distance of at least 6 feet to reduce the risk of disease transmission.
- ☒ Each group should be given a designated time to arrive and depart the training grounds or facility. Players and coaches should remain in the same groups during Phase 2.
- ☒ More than one group may train simultaneously (within local restrictions regarding group gathering size), but each group should train in a designated area, at least 6 feet from other groups, and even further if possible.
- ☒ Individuals should maintain social distancing guidelines during arrival and departure from training, and efforts should be made to stagger arrival and departure times to minimize potential interaction with other groups. We will also consider designating separate arrival drop-off and departure pick-up zones.

☒ Other individuals in attendance (family members, for example) must stay away from the field and maintain at least 6 feet between other individuals in attendance. Ideally, attendees will remain in cars to reduce the risk of disease transmission.

☒ In the event of an injury, staff may assess and facilitate management of the injured individual in accordance with proper first aid management. Family members may participate in injury management as necessary but other players should maintain proper social distance.

#### EQUIPMENT:

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

☒ Players should bring their own equipment (hand sanitizer, water bottle towels, etc.) such that no equipment is shared between players.

☒ Players and coaches may contact another individual's soccer ball with their feet but should not contact it with their hands.

☒ Surfaces that may be contacted and shared by players (benches, balls, for example), should be disinfected before and after use. Equipment used by staff (cones, for example) should not be handled by players or other attendees and should be disinfected after use.

☒ Face mask use by players and coaches should be in accordance with local Guidelines.

☒ Face mask must be used by players and coaches when arriving and leaving the facilities in accordance with local guidelines.

#### FACILITIES AND TRAINING GROUNDS:

☒ Indoor facilities may be utilized as necessary so long as the Phase 2 recommendations are implemented for use of indoor facilities.

☒ Hand sanitizer should be readily available at all training grounds and facilities. Each coach and player should have their own hand sanitizer. Players and coaches should disinfect their hands prior to and immediately after every group session and after any contact with a shared surface.

☒ All surfaces that players/staff may contact when entering and leaving the facility (gates, doorknobs, etc.) should be disinfected between sessions and after the final session of the day. When possible, gates/doors should remain open to reduce contact with potentially contaminated surfaces.

☒ Restrooms should be cleaned regularly to reduce the risk of disease transmission. Hand sanitizer and/or soap and water should be available and used immediately before and after restroom use. If this is not feasible, restrooms will remain closed.

☒ If we can not control the indoor facility's operations, we will only use the indoor facility if all the precautions included in the Phase 2 recommendations have been implemented.

#### ACTIVITY EXAMPLES:

☒ In Phase 2, players may do individual exercises (one player one ball), group exercises (passing progressions with a partner or within the group), or fitness exercises.

☒ Players should not touch the ball with their hands.

☒ Players should not head the ball.

☒ Within this phase, goalkeepers should not use their hands, and will train as field players.

## PHASE 3: LIMITED TEAM TRAINING

*Environmental Context.* Training grounds and facilities are open, local limits on the size of group gatherings have increased, but social distancing requirements remain in place. While many of the recommendations listed in phases 2 and 3 are identical, this progression is deliberately intended to provide a timeline that can promote fitness development, reduce the risk of injuries, and accommodate a resurgence of COVID-19 cases within the local community.

☒ Prior to attending any training event, each player should check his or her temperature at home, and refrain from participation if he or she has a fever ( $\geq 100.4$  degrees F).

☒ Prior to participation, staff should obtain verbal confirmation from each participating player that:

a) The player has not had any no close contact with a sick individual or anyone with a confirmed case of COVID-19 (see Appendix C).

b) The player has not had a documented case of COVID-19 in the last 14 days.

c) The player is not currently demonstrating or suffering from any ill symptoms.

☒ Any player reporting or demonstrating symptoms of illness at any point should be removed from training (or prohibited from training) and should seek guidance from his or her physician before attempting to return to training.

- ☒ We will increase the size of individual training groups within applicable local restrictions regarding group gatherings. Players should again remain within the same group throughout Phase 3.
- ☒ The total number of individuals present should still be restricted based on applicable local guidelines regarding group gatherings.
- ☒ Players should avoid all physical contact with each other, including celebrations, handshakes, high-fives, etc.
- ☒ All coaches and players must maintain a social distance of at least 6 feet to reduce the risk of disease transmission.

## PHASE 3: GROUP TRAINING AT FACILITIES

- ☒ Each group should be given a designated time to arrive and depart the training grounds or facility. Players and coaches should remain in the same groups during Phase 3.
- ☒ More than one group may train simultaneously (within local restrictions regarding group gathering size), but each group should train in a designated area, at least 6 feet from other groups, and even further if possible.
- ☒ Individuals should maintain social distancing guidelines during arrival and departure from training, and efforts should be made to stagger arrival and departure times to minimize potential interaction with other groups. Teams should also consider designating separate arrival drop-off and departure pick-up zones.
- ☒ Other individuals in attendance (family members, for example) must stay away from the field and maintain at least 6 feet between other individuals in attendance. Ideally, attendees will remain in cars.
- ☒ In the event of an injury, staff may assess and facilitate management of the injured individual in accordance with proper first aid management. Family members may participate in injury management as necessary but other players should maintain proper social distance.

### Equipment:

- ☒ Training areas must be separated and specifically designated such that groups will not touch the same surfaces (benches, for example).
- ☒ Players should bring their own equipment (hand sanitizer, water bottle, towels, etc.) such that no equipment is shared between players. Players and coaches may contact another individual's soccer ball with their feet but should not contact it with their hands.

☒ Surfaces that may be contacted and shared by players (benches, balls, for example), should be disinfected before and after use. Equipment used by staff (cones, for example) should not be handled by players or other attendees and should be disinfected after use.

☒ Face masks used by players and coaches should be in accordance with local guidelines.

### Facilities and Training Grounds:

☒ Indoor facilities may be utilized as necessary so long as the Phase 3 recommendations are implemented for use of indoor facilities.

☒ Hand sanitizer should be readily available at all training grounds and facilities. Each coach and player should have their own hand sanitizer. Players and coaches should disinfect their hands prior to and immediately after every group session and after any contact with a shared surface.

☒ All surfaces that players/staff may contact when entering and leaving the facility (gates, doorknobs, etc.) should be disinfected between sessions and after the final session of the day. When possible, gates/doors should remain open to reduce contact with potentially contaminated surfaces.

☒ Restrooms should be cleaned regularly to reduce the risk of disease transmission. Hand sanitizer and/or soap and water should be available and used immediately before and after restroom use. If this is not feasible, restrooms should remain closed.

### Activity Examples:

☒ Within this phase, the team may do individual exercises (one player, one ball), group exercises (passing progressions with a partner or within the group), fitness exercises, or team tactical exercises. For example, a coach may train a group of 18 players while still maintaining proper social distancing.

☒ Players should not touch the ball with their hands.

☒ Players should not head the ball.

☒ Goalkeepers should not use their hands and should train as field players.

## PHASE 4: FULL TEAM TRAINING

Environmental Context. Training facilities are open and there are no local restrictions on the size of group gatherings.

☒ Prior to attending any training event, each player should check his or her temperature at home, and refrain from participation if he or she has a fever ( $\geq 100.4$  degrees F).

☒ Prior to participation, staff should obtain verbal confirmation from each participating player that:

a) The player has not had any no close contact with a sick individual or anyone with a confirmed case of COVID-19 (see Appendix C).

b) The player has not had a documented case of COVID-19 in the last 14 days.

c) The player is not currently demonstrating or suffering from any ill symptoms.

☒ Any player reporting or demonstrating symptoms of illness at any point should be removed from training (or prohibited from training) and should seek guidance from his or her physician before attempting to return to training.

☒ Trainings of any group size can be conducted.

☒ Contact between players may occur during play.

☒ Coaches can integrate into training environments for instruction purposes but should not be in contact with players.

☒ Individuals should maintain social distancing guidelines during arrival and departure from training, and efforts should be made to stagger arrival and departure times to minimize potential interaction with other groups. We will also implement designating separate arrival drop-off and departure pick-up zones.

☒ Other individuals in attendance (family members, for example) should stay away from the field and practice proper social distancing in accordance with local guidelines.

☒ In the event of an injury, staff may assess and facilitate management of the injured individual in accordance with proper first aid management. Family members may participate in injury management as necessary but other players should maintain proper social distance.

## PHASE 4: FULL TEAM TRAINING

Equipment:

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

☒ Soccer balls should be disinfected immediately before and after use, but can be handled by goalkeepers and by players for throw-ins. Training vests can be shared between team members but should be washed before and after each use. Other personal equipment recommendations as above should still apply.

☒ Players should bring their own equipment (hand sanitizer, water bottle, towels, etc.).

☒ Surfaces that may be contacted and shared by players (benches, balls, for example), should be disinfected before and after use.

☒ Equipment used by coaches (cones, for example) should not be handled by players or other attendees and should be disinfected after use.

### Facilities and Training Grounds:

☒ Indoor facilities may be utilized as necessary so long as the Phase 4 recommendations are implemented for use of indoor facilities.

☒ Hand sanitizer should be readily available at all training grounds and facilities. Each coach and player should have their own hand sanitizer. Players and coaches should disinfect their hands prior to and immediately after every group session and after any contact with a shared surface.

☒ All surfaces that players / staff may contact when entering and leaving the facility (gates, doorknobs, etc.) should be disinfected between sessions and after the final session of the day.

☒ When possible, gates / doors should remain open to reduce contact with potentially contaminated surfaces.

### Activity Examples:

There are no restrictions on training activities.

## PHASE 5: RETURN TO LOCAL COMPETITION

Environmental Context. Training facilities are open, there are no local restrictions on the size of group gatherings. Specific guidelines for return to local competition will be included in a separate document issued later, and additional guidelines will be subsequently provided for planning for away games.

### **Symptoms of COVID-19 Infection:**

Individuals with COVID-19 can exhibit symptoms ranging from mild to life-threatening. The most common symptoms associated with infection include:

☒ Fever ( $\geq 100.4$  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

## PHASE 5 cont.: RETURN TO LOCAL COMPETITION

### **Return to Play Following Confirmed or Suspected COVID-19 Infection**

These recommendations are intended to guide decision-making regarding players or staff with a suspected documented COVID-19 infection in order to reduce the risk of disease transmission.

Symptomatic player/staff with suspected or laboratory-confirmed COVID-19 infection:

☒ Cannot attend team events until:

a) At least 3 days (72 hours) have passed since resolution of fever (defined as  $\geq 100.4$  degrees F) without the use of fever-reducing medications and respiratory symptoms (e.g., cough, shortness of breath),

AND...

b) At least 10 days have passed since symptoms first appeared.

OR:

c) Resolution of fever without the use of fever-reducing medications, AND

d) Improvement in respiratory symptoms (e.g., cough, shortness of breath),

AND...

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). Player/staff with laboratory-confirmed COVID-19 who have not had any symptoms:

☒ Cannot attend team events until:

a) 10 days after the date of their first positive COVID-19 diagnostic test assuming no symptoms since that time. If symptoms develop symptoms, then management should be guided as above for symptomatic individuals.

OR:

b) Negative results of an FDA authorized SARS-CoV-2 RNA test from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (two negative specimens).

### **Return to Play Following Confirmed or Suspected COVID-19 Infection**

These recommendations are intended to guide decision-making regarding players or staff following exposure to a suspected or diagnosed case of COVID-19 infection in order to reduce the risk of disease transmission.

Any asymptomatic player/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 monitored for any symptoms consistent with infection.

If asymptomatic after 14 days since last exposure, they 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.

OR:

☒ Coming in direct contact with secretions from an individual with a suspected or confirmed COVID-19 infection (being coughed or sneezed on, sharing a water bottle or utensils, for example).