



GOVERNMENT OF THE
VIRGIN ISLANDS

COVID-19



Joint Information Cell • Health Emergency Operations Centre



SPORTS & RECREATION GUIDANCE

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SPORTS AND RECREATION GUIDANCE

Introduction

The decision to participate in sports and spectate at sporting events will be dependent on athletes, families, and sports clubs acting in concordance with the guidance set out here. Participants and spectators should understand that social interaction and congregation increase the risk of individuals becoming ill from coming into contact with persons infected with SARS-CoV-2 and potentially spreading the virus to family members and the community.

As the Ministry of Education, Culture, Youth Affairs, Sports, Fisheries and Agriculture begins to reopen sports and other recreational activities, the Ministry of Health and Social Development, Health Emergency Operations Centre (HEOC) offers the following considerations for the protection of players, coaches families, and communities to slow or prevent the spread of the Coronavirus Disease 2019 (COVID-19).

Framework for the Resumption of Sports and Recreation

A resumption of sporting activities should not occur until appropriate measures are implemented to ensure safety of community sport members.

This should encompass:

- 1) Guidance from Ministry of Health;
- 2) Risk Assessment for each sport;
- 3) Preparation of sporting/training/competition facilities or environments; and
- 4) Health Assessment and on-going monitoring of athletes and facilities.

I. Guidance from local Public Health Authority (Ministry of Health)

Initial resumption of community and individual sports will be governed by public health policy and Government directives.

It is worth noting that the resumption of some sporting activities is dependent on local COVID-19 transmission (e.g. geographical variability), resources and other variables.

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All community sporting organisations must ensure that the activities undertaken in training and competition are consistent with the applicable guidance from Public Health Authorities.

Resumption of sporting activities may not be linear. Relaxing/increasing restrictions may be required in response to fluctuating numbers of COVID-19 cases.

An initial resumption of sporting activity is dependent on several factors:

- A sustained decrease in COVID-19 transmission.
- Healthcare system capacity.
- Community sport clubs/groups and individuals making their own risk assessment guided by the Public Health Authorities (i.e. community sports clubs and individuals cannot restart sports before permitted by Public Health Authorities and may decide to delay a restart due to their own circumstances/risk assessment).

Three levels (Levels A, B, C) of sporting activities are recommended in the context of a COVID-19 (Refer to Table 1). For each level, permitted activities, general hygiene measures, and spectators, additional personnel considerations are provided as recommendations for community and individual sports before the resumption of community or individual sports and recreation.

We are advising a slow, phased, transitional approach to reopening. See below figure.



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All Sports	Level A	Level B	Level C
<p>General description</p>	<p>Activities that can be conducted by individual (solo) athletes or by pairs where at least 6 feet can always be maintained between participants.</p> <p>No contact between athletes and/or other personnel must occur. Examples for all sports - general aerobics and anaerobic fitness (e.g. running, cycling, sprints, hills) and specific sports related drills (e.g. dribble moves, form shoots, ball passing, cone exercises).</p> <p>Strength and sport-specific training permitted if no equipment required, or have access to own equipment (e.g. ergometer, weights).</p> <p>Online coaching and resources (e.g. videos, play books) are heavily encouraged.</p>	<p>Level A plus:</p> <p>Indoor/outdoor activity that can be conducted in small groups</p> <p>No more than 10 athletes and/or other personnel in total) and with adequate spacing (1 person per 4m²).</p> <p>Some sharing of sporting equipment permitted such as kicking a football, hitting a tennis ball, use of a skipping rope, weights, mats.</p> <p>Focus on non-contact skills training.</p> <p>Accidental contact may occur but no deliberate body contact drills. No wrestling, grappling, holding, tackling or binding.</p> <p>Commercial gyms, bootcamps, yoga, pilates, zumba, dance classes (e.g. barre, ballet, hip hop, not partnered), cycling 'spin' classes permitted if other measures (above) are met.</p>	<p>As per Level B plus:</p> <p>Full sporting activity that can be conducted in groups of any size including full contact (competition, tournaments, matches).</p> <p>Wrestling, holding, tackling and/or binding (e.g. rugby scrums) permitted.</p> <p>For larger team sports (e.g. rugby, football, soccer, basketball), consider maintaining some small group separation at training.</p> <p>For some athletes full training will be restricted by commercial operation of facilities.</p>

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All Sports	Level A	Level B	Level C
General hygiene measures	<p>No sharing of exercise equipment or communal facilities.</p> <p>Personal hygiene measures must be applied pre and post training AND especially even when training away from group facilities.</p> <p>Do not share drink bottles or towels. Do not attend training if unwell (contact doctor).</p> <p>Do not mass gather before, during or after practice. This includes social events or group meals.</p> <p>Spitting and clearing of nasal/ respiratory secretions on ovals or other sport settings must be strongly discouraged.</p>	<p>Communal facilities can be used after a sport-specific structured risk assessment by Environmental Health Department and mitigation processes are undertaken.</p> <p>All persons (athletes, trainers, staff, personnel) must adapt the ‘Get in, train and get out’ mentality– be prepared for training prior to arrival at venue.</p> <p>This includes minimising the:</p> <ul style="list-style-type: none"> * need to use/gather in changing rooms, bathrooms. *use of communal facilities (e.g. gym, court) with limited numbers (not more than 10 athletes/other personnel in total) and having cleaning protocols in place for equipment and facilities. <p>Hand hygiene (hand sanitisers) must be enforced, with hand sanitizers used pre, post and during training.</p> <p>Thorough full body showers with soap before and after training (preferably at home).</p> <p>No socialising or group meals.</p>	<p>Return to full use of sporting facilities.</p> <p>Continue hygiene and cleaning measures as per Level B.</p> <p>If any massage beds are being used, hygiene practices should include no bed linen except single use towels.</p> <p>Cleaning of treatment beds and key surfaces should occur before and after each athlete treatment.</p> <p>Appropriate hand hygiene before and after each treatment.</p> <p>Limit unnecessary social gatherings.</p>
Spectators, additional personnel	<p>No spectators unless required. (e.g. parents/guardians or carers).</p>	<p>Separate spectators from athletes.</p> <p>Spectators should maintain social distancing of at least 6 feet.</p> <p>Spectators from the same household can sit together.</p>	<p>Minimum contact of non-essential surfaces to occur and hands on treatment should be kept to essential only.</p> <p>Non-essential personnel should be discouraged from entering change rooms.</p>

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At all times Sports groups should consider reducing the level of risk by limiting participation.

For example: If organisations are unable to put in place safety measures during team-based activities, they may choose individual or at-home activities, especially if any members of the team are at high-risk for severe illness.

I. Risk Assessment

When assessing risk the US Center for Disease Control (CDC) emphasises considering the following:

- **Physical closeness of players, and the length of time that players are close to each other or to staff.** Sports that require frequent closeness between players may make it more difficult to maintain social distancing, compared to sports where players are not close to each other. For close-contact sports (e.g., football, netball, basketball), play may be modified to safely increase distance between players.

For example, players and coaches can:

- Focus on individual skill building versus competition;
 - Limit the time players spend close to others by playing full contact only in game-time situations;
 - Decrease the number of competitions during a season;
 - Coaches can also modify practices so players can work on individual skills, rather than on competition. Coaches may also put players into small groups (cohorts) that remain together and work through .
- **Amount of necessary touching of shared equipment and gear (e.g., protective gear, balls, bats, racquets, mats, or water bottles).** It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it, then touching their own mouth, nose, or eyes. Minimise equipment sharing, and clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.
- **Ability to engage in social distancing while not actively engaged in play (e.g., during practice, on the sideline).** During times when players are not actively participating in practice or competition, attention should be given to maintaining social distancing by increasing space between players on the sideline, or bench. Additionally, coaches can encourage athletes to use downtime for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.
- **Age of the player.** Mature sporting personnel might be better able to follow directions for social distancing and take other protective actions like not sharing water bottles. A coach, parent, or other caregiver can assist with making sure that athletes maintain proper social distancing. For younger athletes, youth sports programmes may ask parents or other household members to monitor their children and make sure that they follow social distancing and take other protective actions (e.g., younger children could sit with teachers , instead of in-group area).

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- **Players at higher risk of developing serious disease.** Parents and coaches should assess level of risk based on individual players on the team who may be at higher risk for severe illness, such as children who may have asthma, diabetes, or other health problems.
- **Size of the team.** Sports with a large number of players on a team may increase the likelihood of spread of COVID-19, compared to sports with fewer team members. Decrease team sizes, as feasible.
- **Nonessential visitors, spectators, volunteers.** Limit any nonessential visitors, spectators, volunteers, and activities involving external groups or organisations.
- **Travel outside of the local community.** Traveling outside of the school or local community may increase the chances of exposing players, coaches, and fans to COVID-19, or unknowingly spreading it to others.

II. Education

Education of the community and sports organisations about COVID-19 risk mitigation strategies is **crucial** to preventing the transmission of the virus.

Some established norms associated with community sport from sharing drink bottles, hugging and shaking hands to arenas packed with spectators are the antithesis of social distancing.

Education will help to promote and set expectations for the required behaviours prior to recommencing activities.

Improved health literacy is also essential and includes awareness of self-monitoring of respiratory symptoms (even if mild).

Community sports may benefit from consulting with local Government and Public Health Authorities on education materials and options available.

Possible education measures include:

1. Provision of education material and training of community sport members to promote required behaviours (e.g. regular and thorough handwashing, proper respiratory etiquette; see Appendix A).

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- The Ministry of Health is a good source of COVID-19 material:

- ➔ Good hygiene for Coronavirus (COVID-19).
- ➔ Hand washing guidance.
- ➔ Self-isolation (self-quarantine) for Coronavirus (COVID-19).
- ➔ Advice for people at risk of Coronavirus (COVID-19).
- ➔ Other Coronavirus (COVID-19) resources.

This education should then target specific sporting groups, providing relevant material for each sport to enable behavior change. For example:

- No sharing of drink bottles and towels.
 - No sharing of mats, or equipment without an appropriate cleaning protocol, in between training sessions.
2. Prominently displaying appropriate education material within sporting environments and facilities.

These can be obtained from the Ministry of Health and should include:

- i. Good hygiene and sanitisation practices posters.
- ii. Hand washing guidance.
- iii. Cover etiquette.
- iv. Symptoms of COVID-19.

III. Preparation of sporting/training/competition facilities or environments

The specific considerations for a safe resumption of community sport will be dependent on the sport and the environment. Considerations include:

- Anticipated number of community sport members
 - ➔ What training can still adequately be done from home?
 - ➔ How can training be staggered to minimise numbers and reduce contact?
 - ➔ How can the numbers at training and competitions be managed to maintain some social distancing?
 - ➔ Modifying training and competition times so that there are less people present at one time.

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- **Cleaning**
 - ⇒ What sporting equipment will athletes be sharing?
 - Balls
 - Training equipment (e.g. skipping ropes, weights, mats)
 - ⇒ Identify the shared facilities.
 - E.g. Bathrooms/changing rooms and kitchens
 - What is the protocol and frequency of cleaning shared facilities?
 - ⇒ Identify who is cleaning these facilities.
 - Have they been adequately trained?
 - ⇒ Identify and use the suggested Environmental Health or Government resources for environmental cleaning and disinfection.

- **Handwashing facilities**
 - ⇒ Are there any facilities to regularly wash hands?
 - ⇒ How many sanitising hand rub dispensers are required in prominent places around the facility/event?
 - ⇒ How often should they be refilled?

- **Adopt a 'Get in, train and get out!' Strategies to limit time and person-to-person contact on site should be implemented.**
 - ⇒ Participants/athletes should arrive dressed and ready to train.
 - ⇒ Minimise use of change rooms, bathrooms and communal areas.
 - ⇒ Where possible, community sport members should shower at home instead of at training venues.
 - ⇒ Community sport members should eat off site.
 - ⇒ Between training efforts, maintain at least 6 feet apart (e.g. in the gym, pool, between sets or efforts).
 - ⇒ Any tasks that can be done at home, should be done at home (e.g. recovery sessions, online meetings).

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- Organisation of community sporting activities
- Identify the spaces that can be used for isolation if an athlete or other personnel becomes unwell.
- Develop and disseminate strategies to:
 - ➔ Ensure that social distancing of at least 6ft is maintained by community sport members attending training or competition.
 - ➔ Communicate/inform community sport members of preventive actions.
 - ➔ Reduce in-person contact between athletes and other personnel.
 - ➔ Manage increased levels of staff/volunteer absences.
 - ➔ Reduce risk to vulnerable groups.
- Ensure that these strategies are in line with Ministry of Health: Public Health directives
See Appendix B for more details.

IV. Health Assessment and Ongoing Management

a. Health Assessment

No athlete, staff member or spectator must not join a sporting or training environment if in the last 14 days they have been unwell or had contact with a confirmed or suspected case of COVID-19.

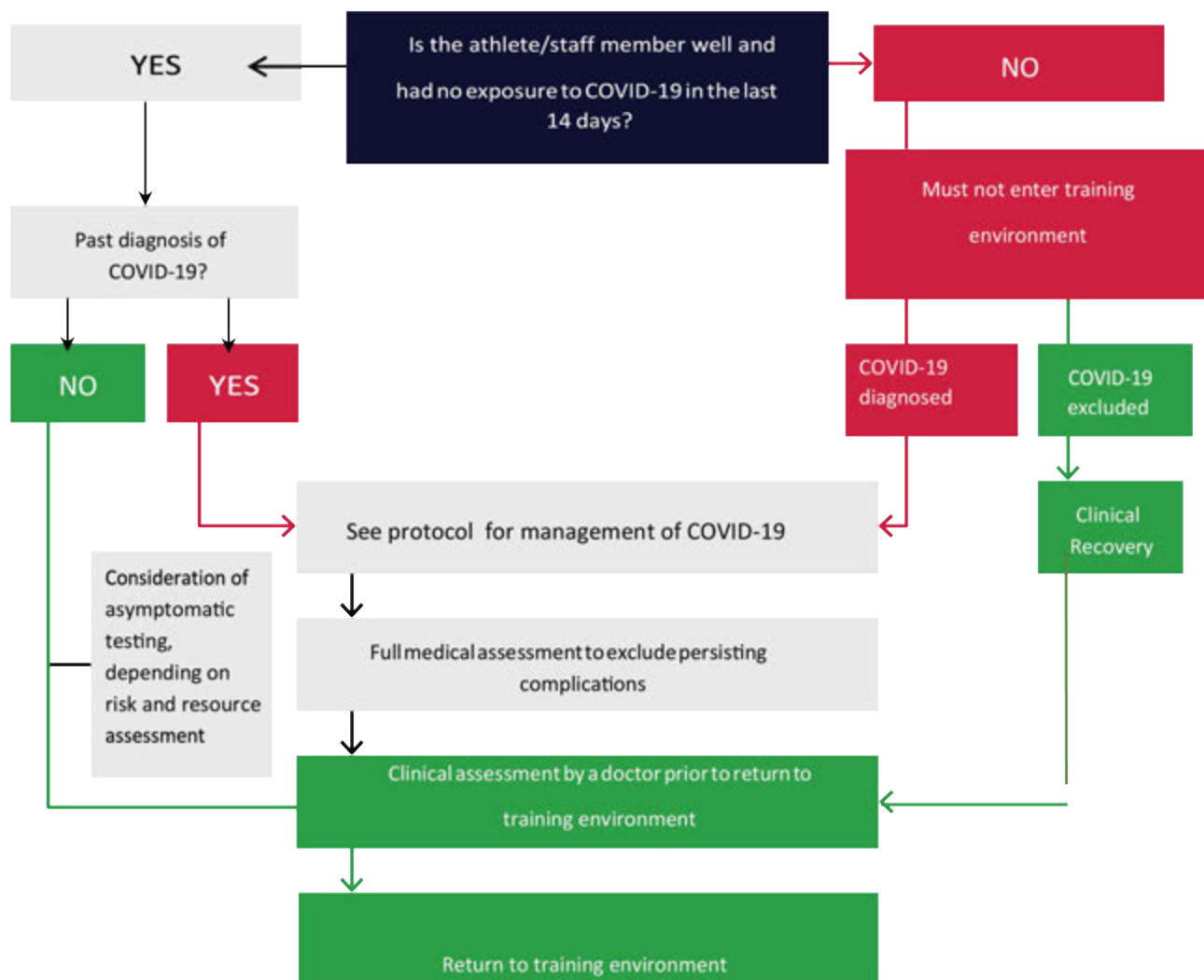
All sport organisations must be proactive and ensure all athletes/staff have been cleared prior to return to the training environment (See figure below). We recommend that all staff and/or employees be tested before resuming coaching or training, especially if they are involved in the training of youth.

Clearance and management procedures for those affected by COVID-19 must at all times comply and be aligned with the advice of Ministry of Health, Public Health Unit.

Any special arrangements for deviation from standard clearance and management procedures must be prospectively agreed to aforementioned Authorities.

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The assessment process will depend on multiple factors including in-country testing resources, athlete risk factors and sport-specific risk factors.

It may be appropriate for an initial screening to be conducted, with follow up examination and investigations as required. Clinical assessment could include:

- Clinical history to confirm absence of respiratory symptoms and relevant risk factors (e.g. exposure to known COVID-19 case).
- Physical examination including vital signs and systems review.
- Blood tests including, but not limited to full blood examination (FBE), C-reactive protein (CRP) and ferritin.

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- PCR and/or antibody testing used as a screening tool in otherwise well individuals without any known risk factors will have extremely low yield in an environment of low COVID-19 prevalence.

In exceptional circumstances, sporting organisations could give consideration to PCR testing to detect asymptomatic carriage or antibody testing to identify prior exposure to SARS-CoV-2.

No PCR testing for COVID-19 (PCR or antibody) should be conducted without prior approval of the Ministry of Health: Public Health Unit, who will conduct their own preliminary assessment to determine the necessity for referral.

Vulnerable Groups

Vulnerable groups consisting of para-athletes, others with pre-existing conditions (e.g. diabetes, obesity, hypertension, cancer, asthma) and those over the age of 70 are at increased risk.

Those with concomitant medical conditions need individualised management in consultation with their regular treating doctor(s) prior to return to training environments.

Potential interventions for vulnerable athletes/other personnel include:

- Routine testing of their trainers.
- Delaying return to sport.
- Training scheduled at designated times (i.e. with no one else around).
- Staff working off-site where possible.
- Maintaining social distancing measures.
- Exclusion of 'high risk' athletes/other personnel from the training environment.

Athletes/staff returning to sport after COVID-19 infection

There will be athletes/other personnel previously infected with COVID-19 and desirous to returning to the sporting environment. However, they must be given clearance by the Ministry of Health before resuming. Athletes/other personnel who have recovered from COVID-19 must maintain strict hygienic practices as they may still be infectious post recovery.

b. Ongoing Management of Athletes

Once training has resumed, it is important that a structured monitoring process is in place to ensure early detection of illness within the training group (*see Appendix C for more details*).

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- **Monitoring of athletes/other personnel**

Athletes/other personnel should be educated regarding early reporting of respiratory symptoms.

Each sport manager/trainers/coach must implement a health monitoring system which should incorporate a respiratory symptoms checklist. *This should be completed each time you have a session per group.*

If medical resources are available, regular screening (brief symptom check, resting heart rate and temperature) of athletes should be considered.

If any athlete is displaying respiratory symptoms or is unwell, immediately isolate, contact their parents and the Public Health Unit to follow up. If symptoms are severe, contact the parents and the medical hotline for emergency assistance.

- **Managing a suspected COVID-19 case**

If an individual is a suspected or probable case and is being tested for COVID-19, they must immediately self-isolate or quarantine and discontinue training until COVID-19 has been excluded and they have been cleared to return to the training environment.

Clearance will be via a quarantine release certificate and evidence of negative test result from Ministry of Health.

Isolation of close contacts will be a decision for public health staff, based on case specific details ascertained from the suspected case.

- **Managing a confirmed COVID-19 case**

COVID-19 is a notifiable disease and the Ministry of Health: Public Health Unit must be informed if you suspect an athlete, staff or spectator of having COVID-19.

Training facilities may be closed on the instruction of the Public Health Authority or the Chief Medical Officer (CMO). Re-opening of the training facility should only occur after close consultation with the Ministry of Health, Public Health Unit, specifically the Environmental Health Division.

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Appendix A

Promoting Behaviors that Reduce Spread

Youth and other sports organisations should consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home when Appropriate**

- ➔ Educate staff and players, teachers and families about when they should stay home and when they can return to activity, Refer to:
 - Actively encourage sick staff, families, and players to stay home. Develop policies that encourage sick employees to stay at home without fear of reprisal, and ensure employees aware of these policies.
 - Individuals, including coaches, teachers, players, and families, should stay home if they have tested positive for or are showing COVID-19 symptoms.
 - Individuals, including coaches, teachers, players, and families, who have recently had a close contact with a person with COVID-19 should also stay home and monitor their health.
 - CDC's criteria can help inform return to work/school policies:
 - If they have been sick with COVID-19.
 - If they have recently come in a close contact with a person with COVID-19.
 - *Refer to Ministry of Health Guidelines.*

- **Hand Hygiene and Respiratory Etiquette**

- ➔ Teach and reinforce hand washing with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitiser that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitiser).
- ➔ Do not allow spitting. Encourage everyone to cover their coughs and sneezes with a tissue or use the inside of their elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitiser that contains at least 60%

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alcohol can be used.

- **Cloth face coverings or face shields, or other high tech mask such as N95 masks**
 - Teach and reinforce the use of cloth face coverings, N95 masks or face shields. Face coverings are not intended to protect the wearer, but rather to reduce the risk of spreading COVID-19 from the person wearing the mask (who may not have any symptoms of disease). Face coverings may be challenging for players (especially younger players) to wear while playing sports. Face coverings should be worn by coaches, youth sports staff, officials, parents, and spectators as much as possible.
 - Wearing cloth face coverings is most important when physical distancing is difficult.
 - People wearing face coverings should be reminded to not touch the face covering and to wash their hands frequently. Information should be provided to all participants on the proper use, removal, and washing of cloth face coverings.
 - Note: Cloth face coverings must not be placed on:
 - Babies and children younger than 2 years old;
 - Anyone who has trouble breathing or is unconscious;
 - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.
- **Adequate Supplies Hand Hygiene**
 - If hand washing facilities are available, support healthy hygiene by providing supplies including soap, paper towels, tissues, and no-touch/foot pedal trash cans. If hand washing facilities are not available, provide hand sanitiser with at least 60% alcohol (for coaches, staff and older players who can safely use hand sanitiser).
- **Signs and Messages**
 - Post signs in highly visible locations (e.g., at entrances and exits, and in restrooms) that promote everyday protective measures and describe how to stop the spread of COVID-19 and other microorganisms such as by properly washing hands and properly wearing a mask.
 - Broadcast regular announcements on public announcement (PA) system.
 - Include COVID-19 prevention messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff, volunteers, officials, and families. This could include links, videos, and prevention messages in emails, on Government website and other organisation websites, and through the team social media accounts.
 - Find freely available materials at BVI Government website.

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Appendix B

Maintaining Healthy Environments and Operations

i. Healthy Environments

Youth sports organisations should consider implementing several strategies to maintain clean and healthy environments.

• Cleaning and Disinfection

- Clean and disinfect frequently touched surfaces on the field, court, or play surface (e.g., drinking fountains) at least daily, or between uses as much as possible. Use of shared objects and equipment (e.g., balls, bats, gymnastics equipment) should be limited, or cleaned between uses by each individual if possible.
- Develop a schedule for increased, routine cleaning and disinfection.
- Ensure safe and correct use and storage of disinfectants, including storing products securely away from children. Use products that are recommended by Environmental Health Division (EHD) on BVI Government website.
- Identify an adult staff member or volunteer to ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Use gloves when removing garbage bags or handling and disposing of trash. ***Wash hands after removing gloves.***

• Shared Objects and Towels

- Discourage sharing of items that are difficult to clean, sanitise, or disinfect. Do not let players share towels, clothing, or other items they use to wipe their faces or hands.
- Make sure there are adequate supplies of shared items to minimise sharing of equipment to the extent possible (e.g., protective gear, balls, bats, water bottles); otherwise, limit use of supplies and equipment to one group of players at a time and clean and disinfect between use.
 - Keep each player's belongings separated from others' and in individually labeled containers, bags, or areas.

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- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils. Offer hand sanitiser or encourage hand washing.
- **Ventilation**
 - ➔ If playing inside, ensure ventilation systems or fans operate properly. Increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling or triggering asthma symptoms) to players or others using the facility.
- **Water Systems**
 - ➔ To minimise the risk **of Legionnaires' disease** and other diseases associated with water, take measures to ensure that all water systems and features (e.g., drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and disinfected but encourage staff and players to bring their own water to minimise touching water fountains. Hot water systems must be inspected and for that purpose allow to run for 2- 3 minutes especially in showers
- **Modified Layouts and Social (Physical) Distancing**
 - ➔ Identify adult staff members or volunteers to help maintain social distancing among youth, coaches, umpires/referees, and spectators.
 - ➔ Space players at least 6 feet apart on the field while participating in the sport (e.g., during warm up, skill building activities, simulation drills).
 - ➔ **Discourage unnecessary physical contact, such as high fives, handshakes, fist bumps, or hugs.**
 - ➔ Prioritise outdoor, as opposed to indoor, practice and play as much as possible.
 - ➔ Create distance between players when explaining drills or the rules of the game.
 - ➔ If keeping physical distance is difficult with players in competition or group practice, consider relying on individual skill work and drills.
 - ➔ Encourage players to wait in their cars with guardians until just before the beginning of a practice, warm-up, or game, instead of forming a group.
 - ➔ Limit the use of carpools or van pools. When riding in an automobile to a sports event, encourage players to ride to the sports event with persons living in their same household.

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- If practices or competition facilities must be shared, consider increasing the amount of time between practices and competitions to allow for one group to leave before another group enters the facility. If possible, allow time for cleaning and/or disinfecting.
- **Physical Barriers and Guides**
 - Provide physical guides, such as signs and tape on floors or playing field, to make sure that coaches and players remain at least 6 feet apart.
- **Communal Spaces**
 - Close shared spaces such as locker rooms, otherwise, stagger use and clean and disinfect between uses.
 - Limit the number of players sitting in confined player seating areas (e.g., on bench) by allowing players to spread out into spectator areas if more space is available (e.g., if spectators are not allowed).

ii. Maintaining Healthy Operations

Youth sports organisations may consider implementing several strategies to maintain healthy operations.

- **Protections for Staff and Players at Higher Risk for Severe Illness from COVID-19**
 - Offer options for individuals at higher risk of severe illness from COVID-19 (risk increases with age, and people of any age with certain medical conditions are at higher risk), such as virtual coaching and in-home drills that limits their exposure risk.
 - Limit youth sports participation to staff and youth who live in the local geographic area (e.g., community, city, town, or county) to reduce risk of spread from areas with higher levels of COVID-19.
- **Regulatory Awareness**
 - Pay attention to Health Emergency Operations Centre COVID-19 guidance on the Government website.

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- **Identifying Small Groups and Keeping them Together**
 - Keep players together in small groups with dedicated coaches or staff, and make sure that each group of players and coach avoid mixing with other groups as much as possible. Teams might consider having the same group of players stay with the same coach or having the same group of players rotate among coaches.
 - Consider staging within-team scrimmages instead of playing games with other teams to minimise exposure among players and teams.

- **Staggered Scheduling**
 - Stagger arrival and drop-off times or locations by cohort (group) or put in place other protocols to limit contact and increase social distancing between groups and with guardians as much as possible. One example is increasing the amount of time between practices and competitions to allow for one group to depart before another group enters the facility. This also allows for more time to clean the facility between uses.
 - When possible, use flexible worksites and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining a distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

- **Gatherings, Spectators, and Travel**
 - Avoid group events, such as games, competitions, or social gatherings, where spacing of at least 6 feet between people cannot be maintained.
 - Limit any nonessential visitors, spectators, volunteers, and activities involving external groups or organisations as much as possible – Avoid activities and events such as off-site competitions or excursions (e.g., watching a professional team compete).

- **Designated COVID-19 Point of Contact**
 - Designate a youth sports programme staff person to be responsible for responding to COVID-19 concerns. All coaches, staff, officials, and families should know who this person is and how to contact them.

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- **Communication Systems**

- ➔ Put systems in place for:
 - Having coaches, staff, umpires/officials, and families of players (as feasible) self-report to the youth sports organisation and the BIV Government hotline if they have symptoms of COVID-19. **Preparing for When Someone Gets Sick section below**), and other applicable laws and regulations.
 - Notifying staff, officials, families, and the public of youth sports facility closures and restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

- **Back-up Staffing Plan**

- ➔ Monitor absenteeism of coaches and officials, cross-train staff, and create a roster of trained back-up personnel.

- **Coach and Staff Training**

- ➔ Train coaches, officials, and staff on all safety protocols.
- ➔ Conduct training virtually, or ensure that social distancing is maintained during training.

- **Recognise Signs and Symptoms**

- ➔ If feasible, conduct daily health checks (e.g., symptom checking) of coaches, officials, staff, and players safely and respectfully, and in accordance with any applicable privacy and confidentiality laws and regulations.
- ➔ Screen staff and players.

- **Sharing Facilities**

- ➔ Encourage any organisations that share or use the youth sports facilities to also follow these considerations.
- ➔ Promote healthy eating, exercising, getting sleep, and finding time to unwind.
- ➔ Encourage employees to talk with people they trust about their concerns and how they are feeling.