

Draft 6/17/2020

Bethlehem Catholic Athletics and Activities Reopening Committee

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PLAN PURPOSE

The purpose of this plan is to provide guidelines for Bethlehem Catholic students, coaches and staff to safely return to Athletic and School Activities. The plan includes the PDE requirements for return to athletics which are consistent with the CDC Considerations for Sports. This plan covers all VOLUNTARY off-season team workouts/activities beginning on June 22, 2020 through the start of the fall sports season. To further insure safety during the offseason workouts/activities, no spectators will be permitted on campus, until further notice. Parents who drop-off/pick-up for activities should remain in their car at all times. All athletes are REQUIRED to bring a water bottle.

We will continue to monitor the guidelines of our Coordinated Health/Lehigh Valley Health Network and government organizations and all or our host sites for further “best practices” throughout the process.

Lastly, there is NO REQUIREMENT to participate in the offseason workouts as they are completely VOLUNTARY.

GUIDING PRINCIPLES

A. The information regarding SARS-CoV-2, the virus causing the COVID-19 illness, is changing rapidly nationally and in our community. These recommendations will be reviewed and updated frequently based on new scientific information and local information including COVID-19 testing capacity and state and local health department recommendations.

B. Key strategies currently used should continue:

- 1. Frequent and effective hand hygiene**
- 2. Social distancing as much as possible**
- 3. Disinfecting high-touch areas**
- 4. Avoiding touching the face.**

C. The Centers for Disease Control and Prevention (CDC), PIAA, NFHS, and White House Guidelines form the basis of the recommendations below. These guidelines propose state or regional gating criteria and preparedness responsibilities in an effort to phase back into daily life, business openings, and large gatherings. The nature of how COVID-19 spreads also dictates how there may be regional differences in the phasing in of resocialization. The purpose of this slow phasing is to minimize disease spread as much as we can.

Gating Criteria (based on the Opening Up America Again guidelines):

1. Stable or downward trajectory of influenza-like illness reported within a 14-day period AND a downward trajectory of COVID-like syndrome cases reported within a 14-day period.

2. Stable or downward trajectory of documented cases of COVID-19 within a 14day period or a downward trajectory of positive tests as a percent of total tests within a 14-day period.

3. Hospitals can treat all patients without crisis care and there is a robust testing program in place for at-risk healthcare workers, including emerging antibody testing.

D. The recommendations discussed below are meant as general guidelines, in the context of federal, state, and local county recommendations. All federal, state, and local health department orders and recommendations as related to sports should be followed. Also, schools and sports teams may place stricter criteria than what is listed below.

E. Regional COVID-19 disease rates will direct the use of these proposed guidelines, based on local and State of Pennsylvania Health Department.

RECOMMENDATIONS

A. Recommendations for all phases in both youth and high school activities

1. Each phase should last a minimum of 2 weeks. This may be longer if any issues arise during a specific phase.

2. Athletes, coaches, officials, referees, umpires and all staff should undergo a healthcare screening prior to starting any activity (practice, scrimmage, or games).

3. Practice or game times should be spaced out to limit the number of individuals coming and going at the same time.

4. Hand hygiene is essential. Organizations and facilities need to promote frequent and effective, hand hygiene with ample hand sanitizer (at least 60% ethanol or 70% isopropanol) dispensers and areas with soap and water in many different locations.

5. Educate Athletes, Coaches, and Staff on health and safety protocols.

6. Anyone who is sick must stay home

7. The use of locker rooms is not recommended during these phases. If they are used, proper social distancing should apply within the locker room. (i.e. use only every third locker). Proper area for equipment storage and cleaning is recommended.

8. No unnecessary individuals should be present (such as managers, extra coaches, non- participating athletes, etc.).

9. Spectators are not recommended at any workouts or practices. Parents or caregivers should remain in their cars during this time. No congregating should be allowed in the parking lot or fields. A drop-off line for practices is recommended to avoid unnecessary exposure. For younger children, one parent or caregiver can accompany the child to the health screening. The parent or caregiver should wear a mask or face covering.

10. During competitions, spectators should practice social distancing as permissible and spectators should wear masks or face covering. There is no specified limit on the number of spectators, but organizations and schools may want to put in limits based on other factors (i.e. gym size) to promote social distancing.

11. Any scrimmages or games should be played only against teams located within the Lehigh Valley region.

12. Do not share water bottles during practice. An individual athlete should use their own water bottle, and it should be clearly marked with their name.

13. Water coolers/hydration stations should not be made available as per CDC, PIAA and Governor's office guidelines

14. Ice towels should be used only once, then thrown out or washed properly.

15. No whirlpools, cold tubs, or hot tubs should be used during any of the listed phases.

Best practice for emergency use still applies.

i. Have a cold water immersion tub on-site or within 5 minutes of the field.

ii. On field, it is recommended to have ice towels ready, in addition to the cold tub, for cooling during breaks and to cover the head in the

event that an athlete has an exertional heatstroke and needs to be immersed.

16. No team huddles should take place.

17. No handshakes or fist bumps should take place.

18. Observe proper ways to limit exposure to COVID-19 (hand washing, cough in your elbow, disinfecting all touched surfaces, social distancing, avoid touching eyes, nose, face and mouth, no spitting, gum chewing, etc.)

19. Coaches, officials, referees, and umpires and all staff should wear masks or face coverings.

20. Any equipment used during activities should be disinfected with Environmental Protection Agency (EPA) certified products between each use.

21. Any jerseys used during these workouts should be washed daily and shouldn't be shared with other players during workout.

22. Any balls used (basketball, baseball, soccer ball etc.) can be used during any of the listed phases, however it should be disinfected as much as feasible during the activity.

B. Special Considerations for Athletes and Coaches

1. Several risk factors have been associated with more severe disease in adults. Specific conditions in children/teenagers are less clear, however those with underlying conditions may be more likely to have severe COVID-19 illness.

Current Risk Factors

- a) Age greater than 65 years
- b) Severe obesity (Body Mass Index >40)
- c) Chronic Lung Disease including moderate or severe asthma
- d) Diabetes
- e) Chronic kidney disease

f) Heart conditions

g) Immunocompromised (e.g. any transplant recipient, needing immunosuppressant medications (e.g. steroids, biologics, etc.), patients receiving chemotherapy, etc.) *If you think that your child is immunocompromised, please check with your child's healthcare provider.

2. Adults should consider delaying participation in these activities if risk factors are present. Consultation with your healthcare provider (Physician, Nurse Practitioner, Physician Assistant) is recommended if you have questions.

3. Children/Teenagers with risk factors should consider consulting with your healthcare provider about participation since limited data exist and, in many cases, (well controlled diabetic or asthmatic) an increased risk is likely not present.

C. Social Considerations/Assessments

1. Exceptions may be needed for some of these conditions based on circumstances.

a) Showers may be needed after practice in some circumstances (like having to work after practice, homelessness, etc.). Coaches and administrators can make these exceptions. Social distancing should be maximized, and proper cleaning should take place.

b) Students MUST bring their own water bottle. Water bottles must not be shared. (Taken from PIAA and Governor's office guidelines)

i. For parents or caregivers that walk or rely on public transportation, an area away from practice should be set aside that allows for social distancing.

ii. Schools and organizations should attempt to have extra masks or face coverings available. If they are cloth-based, they should be washed after each use.

iii. For athletes not able to wash their workout clothes, schools and organizations should attempt to help provide this for them.

2. Additional situations may arise based on social vulnerabilities. Schools and organizations should attempt to think of these situations and develop solutions that continue to practice the key elements of preventing COVID-19 spread.

D. Screening

1. Every coach and athlete should be screened when they enter the campus or facility where the sporting activity will take place. They should wear a mask or face covering until they screen negative. Following a negative screening, masks/face coverings may be removed only as allowed by phases outlined below

2. An athletic trainer (AT) who is employed at the organization or school is the ideal person to complete this screening. If no athletic trainer is employed, or additional help is needed for screenings, then specific individuals (preferably someone medically trained) should be assigned to complete the screening:

a) For the Certified Athletic Trainer or other health care provider, the following items are recommended:

i. Personal Protective Equipment should be worn, including masks and gloves when appropriate.

ii. Wear a mask at all times when on campus or in the facility. Hand hygiene should be performed, either through wearing gloves or using hand sanitizer between athlete contacts.

iii. Athletic Trainer should clean any tables used for assessing athletes with hospital grade cleaner after each patient and wipe down the entire AT room at least twice a day.

iv. The number of athletes in the athletic training room should be limited and there should be space for 6 feet of social distance in the athletic training room at all times. People inside the room should wear

masks or face coverings. Only one athlete per treatment table should be allowed.

v. Athletic Trainer should budget for an abundance of cleaning/disinfectant wipes and sprays within their supply orders to assure proper sanitation is maintained without fear of shortages. PPE and hand sanitizer supplies should also be well budgeted, supplied, and maintained.

3. The screening should include two components – a questionnaire and temperature check. See Appendix A for specific detail.

a) Questions Checklist – will continue to be updated based on recommendations from the state and the CDC. Current questions are provided in Appendix A.

b) Temperature check with a thermometer is recommended but not required (Fever: temperature greater than 100.4°F for children and greater than 100°F for individuals over the age of 18).

i. Temperature assessment is much more important for screening adults

ii. Forehead thermometer or touchless thermometer is preferred

iii. Tips for athletes/staff to avoid artificially low or high temps

1. Two to Three Minutes before the temperature check:

a. Turn off AC or heat and/or angle blowers

b. Oral thermometers – refrain from drinking hot or cold liquids

c. Cold weather – remove warm hats such as beanies

2. If walking in overly cold weather – temporal reading often fails, as it's too cold for the thermometer to register. Retest at the wrist or neck.

3. Warm weather – we haven't had incredibly HOT weather yet so we'll see how that affects walkers. We do see abnormally

low temps due to AC in cars – that’s easily addressed by the first bullet.

iv. Process for Temperatures above/below normal:

1. Allow several retries within a period of 10 minutes.

2. Make the adjustments listed above before the first retest. This often resolves the issue in less than 1 min. If not, move the individual to the side (at least 6 ft away) and retest after 1 minute.

3. If step 2 is unsuccessful, wait several more minutes before retesting. Fails can retest again at 10 minutes, if desired.

4. Artificially lowered temps (a common cheat) will usually raise within 1-2 min. The employee/athlete typically looks sick so this is an easy cheat to spot and address.

4. If an individual has positive findings on their COVID-19 screening, they should be sent home immediately. (If the athlete’s parents are not present, escort the athlete to a designated isolation room or an area away from others. They should wear a mask or face covering.) They should then be directed to a virtual COVID-19 screening visit (see resources listed below). Individuals should not be allowed back until they have documentation of either a) a negative COVID test or b) release from a medical provider (testing is not indicated or symptoms are inconsistent with COVID-19).

5. After the athlete, coach, or official is screened negative, they should receive an indicator that shows they have been screened (for example: a colored wrist band, a sticker that changes daily, a marking on hand) with the current date and initials of the screener.

E. Positive COVID-19 Athlete or Coach

1. Notify the local public health authority. A school nurse, athletic trainer, healthcare provider, or member of the organization should create and provide a line list of all close contacts and their contact information to the health

department. This will ensure timely and efficient contact tracing which is necessary to stop the spread of disease.

2. If an athlete or coach not wearing a mask is confirmed to have COVID-19, the following should occur:

a) All participants that have practiced or competed with this individual (up to 48 hours before they started showing symptoms) should be excluded from practice and play for 14 days. Teams should keep documentation of names and contact information of opposing teams, coaches, and officials for contact tracing purposes.

b) Coaches and staff who were in contact with the infected individual while properly wearing a mask may not need to be excluded from practice and play. In some cases, a mask may not be considered protective depending on the type of exposure.

i . Exception could be made if all activities were done while practicing appropriate social distancing. This is up to the sole discretion of the healthcare providers involved.

ii. If a coach is positive and was wearing a mask or face covering, it is possible that none of their contacts will have to be excluded from play or practice. In some cases, a mask or face covering may not be considered protective depending on the type of exposure.

c) To return to sports post COVID-19 diagnosis with no or only mild symptoms (not hospitalized), the individual must meet all the following criteria. The rationale behind the following guidelines is based on the myocardial injury, cardiac dysfunction, and arrhythmias associated with COVID- 19.

i. At least 14 days have passed since symptoms first appeared. During this time the athlete/coach should not participate in any exercise while monitoring clinical worsening of symptoms.

ii. Symptoms are resolved: no fever (>100.4°F) for 72 hours without fever reducing medications, improvement in respiratory symptoms (cough, shortness of breath)

iii. The patient should be evaluated and provide a note for sport participation from a medical provider (MD, DO, NP, PA).

1. Individuals without a medical provider can contact their local public health agency.

2. Given the potential for COVID-19 to affect the heart, providers should utilize current sport pre-participation screening evaluations with a low threshold to obtain additional work-up (i.e. high sensitivity troponin, ECG, Echo) or referral to cardiology if concerned.

3. Medical providers should take into consideration the intensity level of sport participation and exercise to help guide their decision to pursue additional evaluation.

d) After returning, the athlete/coach should increase participation and exercise in a gradual and individualized process while monitoring for exercise fatigue or worsening symptoms. This individualized process should be generated as a joint decision between the medical provider, coach and athletic trainer.

e) If symptoms worsen or new symptoms occur during gradual return of play such as, but not limited to, chest pain, chest tightness, palpitations, lightheadedness, pre- syncope or syncope the athlete/coach should be evaluated by a medical provider.

f) All practices and competitions should have individuals who are familiar with CPR, the chain of survival, and how to use Automated External Defibrillators (AEDs).

F. Activity Type and Phases (Condensed version in Appendix B)

1. High-frequency of contact sports: Sports involving close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants. These sports include: Baseball, Basketball, Cheerleading, Dance Team, Field Hockey,

Tackle/Flag/Touch Football, Ice Hockey, Lacrosse, Soccer, Softball, Wrestling, Volleyball.

Phase 1

a) Phase 1 may start following your school's approval, and that your district is in the yellow or green phase. This is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases within your school or organization.

b) During this phase, individual workouts are allowed to begin on campus or at the organization's facility. Workouts should emphasize strengthening and reconditioning. However, groups should stay small, no more than 10-12 individuals, including coaches, are recommended in a space, or approximately one athlete per 144 square ft of facility space when working out indoors. The space should be a large enough distance that individuals can maximize social distancing. No players or coaches should be within 6 feet of each other. There should be no interaction between groups during this phase. During workouts indoors, such as the weight room, athletes should wear a cloth mask. Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating in workouts. Hand sanitizer should be plentiful and available to individuals as they transfer from place to place. All machines or equipment should be wiped down with disinfectant after each use. Gathering limitations and cleaning should be enforced by school administration, not the athletic trainer. Locker rooms should not be utilized during Phase 1. Students should report to workouts in proper gear and immediately return home to shower at the end of the workout.

c) When conditioning outside or in the gymnasium, groups should still remain within their 10-12 person pods, limiting the overall group to 25 individuals.

d) Athletes should not interact with anyone outside the area where their individual workout is located.

e) A Cloth face mask is required indoors while in the Athletic Training room, locker room, and weight room

f) Moving to phase 2 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, with no outbreak of cases within your school or organization.

Phase 2

a) Phase 2 should be done with minimal protective sports equipment (for example, only wearing helmets for football). Team drills can take place where players are less than 6 feet apart, but this should be minimized to brief one-on-one drills. Most of the practice should use social distancing.

b) No two teams should be in the same location at one time. If the same field or gym will be used back-to-back, teams should allow plenty of time between sessions to clean the area between teams. Half-field use is allowed. Be sure that there is no interaction between teams. Lower risk sports practices and competitions may resume, while modified practices may begin for moderate risk sports.

c) Any sports equipment used should be disinfected between individual uses (such as: helmets, bats, sticks, etc.).

d) Social distancing should apply as much as possible during these team workouts and practices. If locker rooms or meeting rooms are used, there must be a minimum distance of 6 feet between each individual at all times.

e) During weight room training sessions, groups should stay small, no more than 10-12 individuals, including coaches, are recommended in a space, or approximately one athlete per 144 square ft of facility space. The space should be of a large enough distance that individuals can maximize social distancing. No players or coaches should be within 6 feet of each other. It is recommended to still minimize interaction between groups during this phase. During workouts indoors, such as the weight room, athletes should wear a cloth mask.

f) A Cloth face mask is required indoors while in the Athletic Training room, locker room, and weight room.

g) Moving to phase 3 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak within your school or organization

Phase 3

a) During Phase 3, team practices with partial equipment and moderate contact drills are allowed.

b) Intra-squad scrimmages are allowed during this phase. Moderate risk sports practices and competitions may begin. Modified practices may begin for Higher risk sports.

c) During competitions, spectators should practice social distancing as allowed and spectators should wear masks or face coverings. No specified limit on the number of spectators but organizations and schools may want to put in limits based on other factors (such as their gym's size) to promote social distancing.

d) All equipment used should be disinfected between individual uses (such as sticks, helmets, sleds etc.)

e) Cloth face masks are required indoors (AT, locker room, weight room etc)

f) Moving to phase 4 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases at your school or organization.

Phase 4

a) During this phase, full team practices, scrimmages, and game competitions are allowed. Scrimmages and games should only be played against teams located within the Lehigh Valley region.

b) During competitions, spectators should practice social distancing as much as able and spectators should wear masks or face coverings. No specified limit on the number of spectators but organizations and schools may want to put in limits based on other factors (such as gym size) to promote social distancing.

c) All sports equipment used should be disinfected between individual uses (such as bat, stick, helmets, shoulder pads, sleds, etc.)

d) A Cloth face mask is required indoors while in the Athletic Training room, locker room, and weight room.

e) This phase is recommended until the fall sports season resumes.

2. Low-frequency of contact sports: Sports that can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between uses by competitors. These sports include: Diving, Gymnastics, Field Events (high jump, pole vault, javelin, shot-put), Golf, Weight lifting, Bowling, Golf, Riflery, Cross Country, Swimming, Tennis, Track.

Phase 1

a) Phase 1 may start following your school's approval, and that your district is in the yellow or green phase. This is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases within your school or organization.

b) During this phase, individual workouts are allowed to begin on campus or at the organization's facility. Workouts should emphasize strengthening and reconditioning. However, groups should stay small, no more than 10-12 individuals, including coaches, are recommended in a space, or approximately one athlete per 144 square ft of facility space when working out indoors. The space should be large enough that individuals can maximize their social distance. No players or coaches should be within 6 feet of each other. There should be no interaction between groups during this phase. Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating in workouts. Hand sanitizer should be plentiful and available to individuals as they transfer from place to place. All machines or equipment should be wiped down with disinfectant after each use. Gathering limitations and cleaning should be enforced by school administration, not the athletic trainer. Locker rooms should not be utilized during Phase 1.

Students should report to workouts in proper gear and immediately return home to shower at the end of the workout.

a) When conditioning outside or in the gymnasium, groups should still remain within their 10-12 person pods, limiting the overall group to 25 individuals.

b) Athletes should not interact with anyone outside the area their individual workout is located.

c) A Cloth face mask is required indoors while in the Athletic Training room, locker room, and weight room.

d) Moving to phase 2 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases at your school or organization.

Phase 2

a) Inter-squad scrimmages are allowed during this phase. Teams should allow for proper acclimatization before playing opponents.

b) All equipment used should be disinfected between individual uses.

c) If the same field or gym will be used back-to-back, allow plenty of time between sessions to clean the area between teams. Be sure that there is no interaction between teams.

d) During competitions, spectators should practice social distancing as permissible and spectators should wear masks. No specified limit on the number of spectators but organizations and schools may want to put in limits based on other factors (such as gym size) to promote social distancing.

e) A Cloth face mask is required indoors while in the Athletic Training room, locker room, and weight room

a) Moving to phase 3 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases at your school or organization.

Phase 3

a) Full team practices, scrimmages, and game competitions are permitted.

Scrimmages and games should only be played against teams located within the Lehigh Valley region.

b) All equipment used should be disinfected between individual uses (such as bat, stick, helmets, sleds etc.)

c) A Cloth face mask is required indoors while in the Athletic Training room, locker room, and weight room.

d) During competitions, spectators should practice social distancing as much as able and spectators should wear masks or face coverings. No specified limit on the number of spectators but organizations and schools may want to put in limits based on other factors (such as gym size) to promote social distancing.

e) This phase is recommended until the fall sports season resumes.

**Updated following PIAA release of Guidance For All Sports to Operate (6/10/2020). Additional recommendations for August and beyond may need as additional information is available.*

Bethlehem Catholic

Return To Sport Plan (Abridged Version)

Phase I

- a. Criteria to begin: school board approval of Health and Safety Plan. School region must be in Yellow Phase as designated by the State of Pennsylvania.**
- b. Start with small groups, approximately 10 individuals, especially when working indoors.**
- c. Cloth masks should be worn indoors**
- d. Strength and conditioning should be emphasized**
- e. Minimal sharing of equipment is recommended, and equipment must be cleaned between each use.**
- f. No two teams should share the same space during workouts**

Phase II

- a. Criteria to begin: gating criteria met for preceding two weeks and no outbreaks within the community.**
- b. Team workouts and practices can progress**
- c. Minimal one-on-one interaction should be emphasized**
- d. Cloth masks should be worn indoors**

Phase III

- a. Criteria to begin: gating criteria met for preceding two weeks and no outbreaks within the community.**
- b. Moderate interaction between athletes**
- c. Intrasquad scrimmages may occur**
- d. Cloth masks should be worn indoors**

Phase IV

- a. Criteria to begin: gating criteria met for preceding two weeks and no outbreaks within the community.**
- b. Cloth masks should be worn indoors**
- c. Full practice**

