

2022

**MORRIS UNITED SOCCER CLUB**  
**COVID-19 RETURN TO SOCCER**  
**PROTOCOL**



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## PURPOSE OF THIS DOCUMENT

The purpose of this document is to define the protocols that will be followed by the Morris United Soccer Club as Local, State and Federal COVID-19 restrictions on youth sports are lifted and MUSC *Returns to Soccer*. The document cannot anticipate all eventualities and will be adjusted as the COVID-19 situation evolves.

**The over-riding theme being followed by the Morris United Soccer Club's *RETURN TO SOCCER* is participant health and safety, which is achieved by managing the risk of the spread of the COVID-19 illness.**

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

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

The guidelines in this document are NOT intended to be a substitute for professional medical guidance for the diagnosis, treatment or advice given to individuals to manage the COVID-19 situation. At all times individuals should follow the directives of our governing authorities and use common sense and err on the side of caution should questions arise.

## CDC CONSIDERATIONS FOR YOUTH SPORTS

### Guiding Principles

The Morris United Soccer Club has consulted and implemented, as appropriate, recommendations listed in the CDC guidance regarding assessing risk, promoting healthy behaviors, and maintaining a healthy environment during youth sports.

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

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

### CDC Additional Considerations

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

## Community levels of COVID-19

High or increasing levels of COVID-19 cases in the local community increase the risk of infection and spread among youth athletes, coaches, and families. The Morris United Soccer Club will consider the number of COVID-19 cases in the community when deciding whether to resume or continue youth sporting activities.

## Physical closeness of players, and the length of time that players are close to each other or to staff

For close-contact sports (e.g., soccer), 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 training, so players work on individual skills, rather than on competition. Coaches may also put players into small groups (cohorts) that remain together and work through stations, rather than switching groups or mixing groups.

## Amount of necessary touching of shared equipment and gear

It is possible that a person can get COVID-19 by touching a surface or object that has the virus on it, and then touching their own mouth, nose, or eyes. Minimize equipment sharing, and clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.

## Ability to engage in social distancing while not actively engaged in play

During times when players are not actively participating in practice or competition, attention should be given to maintaining social distancing by increasing space between players on the sideline. Additionally, coaches can encourage athletes to use downtime for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.

## Age of the player

Older youth might be better able to follow directions for social distancing and take other protective actions like not sharing water bottles. Older players may be able to return to play sooner than younger players.

## Players at higher risk of developing serious disease

Parents and coaches should assess the level of risk based on individual players on the team who may be at higher risk for severe illness, such as children who may have asthma, diabetes, or other health problems.

## Size of the team

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

## Nonessential visitors, spectators, volunteers

Limit any nonessential visitors, spectators, volunteers, and activities involving external groups or organizations.

## Travel outside of the local community

Traveling outside of the local community may increase the chances of exposing players, coaches, and fans to COVID-19, or unknowingly spreading it to others. This is the case particularly if a team from an area with high levels of COVID-19 competes with a team from an area with low levels of the virus. Youth sports teams should consider competing only against teams in their local area (e.g., neighborhood, town, or community).

### DEPARTMENT OF HEALTH

The Morris United Soccer Club will follow all Executive Directives and Administrative Orders established by federal/local/state authorities (e.g., NJ Department of Health, Morris County Department of Health, Office of the Governor, etc.) regarding permitted and/or restricted activities for youth sports, including Executive Order No. 194 (2020) and the Guidance for Sports Activities published on February 8, 2021 by the NJ Department of Health (see [Appendix H](#)).

### GENERAL RESPONSIBILITIES FOR PARTICIPANTS

The Morris United Soccer Club has defined specific protocols to be followed by trainers/coaches/staff, players and parents/spectators for each phase of our *Return to Soccer*. However, there are general practices which should be followed to help reduce the spread of infection regardless of the *Return to Soccer* phase.

### All Participants – General Responsibilities

- 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 or are under a recommendation/requirement from authorities to do so.
- Stay home if you feel sick and contact your health care provider.
- Avoid unnecessary physical contact with other individuals (i.e. shaking hands, high-fives, etc.)
- Maintain a distance of six (6) feet between you and others.
- **If you are diagnosed or symptomatic with COVID-19 (See Appendix D for symptoms of Covid-19)**
  - a) Remove yourself from MUSC activities,
  - b) Contact a healthcare provider,
  - c) Notify your manager (staff), coach (players), VP of Recreation Soccer, VP of Travel Soccer or MUSC Director of Coaching regarding COVID-19 symptoms,
  - d) Consult Appendix B for the protocol for returning to soccer.
- **If you come in close contact with a person with a documented or suspected case of COVID-19**
  - a) Remove yourself from MUSC activities,
  - b) Contact a healthcare provider,
  - c) Notify your manager (staff), coach (players), VP of Recreation Soccer, VP of Travel Soccer or MUSC Director of Coaching regarding the contact

- d) Consult Appendix C for the protocol for returning to soccer.
- Frequently clean commonly used surfaces with an antiseptic cleanser.

### **Trainer/Coach/Staff – General Responsibilities**

- Adult Trainers, Coaches and Staff present at MUSC activities are required to remind participants at MUSC activities to follow social distancing guidelines and to practice safe COVID-19 protocols including wearing protective face coverings when not engaged in active training or games.
- Trainers, Coaches and Staff who are at higher risk for severe illness from COVID-19 should avoid putting themselves at increased risk from contracting the disease. If you are at higher risk (please see Appendix E for guidance), please contact the club to make alternate arrangements for training/coaching of your teams.
- Monitor your health for COVID-19 symptoms DAILY and refrain from participating in activities if you are symptomatic. See Appendix D for symptoms of COVID-19.
- Take your temperature DAILY and refrain from participating in club activities if your temperature is > 100.3 degrees F.
- Prior to participation in any event, trainers/coaches/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.
- Keep equipment clean and disinfect equipment after each day’s activities. See Appendix F for protocol for cleaning equipment.
- In the event a coach/trainer or player has a positive or suspected diagnosis for COVID-19, MUSC will follow the MUSC protocol for notification of a positive diagnoses of COVID-19 and contact tracing (see below).

### **Parent/Players – General Responsibilities**

- Players who are at higher risk for severe illness from COVID-19 should avoid putting themselves at increased risk from contracting the disease. If you are at higher risk (please see Appendix E for guidance), please contact your coach to make alternate arrangements for training.
- Monitor your health and your child’s health for COVID-19 symptoms and refrain from participating in activities if your child is symptomatic. See Appendix D for symptoms of COVID-19.
- Take the player’s temperature before participating in club activities and refrain from participating if the temperature is above 100.3 degrees F.
- The player should provide verbal confirmation before each activity to your coach/trainer 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

- Notify the club (team coach, director of coaching, VP Travel Soccer or VP Rec Soccer) if your child has been diagnosed or has a suspected diagnosis of COVID-19 or if they have been in close proximity to someone with COVID-19 or is suspected of having COVID-19.

### **POLICY ON NON-DISCRIMINATION OF PARTICIPANTS REGARDING COVID-19**

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

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

### **MUSC RETURN TO SOCCER PHASES**

The Morris United Soccer Club has defined five (5) Phases for a *Return to Soccer* during the COVID-19 pandemic. The five phases increase the level of permitted activity and escalate the risk of contracting COVID-19 through contact. Each Phase defines an environmental context under which the activities in the Phase will be permitted, and then defines the protocols to be followed within the Phase for both training and games.

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

### **PHASE 1: Individual Remote Training (CDC: Lowest Risk)**

#### **Environmental Context**

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

#### **Protocol for Training**

- Training is provided remotely/virtually
  - Email, social media of weekly Techne challenges
  - Scheduled (“Live”) training sessions via video teleconference (i.e. Zoom) in the participant’s home/residence
  - Participant uses his/her own equipment



- Communications between Trainers/Coaches/Staff and Players must follow SAFESPORT guidelines
- No in person training between trainers/coaches/staff and players
- Players must participate in events isolated from other players (non-household members).

## Protocol for Games

### Organized games not permitted

## PHASE 2: In-person team technical training (CDC: Increasing Risk)

### Environmental Context

- Stay at home restrictions relaxed.
- Social distancing requirements relaxed
- Small/mid-size group gatherings permitted
- Local parks, recreational facilities/fields opened for youth sports with limitations on the number of participants.
- Organized sports may or may not be permitted
  - Non-contact sports permitted
- NJ Youth Soccer Association has relaxed sanctions on activities and permits in-person technical training

### Protocol for Training

- Small group/team training permitted in outside facility
- Coaches, staff, visitors and athletes will be required to abide by the gatherings/limitations as set forth in Executive Orders and/or Administrative Orders in effect at the time of competition.
  - Up to 10 participants per session (including trainer/coach/staff). The number of participants may be modified based upon prevailing sentiment and federal/state/local restrictions. A return to soccer at Phase 2 will include the number of permitted participants at each session. If not specifically defined, the default maximum number of participants (including trainer/coach/staff) per session is 10.
  - Players must positively confirm ahead of time that they will be attending a session.
  - Coaches/trainers will keep accurate attendance for each session to facilitate contact tracing (if needed).
- Coaches/Trainers/Staff are to check their health each day to confirm they are not symptomatic of COVID-19 (see Appendix D).
- Coaches/trainers exhibiting symptoms of COVID-19 are required to contact a healthcare professional and will only be allowed to return to activities once they have been cleared (see Appendix B).
- Parent/Guardian are to check their child's health and report to trainer/coach/staff that their child is not symptomatic of COVID-19 (see Appendix D).
- Players exhibiting symptoms of COVID-19 will be told to go home and advised to contact a healthcare professional. Players symptomatic of COVID-19 are not allowed to return to sessions until they have been cleared (see Appendix B).

- Coaches/Trainers at higher risk for severe illness (see Appendix E), as defined by the Center for Disease Control, are recommended to not participate in training.
- Players at higher risk for severe illness (see Appendix E), as defined by the Center for Disease Control, are recommended to not participate in training. Players should contact their coach/trainer for alternative training options.
- All training activities are non-contact.
- MUSC will use signs, tapes or physical barriers to assist with guiding social distancing requirements as appropriate for each location.
- Field sessions/training are set-up to ensure 6+ feet of separation between participants. See Appendix G for guidelines on field usage.
- Players are to be designated a space for personal items (soccer bag, water bottle, towel, etc.) which allows for 6 feet of separation from other players.
- Only coaches/trainers may handle common equipment such as cones and field markers.
- Players should bring their own equipment (ball, hand sanitizer, water bottle, training vest(s), 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 or head the ball.
- Goalkeepers should not use their hands and should train as field players.
- 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.
- Field usage times are to be staggered. This is to allow player/ participant arrivals and departures to be staggered, thereby limiting overlap non-field contact.
- Players must arrive no more than ten minutes before the scheduled session start and must depart on time with their parent guardian at the scheduled session end.
- Players are asked to NOT car-pool to/from sessions.
- Training is open to scheduled participants only.
  - No parents/spectators permitted.
  - Only players scheduled for their time are permitted to participate (no guests players).
  - Players are to remain in the same training group for the duration of the Phase.
- Coaches/Trainers must maintain physical separation from players except in the case of injury.
  - In the event of a player injury:
    - Only one coach/trainer is to approach the player to assess the injury.
    - The coach/trainer must wear a mask and new (fresh) pair of gloves when approaching the player.
    - Physical contact with the player is to be minimized and should only include the minimum contact necessary to administer first aid.
    - The parent/guardian for the player is to be notified of the injury and the actions taken as soon as possible.
- Players are advised to clean/disinfect their equipment following each session. See Appendix F for protocol for cleaning equipment.
- Trainers/coaches/staff are to clean/disinfect equipment following each training day. See Appendix F for protocol for cleaning equipment.

- Players and trainers/coaches/staff are advised to wear face masks and other personal protective equipment as recommended by the CDC (see [CDC website](#)).
- **In the event a coach/trainer or player has a positive or suspected diagnosis for COVID-19, MUSC will follow the MUSC protocol for notification of a positive diagnoses of COVID-19 and contact tracing (see below).**

## Protocol for Games

### Organized games not permitted

## PHASE 3: On-Field Team Contact Training (CDC: More Risk)

### Environmental Context

- Training facilities are open with local limits on the size of group gatherings increased.
- Social distancing requirements relaxed.
- Stay at home restrictions relaxed
  - State/County/Local parks open for small group gatherings.
- NJ Youth Soccer Association has permitted “contact” training.
- State and Local youth sports restrictions allow contact between teammates.

### Protocol for Training

- Small group/team training permitted in outside facility.
- Coaches, staff, visitors and athletes will be required to abide by the gatherings/limitations as set forth in Executive Orders and/or Administrative Orders in effect at the time of competition.
  - Up to 25 participants per session (including trainer/coach/staff). This number may be modified based upon prevailing sentiment and federal/state/local restrictions. A return to soccer at Phase 4 will include the number of permitted participants at each session. If not specifically defined, the default maximum number of participants per session is 25.
  - Players must positively confirm ahead of time that they will be attending a session.
  - Coaches/trainers will keep accurate attendance for each session to facilitate contact tracing (if needed).
- **Training activities permit soccer type contact and intra-team and intra-club scrimmages.**
- MUSC will use signs, tapes or physical barriers to assist with guiding social distancing requirements as appropriate for each location.
- All athletes, coaches, staff and others participating in practices and competitions must be screened, via temperature check or health questionnaire, at the beginning of each session. Players, coaches, staff, and volunteers showing symptoms of COVID-19 **shall not** be permitted to participate. If any individual develops symptoms of COVID-19 during the activity, they should promptly inform organizers and **must** be removed from the activity and instructed to return home.
- Individuals are to only use their own personal equipment.
- Players and coaches may contact another individual’s soccer ball with their feet but should not contact it with their hands, unless performing the action of throw-in or to distribute the ball on a restart during training.

- Goalkeepers are permitted to use their hands.
- Heading is permitted for ages U12+ per normal guidelines.
- Training vests can be shared between team members but should be washed after each use. Training vests should not be shared between teams.
- Only coaches/trainers may handle common equipment such as cones and field markers.
- Field usage times are to be staggered. This is to allow player/ participant arrivals and departures to be staggered, thereby limiting overlap non-field contact.
- Players are to be designated a space for personal items (soccer bag, water bottle, towel, etc.) which allows for 6 feet of separation from other players.
- Players are to only use their own water bottle, towel, etc. and not share personal items with other players.
- Players are asked to NOT car-pool to/from sessions.
- Parents/spectators are not permitted to remain on the field during sessions.
- Training open to scheduled participants only
  - No parents/spectators permitted.
  - Only players scheduled for time permitted to participate (no guest players).
  - Players are to remain in the same training group for the duration of the Phase.
- Players must arrive no more than ten minutes before the scheduled session start and must depart on time with their parent/guardian at the scheduled session end.
- Coaches/Trainers/Staff are to check their health each day to confirm they are not symptomatic of COVID-19 (see Appendix D)
- Coaches/trainers exhibiting symptoms of COVID-19 are required to contact a healthcare professional and will only be allowed to return to activities once they have been cleared (see Appendix B).
- Parent/Guardian are to check their child's health and report to trainer/coach/staff that their child is not symptomatic of COVID-19 (see Appendix D).
- Players exhibiting symptoms of COVID-19 will be told to go home and advised to contact a healthcare professional. Players symptomatic of COVID-19 are not allowed to return to sessions until they have been cleared (see Appendix B).
- Coaches/Trainers at higher risk for severe illness (see Appendix E), as defined by the Center for Disease Control, are recommended to not participate in training.
- Players at higher risk for severe illness (see Appendix E), as defined by the Center for Disease Control, are recommended to not participate in training. Players should contact their coach/trainer for alternative training options.
- Coaches/Trainers must maintain physical separation from players except in the case of injury
  - In the event of a player injury:
    - Only one coach/trainer is to approach the player to assess the injury.
    - The coach/trainer must wear a mask and new (fresh) pair of gloves when approaching the player.
    - Physical contact with the player is to be minimized and should only include the minimum contact necessary to administer first aid.
    - The parent/guardian for the player is to be notified of the injury and the actions taken as soon as possible.
- Players are advised to clean/disinfect their equipment following each session.

- Trainers/coaches/staff are to clean/disinfect equipment following each training day
- Players and trainers/coaches/staff are advised to wear face masks and other personal protective equipment as advised by the CDC (see [CDC website](#)).
- **In the event a coach/trainer or player has a positive diagnosis for COVID-19, MUSC will follow the MUSC protocol for notification of a positive diagnoses of COVID-19 and contact tracing (see below).**

### Protocol for Games

- Coaches, staff, visitors and athletes will be required to abide by the gatherings/limitations as set forth in Executive Orders and/or Administrative Orders in effect at the time of competition.
- MUSC will use signs, tapes or physical barriers to assist with guiding social distancing requirements as appropriate for each location.
- Intra-team and intra-club scrimmages permitted.
- No inter-club games permitted.
- Parents and spectators are not permitted at games.
- Handshakes, high-fives and other contact following games will not be permitted. Players wishing to acknowledge their competition should clap their hands in the direction of opponents as a sign of respect.
- Celebrations following goals (or at any time) will avoid contact between teammates.
- The use of external referees is not permitted.

## PHASE 4: Return to Local Tournament & League Play (CDC: Even More Risk)

### Environmental Context

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

### Protocol for Training

- The protocol for Phase 4 training is the same as the protocol for Phase 3 training.

### Protocol for Games

- Coaches, staff, visitors and athletes will be required to abide by the gatherings/limitations as set forth in Executive Orders and/or Administrative Orders in effect at the time of competition.
- MUSC will use signs, tapes or physical barriers to assist with guiding social distancing requirements as appropriate for each location.
- MUSC will follow the protocols established for the competition/league within which each team plays.
- All athletes, coaches, staff and others participating in practices and competitions must be screened, via temperature check or health questionnaire, at the beginning of each session. Players, coaches, staff, and volunteers showing symptoms of COVID-19 **shall**

**not** be permitted to participate. If any individual develops symptoms of COVID-19 during the activity, they should promptly inform organizers and **must** be removed from the activity and instructed to return home.

- Play at this Phase only permits play within a geographic region. For purposes of this phase, region is defined as the state of New Jersey. Play outside the state of New Jersey is not permitted at this phase.
- Games times should be sufficiently staggered to allow players time to arrive and exit the field without contacting players from other scheduled games.
- Parents and spectators will be permitted based upon restrictions set forth by federal/state/local orders.

## **PHASE 5: Return to Inter-Region Play (CDC: Highest Risk)**

### **Environmental Context**

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

### **Protocol for Training**

- The protocol for Phase 5 training is the same as the protocol for Phase 3 and 4 training.

### **Protocol for Games**

- Coaches, staff, visitors and athletes will be required to abide by the gatherings/ limitations as set forth in Executive Orders and/or Administrative Orders in effect at the time of competition.
- MUSC will use signs, tapes or physical barriers to assist with guiding social distancing requirements as appropriate for each location.
- MUSC will follow the protocols established for the competition/league within which each team plays.
- MUSC will ensure the protocols each team will follow are disseminated to the players and parents.
- All athletes, coaches, staff and others participating in practices and competitions must be screened, via temperature check or health questionnaire, at the beginning of each session. Players, coaches, staff, and volunteers showing symptoms of COVID-19 **shall not** be permitted to participate. If any individual develops symptoms of COVID-19 during the activity, they should promptly inform organizers and **must** be removed from the activity and instructed to return home.
- Play at this Phase permits play within multiple geographic regions. Play outside the state of New Jersey is not permitted at this phase. The locations of permitted play will follow restrictions set by federal/local/state orders.
- Games times should be sufficiently staggered to allow players time to arrive and exit the field without contacting players from other scheduled games.

- Parents and spectators will be permitted based upon restrictions set forth by federal/state/local orders.

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

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

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

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

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

- a) At least 3 days (72 hours) have passed since resolution of fever (defined as  $> 100.3$  degrees F) without the use of fever-reducing medications and respiratory symptoms (e.g., cough, shortness of breath), **AND**
- b) At least 14 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).

##### **OR:**

- f) Written medical clearance is provided from a healthcare practitioner that the individual is safe to return to soccer.

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

- a) 14 days after date of their first positive COVID-19 diagnostic test assuming no symptoms since that time. If symptoms develop, then management should be guided as above for symptomatic individuals.



**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).

**OR:**

- c) Written medical clearance is provided from a healthcare practitioner that the individual is safe to return to soccer.

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

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

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

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

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

### **APPENDIX D: SYMPTOMS OF COVID-19 INFECTION**

Individuals with COVID-19 can exhibit symptoms ranging from mild to life threatening. Please consult the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) for latest details on COVID-19 symptoms

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

The most common symptoms associated with infection include:

- Fever ( $> 100.3$  degrees F)
- Cough
- Shortness of breath

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

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



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

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

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

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

## **APPENDIX F: PROTOCOL FOR CLEANING EQUIPMENT**

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

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

## **APPENDIX G: THE USE OF FIELD SPACE**

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

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

The number of participants permitted to practice on a field will follow the orders set by federal/state/local authorities.

## APPENDIX H: NJ DEPARTMENT OF HEALTH GUIDANCE FOR SPORTS ACTIVITIES



### Guidance for Sports Activities

**February 8, 2021**

#### **Youth and Adult Indoor Sports Interstate Restrictions**

Pursuant to Executive Order No. 194 (2020), all interstate games and tournaments for indoor youth sports, up to and including high school, are prohibited until further notice. "Indoor interstate youth sports competition" includes any sports game, scrimmage, tournament, or similar competition that is conducted indoors with opposing teams or individuals from different states competing against each other and which would require an opposing team or individual to travel from a state outside of New Jersey. It also would prohibit out-of-state teams from hosting competitions in the state. Administrative Order No. 2020-25, issued December 31, 2020, clarified that the restrictions regarding interstate youth sports competitions also apply to youth sports competitions conducted outdoors. **These restrictions on interstate competitions remain in effect.**

In addition, New Jersey, Maine, Rhode Island, New Hampshire, Vermont, Connecticut, and Massachusetts have extended a regional commitment to suspend interstate hockey competitions for public and private schools and youth hockey through at least March 31, 2020.

#### Summary

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

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

*High school sporting activities under the jurisdiction of the New Jersey Interscholastic Athletic Association (NJSIAA) must abide by NJSIAA protocols, which shall consider NJDOH guidance.*

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



**Sports program operators must abide by the following risk assessment chart:**

<b>Risk Level</b>	<b>Examples</b>	<b>Permissible Activities</b>	<b>Prohibited Activities</b>
High risk - Sports that involve close, sustained contact between participants	Rugby, boxing, judo, karate, taekwondo, wrestling, pair figure skating, football, group dance, group cheer.	Indoor and Outdoor Practices and Competitions	Interstate youth competitions, as defined in EO 194
Medium Risk - Sports that involve some close, sustained contact, but with protective equipment in place between participants OR intermittent close contact OR group sports OR sports that use equipment that cannot be cleaned between participants.	Lacrosse, hockey, multi-person rowing, multi-person kayaking, multi-person canoeing, water polo, swimming relays, fencing, cycling in a group, running in a close group, group sailing, volleyball, soccer, basketball, baseball/softball, short track.	Indoor and Outdoor Practices and Competitions	Interstate youth competitions, as defined in EO 194
Low Risk - Sports that can be done individually, do not involve person-to-person contact and do not routinely entail individuals interacting within six feet of one another	Archery, shooting/clay target, individual running events, individual cycling events, individual swimming, individual rowing, individual diving, equestrian jumping or dressage, golf, individual sailing, weightlifting, skiing, snowboarding, tennis, individual dance, pole vault, high jump, long jump, marathon, triathlon, cross country, track and field, disc golf, badminton.	Indoor and Outdoor Practices and Competitions	Interstate youth competitions, as defined in EO 194



### **Guidance for Operations**

Outdoor and Indoor Sports and Athletic Facilities Organizations, businesses, schools, and government entities that operate outdoor and indoor sports facilities, such as athletic fields, courts and other playing surfaces, pools, and sailing and boating facilities that are permitted to reopen their premises and facilities to adult sports and supervised youth sport leagues, summer sports camps, and other athletic activities should follow the safety measures outlined below. As a reminder, municipalities retain the discretion to open or close municipal fields or facilities.

#### **1. Preparing a Sports Program for Practices**

- a. Each sports program shall create a plan (“program preparation plan”) to ensure the following:
  - i. Identify adult staff members or volunteers to help remind coaches, players and staff of social distancing. Use of signs, tapes or physical barriers can be used to assist with guiding social distancing requirements.
  - ii. Within the program, consider creating consistent groups of the same staff, volunteers, and athletes, and avoid mixing between groups.
  - iii. Individuals shall remain 6 feet apart from one another whenever possible. This applies to athletes, coaching staff, and referees, as well as parents/guardians and other spectators to the extent they are permitted.
  - iv. Coaching staff and any parents/guardians that are permitted to attend must wear cloth or disposable masks. Athletes must wear cloth or disposable masks when not engaging in vigorous activity, such as when sitting on the bench, when interacting with an athletic trainer, etc. Face masks are not required when persons are engaged in high intensity aerobic or anaerobic activities. Face masks should **not** be worn when engaged in activities that may cause the cloth face covering to become wet, like when swimming, or when doing so may endanger the individual’s health. When face masks are not worn, efforts should be made to maintain at least 6 feet from others.
  - v. Create staggered schedules to limit contact between groups and/or players.
  - vi. 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.
  - vii. All staff should be educated on COVID-19 health and safety protocols prior to the resumption of athletic activities, including:
    1. Revised practice rules and regulations in place during COVID-19;
    2. The importance of staying home when experiencing symptoms of COVID- 19 or residing with someone experiencing symptoms of COVID- 19;
    3. Social distancing and facecoverings;
    4. Proper hand hygiene;



5. How to address a situation in which an athlete presents with symptoms of COVID-19; and
  6. How do address situations in which social distancing or other necessary requirements are challenged by athletes or parents/guardians/visitors.
- viii. Educate athletes and coaching staff about when they should stay home and when they can return to activity.
1. 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 are aware of these policies.
  2. [Individuals, including coaches, players, and families, should stay home](#) if they have tested positive for or are showing COVID-19 symptoms.
  3. Individuals, including coaches, players, and families, who have recently had a [close contact](#) with a person with COVID-19 should also [stay home and monitor their health](#).
  4. Immediately separate coaches, staff, officials, and athletes with COVID- 19 symptoms at any sports activity. Individuals who have had close contact with a person who has symptoms should be separated and sent home as well, and follow [CDC guidance for community-related exposure](#).
  5. Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility.
- ix. All athletes, coaches, and staff should bring their own water and drinks to practice activities. Team water coolers for sharing through disposable cups and other types of shared water sources should not be permitted
- x. Encourage athletes to use their own equipment to the extent possible.
- xi. Discourage sharing of equipment as much as possible. If equipment is shared, coaching staff should be aware of the sanitation procedures for team equipment (balls, bats, etc.) and sufficient disinfecting wipes or similar products should be made available. Consult CDC guidance for cleaning and disinfection.
- xii. Individually partitioned showers or communal showers with installed barriers/partitions (at least 6 feet apart) are only permitted in facilities with pools (in accordance with the NJAC 8:26, Public Recreational Bathing). Locker room use will otherwise be limited to hand washing and restroom use only. If facility showers are to be used, ensure signage is in place to reminding athletes to maintain proper physical distancing of 6 feet.
- b. Communicate applicable details of the plan to parents/guardians and/or participants before commencing practices.
- c. Organizers should further consult and implement, as appropriate, recommendations listed in the CDC guidance regarding assessing risk, promoting healthy behaviors, and maintaining a healthy environment during youth sports.



## **2. Preparing an Indoor or Outdoor Facility for Sports Practices**

- a. Each facility that will be used for practices must:
  - i. Post signage in highly visible locations with reminders regarding social distancing protocols, face covering requirements, and good hygiene practices (e.g., hand hygiene, covering coughs);
  - ii. Reduced crowding and enforce proper social distancing around entrances, exits, and other high-traffic areas of the facility;
  - iii. Ensure routine and frequent cleaning and disinfecting, particularly of high-touch surfaces in accordance with CDC recommendations;
  - iv. Limit occupancy in restrooms that remain open to avoid over-crowding, maintain social distancing through signage and, where practicable, utilize attendants to monitor capacity; and
  - v. Have hand sanitizer, disinfecting wipes, soap and water, or other sanitizing materials readily available at entrances, exits, benches, dugouts, and any other area prone to gathering or high traffic.
  - vi. On any given field or space, there must be sufficient space between designated groups to prevent any interaction between the groups.
- b. Indoor facilities should ensure appropriate indoor air/ventilation by:
  - i. Keeping doors and windows open where possible and utilize fans to improve ventilation.
  - ii. Inspect and evaluate the heating, ventilation and conditioning (HVAC) unit to ensure that the system is operating within its design specifications and according to existing building code standards.
  - iii. Conducting routine maintenance as recommended by the manufacturer or HVAC professional.
  - iv. Within the design specification of the HVAC unit:
    - 1. Increasing the volume of outdoor air to the maximum capacity while the gym is occupied.
    - 2. Reducing the volume of recirculated air being returned to the indoor spaces
    - 3. Increasing the volume of air being delivered to the indoor spaces to the maximum capacity
    - 4. Selecting maximum filtration levels for the HVAC unit.
    - 5. Ensuring that the HVAC unit runs continuously while the facility is occupied.
    - 6. Ensuring that the HVAC unit runs for at least two hours before and two hours after the facility is occupied.
    - 7. Considering installing portable air cleaners equipped with a high efficiency particulate air (HEPA) filter to increase the amount of clean air within the facility.
    - 8. Reviewing and following the latest CDC guidance for ventilation requirements.





### 3. Conducting Sports Practices

- a. All athletes, coaches, staff and others participating in practices and competitions must be screened, via temperature check and/or health questionnaire<sup>1</sup>, at the beginning of each session. Players, coaches, staff, and volunteers showing symptoms of COVID-19 **shall not** be permitted to participate. If any individual develops symptoms of COVID-19 during the activity, they should promptly inform organizers and **must** be removed from the activity and instructed to return home.
- b. Coaches, staff, visitors and athletes will be required to abide by the gatherings/limitations as set forth in Executive Orders and/or Administrative Orders in effect at the time of competition.
- c. Encourage practice activities that do not involve sustained person-to-person contact between athletes and/or coaching staff and limit such activities in indoor settings. For example, focus on individual skill-building activities.
- d. Adhere to precautions outlined in the program preparation plan.
- e. Ensure that athletes and coaches adhere to social distancing while not actively involved in practice activities (on the bench, in the dugout, etc.). Consider assigning coaching staff to monitor sideline social distancing.
- f. If any equipment is provided by the operator, operators must minimize equipment sharing and clean and disinfect shared equipment at the end of a practice session using a product from the list of disinfectants meeting EPA criteria for use against the novel coronavirus. Do not permit athletes to share food, beverages, water bottles, towels, pinnies, gloves, helmets or any other equipment or materials that is involved in direct bodily contact.
- g. Consider dividing larger teams into smaller groups and staggering practices at different times or across different days.
- h. Limit any nonessential visitors, spectators, staff, volunteers, vendors, members of the media, and activities involving external groups or organizations as much as possible. Visitors and spectators should wear face masks at all times, unless doing so would inhibit the individual's health or the individual is under the age of two.
- i. Where they are permitted, operators are encouraged to mark off spectator/chaperone viewing sites to allow for social distancing. Visitors showing symptoms of COVID-19 shall not be permitted to attend.
- j. Restrict spitting, handshakes, high-fives, team huddles, and any other close-contacting activities.

<sup>1</sup> Examples of appropriate screening documents can be accessed at <https://www.cdc.gov/screening/paper-version.pdf> (CDC screener), or [https://www.njsiaa.org/sites/default/files/documents/2020-10/covid-19-screening-questions\\_0.pdf](https://www.njsiaa.org/sites/default/files/documents/2020-10/covid-19-screening-questions_0.pdf) (NJSIAA screener).



#### 4. Preparing for games and tournaments

Competitions, tournaments, invitationals, and other activities or events that involve interaction between athletes from the same team or between teams, while permitted, carry [significant risks](#) that operators, towns, coaches, parents and others should carefully consider before proceeding. If participating in or organizing a competition, tournament, or invitational:

- a. Follow protocols listed above under “conducting sports practices.”
- b. Coaches, staff, visitors and athletes will be required to comply with the gathering limitations, as set forth in Executive Directives and Administrative Orders, in effect at the time of competition.
- c. Concession stands should meet the requirements for indoor and outdoor dining outlined in the applicable Executive Orders and Executive Directives.
- d. Consider social distancing requirements when scheduling contests and events. Social distancing will need to be maintained on buses/vans. Thus, multiple buses/vans and/or individual parent/guardian transportation will likely be required. Games should be scheduled at intervals that allow for proper sanitation of facilities and equipment following each game.

#### Additional notes:

- **Contract Tracing/Public Health Investigation:** Operators, coaches, participants, and others engaging in sports activities **must** cooperate with local health departments (LHDs) on contact tracing. Contact tracing is the process used to identify those who have come into contact with people who have tested positive for many contagious diseases, including COVID-19. It is a long-standing practice and is an integral function of LHDs. Given that club sports teams and recreational sports teams are comprised of students enrolled in local school districts, it will be necessary for both club/recreational youth sports staff and school district staff, including but not limited to administrators, school nurses, school safety specialists, counselors, and any other staff deemed appropriate by the school district, to collaborate with and assist LHDs with contact tracing in the event of illness of a player, coach, referee, athletic trainer, and/or anyone else involved with a sports team/group. Additionally, all school districts and club/recreational youth sports staff should collaborate with LHDs to develop contact tracing policies and procedures, as well as identify the best methods to educate the broader school and youth sports community on the importance of the public health investigation and contact tracing.
- **Behavior of the athletes off the field.** Athletes who do not consistently adhere to social distancing (staying at least 6 feet apart), mask wearing, handwashing, and other prevention behaviors pose more risk to the team than those who consistently practiced these safety measures. Operators and coaches should encourage all participants to abide by applicable infection control protocols outside of the sports activity.
- **Testing of participants.** Testing is recommended if an athlete, coach, or other team member is sick, was exposed to a person who has COVID-19 or had “close contact” with an individual. Any further testing recommendations are dependent on the re-evaluation of the state’s testing priorities.