



Guidance and Considerations for Return to Youth Sports

According to the [American Academy of Pediatrics](#) (AAP), participating in sports has both physical and psychological health benefits for children and adolescents, allowing youth to improve their cardiovascular health, strength, body composition, and overall fitness, as well as experience benefits from relationships with teammates and coaches, and a return to a more structured routine.

During the current COVID-19 pandemic, these benefits must be balanced by the risks involved in the role youth sports play in the transmission of infection. COVID-19 infections occur mainly through exposure to respiratory droplets when a person is in close contact (within 6 feet) with someone who has COVID-19. People who are physically near (within 6 feet) a person with COVID-19 or have direct contact with that person are at greatest risk of infection. COVID-19 spreads less commonly through contact with contaminated surfaces and by airborne transmission (exposure to virus in small droplets that can linger in the air and may be able to infect people who are further than 6 feet away). Therefore, sports that require close interaction, are played indoors, and share equipment may pose a greater risk for COVID-19 infection or transmission.

The decision to return to youth sports resides with administrators of youth sports organizations. Youth sports organizations should work with their county and local authorities to determine when it is safe to return to play. The COVID-19 pandemic is dynamic; youth sports organizations should remain vigilant, flexible and prepared to respond quickly to new developments. The following guidelines from the Hawaii Department of Health are meant to guide the return to sports, once it is safe to do so. This document will be updated as new information becomes available.

GENERAL GUIDANCE

I. ASSESSING RISK

- A) Administrators of youth sports organizations should consider the available data on levels of local transmission and the organization's capacity to implement appropriate mitigation measures. **Specifically, all activities should follow state and local ordinances, including mask wearing and limits on gathering sizes.**
- B) Certain sports are more likely to expose players to COVID-19 than others. Considerations for assessing the risk of spread in a sport should include:
 - Ability to wear masks during play
 - Wearing masks is one of the most important mitigation measures. If a sport cannot be played safely while wearing a mask, it should be deferred until the mask ordinance has been lifted in your area.
 - Length of time players are close to each other or to staff during play



- Ability to engage in physical distancing while not actively engaged in play (e.g., during practice, on the sideline, or in the dugout)
- Size of the teams and personnel
- Ability to hold activities outside
- Amount of necessary touching of shared equipment and gear
- Players' exertion levels
- Players at higher risk of developing serious disease
- Age of players

II. CONTACT TRACING

- Anyone engaging in sports activities are required to cooperate with the Hawaii Department of Health (HDOH) on contact tracing.
- Contact tracing is the process used to identify those who have been in 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 HDOH.
- Given that interscholastic athletics, 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 HDOH 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.

III. GENERAL TESTING OF ATHLETES

- Asymptomatic patients without recent exposure to an infected person will have a low risk of positivity if randomly tested for return to play, and there is a risk of false-positive test results, depending on the platform used.
- Furthermore, a negative test result decreases the risk of spreading disease but does not make it "safe" to return to activity and does not eliminate the need for masking, social distancing, and quarantining as appropriate per the recommendations of the CDC and HDOH.
- Therefore, testing for SARS-CoV-2 is discouraged for athletes unless they are symptomatic or have been exposed to someone infected with SARS-CoV-2 (see [AAP testing guidance](#)).

IV. PARENT/GUARDIAN NOTIFICATION/ACKNOWLEDGEMENT

- During the COVID-19 pandemic, gathering together in any way, including playing sports, involves an inherent risk of the child/adolescent becoming infected and potentially infecting other individuals, including household members.
- Parents/guardians should be aware that risk can be decreased but not eliminated by following safety protocols.



- Schools and sports associations should ensure parents/guardians are aware of their COVID-19 policies and expectations.
- Ultimately, the decision to allow an athlete to participate in sports lies with the parent/guardian, who should consider the balance of benefits and risks of participation during this time. Parents should also consider any underlying health conditions that place their athletes or household members at high risk of severe disease or death should they contract COVID-19.
- Consider requiring parental/guardian signed acknowledgement of the risks of youth sports participation at this time, and agreement to comply with the guidelines put in place by the youth sports organization.

PROMOTING BEHAVIORS THAT REDUCE SPREAD

I. STAYING HOME WHEN APPROPRIATE

- Educate players, families, and staff that they should stay home if any of the following:
 - they have symptoms ([CDC Facilities COVID-19 Screening](#))
 - they or someone in their home tested for COVID-19 and is waiting for results
 - they or someone in their home tested positive for COVID-19
 - they have recently been in close contact with a person with COVID-19
 - Individuals who had recent close contact with a person with COVID-19 should stay home for a minimum of 10 days and monitor their health, even if they test negative for COVID-19

II. SCREENING

- Conduct daily health checks of every person entering the shared practice/play location ([CDC Facilities COVID-19 Screening](#))
- Daily health screenings should be done before people enter and asked to each individual, don't ask questions to an entire team or group of people at once

III. CLOTH MASKS

- Cloth masks covering mouths and noses should be worn at all times by players, coaches, officials, parents, spectators and volunteers, including when:
 - Arriving to or departing from an athletic facility
 - On the sidelines, in the dugout, etc.
 - Engaging in physical activities, including practice and competition
 - Cloth masks should be worn even when physical distancing
- Cloth masks can be removed only while in the water when participating in individual water activities
- While playing high intensity sports, wearing masks may be challenging for players, particularly for younger players and individuals with disabilities and underlying medical conditions. However, individuals (players, coaches, officials,



spectators, and volunteers) who are unable to wear a cloth mask should not participate in youth sports programs

- All individuals should be reminded not to touch the front of the cloth masks and remove masks using the straps.
- Cloth face coverings should be washed daily in hot water and not reused until cleaned
- If a player's mask gets wet, it should be changed for a clean and dry one as a wet mask be difficult to breathe through
- It is important that players bring extra masks in case theirs needs to be changed out
- Referees and officials should consider replacing traditional whistles with a device that can be used for attention without removing their cloth masks (e.g., bell)

IV. HAND HYGIENE

- Players, staff, coaches, officials, and all participants should wash or sanitize hands:
 - before and after practice and games
 - during games and practices with shared equipment or facilities, especially when balls or equipment are touched by more than one person
 - after touching eyes, nose, mouth, or masks
- Have hand sanitizer containing at least 60% alcohol, 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
- Make hand hygiene options available and using them routine after players come off the field and before they touch other items (e.g., water bottles, phones)
- Teach and reinforce hand hygiene
- Restrict spitting
- Avoid touching eyes, nose, mouth, or the front of masks
- Use disposable gloves or hand hygiene when removing garbage bags or handling and disposing of trash

MAINTAINING HEALTHY ENVIRONMENTS

I. CLEANING AND DISINFECTION

- Clean and disinfect frequently touched surfaces on the field, court, or play surface at least daily, or between uses as much as possible
- Limit use of shared objects and equipment (e.g., balls, bats, gymnastics equipment) or clean between use by each individual
- Develop a schedule for increased, routine cleaning and disinfection
- Ensure safe and correct use and storage of EPA approved products
- Use caution when using cleaning products near children
- Ensure adequate ventilation when using these products to prevent inhaling toxic fumes



II. SHARED OBJECTS

- Encourage athletes to use their own equipment to the extent possible
 - If equipment must be shared (e.g., balls, bats, etc.) limit use of supplies to one group of players at a time and clean and disinfect, using an EPA approved product, before switching to another group
- Discourage sharing of items that are difficult to clean, sanitize, or disinfect
 - Players and staff must use their own towels, clothing, or other items they use to wipe their faces or hands
- Keep players belongings separate from others' and in individually labeled containers, bags, or areas
- All players and staff should bring their own water bottles
- If food is offered at any event, have pre-packaged boxes or bags for each attendee. Provide options to limit the sharing of food or utensils. Designate appropriately spaced locations for people to eat and drink, and maintain social distancing whenever masks are removed for eating and drinking

III. VENTILATION

- Prioritize outdoor, as opposed to indoor, practice and play
- If playing inside:
 - Ensure ventilation systems or fans operate properly and provide acceptable indoor air quality for the current occupancy level for each space
 - Circulate air from outside to inside as much as possible, for example by opening windows and doors, ensuring all fans are on high
 - Consider running the HVAC system at maximum outside airflow for 2 hours before and after the facility is occupied
 - Ensure restroom exhaust fans are functional and operating at full capacity when the facility is occupied
 - Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning

IV. PHYSICAL DISTANCING AND MODIFIED LAYOUTS

- Use signage to promote preventative measures (e.g. proper mask use, physical distancing)
- Provide physical guides (e.g., signs and tape on floors or playing fields) to ensure people remain 6 feet apart anywhere they may gather.
- Identify adult staff members to help maintain preventative measures
- Space players at least 6 feet apart as much as possible, even when participating in the sport (e.g., during warmup, skill building activities, simulation drills, and when discussing drills or game strategies)
- Dugouts, benches, and other limited or enclosed gathering spaces should not be used unless 6 feet of distancing can be maintained



- Participants should place personal belongings at least 6 feet away from others' personal belongings.
- Restrict unnecessary physical contact (e.g., high fives, handshakes, fist bumps, hugs, etc.)
- Prioritize outdoor, as opposed to indoor, practice and play
- Players, coaches, umpires, referees, and spectators should remain in their cars until just before the beginning of practice, warm-up, or game; no forming of groups while waiting
- Consider alternatives to carpools or van pools. Players should ride to practice or sports events only with persons living in their same household
- If practice of competition facilities must be shared, increase the amount of time between practices and competitions to allow for one group to leave before another group enters the facility. Allow time for cleaning and disinfection
- Players should be provided adequate space for belongings, water bottles, and equipment to ensure at least 6 feet of distancing when accessing gear

V. COMMUNAL SPACES

- Discourage the use of confined shared spaces as much as possible (e.g., locker rooms). Encourage showering at home instead
- Limit the number of players sitting in confined player seating areas (e.g., dugouts) to ensure physical distancing of at least 6 feet
- Add physical barriers and signage in places such as bathroom sinks when 6 feet apart cannot be maintained. Limit the number of persons allowed in bathrooms at one time.
- Encourage spectators to bring their own additional seating (e.g., chairs) from home and sit only with people they live with
- Consider closing or modifying concessions to minimize opportunities for crowding

MAINTAINING HEALTHY OPERATIONS

I. DESIGNATED COVID-19 POINT OF CONTACT

- Designate a staff person to be the point of contact for each team/cohort.
 - All coaches, staff, officials, players, families and volunteers should know who their point of contact is and how to contact them.
 - The point of contact should be prepared to facilitate
 - communication between the team and the youth sports organization
 - the steps outlined by the youth sports organization and in this guidance if a case of COVID-19 occurs within the team/cohort

II. COMMUNICATION PLAN

- Coaches, staff, umpires/officials, players and their families, and all volunteers should self-report to their point of contact if they:
 - have symptoms of COVID-19



- get tested for COVID-19
- test positive for COVID-19
- had close contact with someone with COVID-19 within the last 10 days
- Put a communication plan in place. Each point of contact should know
 - who to notify within the youth sports organization and their team/cohort (staff, officials, athletes, families)
 - when to notify them (someone was exposed or tested positive)
 - facilities closures and restriction in place to limit COVID-19 exposure (e.g., who to call to close and clean/disinfect the facility)

III. COACH AND STAFF TRAINING

- Train coaches, officials, and staff on all safety protocols and mitigation measures. Athletes and parents should also be educated on what is expected of them.
[Your Guide to Masks | CDC](#)
[Social Distancing | CDC](#)
[COVID-19 Contact Tracing | Johns Hopkins University](#)

IV. RECORDS

- Have everyone sign in and keep a roster of everyone present at each practice, training session, and competition to assist with contact tracing in the event of a possible COVID-19 exposure. Retain attendance rosters for a minimum of 28 days after the event.

V. COHORTING

- Keep players together in small groups (cohort) with dedicated coaches or staff as much as possible, cohort size should follow state and local ordinances
- Ensure that each cohort does not mix with other cohorts
- Hold within-team scrimmages instead of playing games with other teams to minimize exposure among players and teams
- If practical, assign participants from the same household to the same team or cohort

VI. STAGGERED SCHEDULING

- Stagger arrival and drop-off times or locations by cohort
- Increase the amount of time between practices and competitions to allow for one cohort to depart before another cohort enters the facility. Allow time to clean the facility between uses

VII. NONESSENTIAL VISITORS, SPECTATORS, VOLUNTEERS

- Consider limiting nonessential persons and audience size to accommodate social distancing needs. Possibly limit the number of people each player can invite
- Stream practices and games online, if possible, to promote socially distanced engagement



- Discourage events that may increase gathering sizes or result in people socializing together (e.g., potlucks, homecoming games)

VIII. TRAVEL

- Team travel is not recommended at this time

IX. TEAM PHOTOGRAPHY

- Standing close together without masks is a high-risk activity
- Consider taking individual photos and using editing software to combine them into a group photo
- Group photos should be taken outside if possible
- Prepare for the photos before people arrive. For example, identify the site (i.e., bleachers) and pre-mark the spots where people should stand for a group photo to minimize crowding together while coming into the area
- People should face forward in the same direction
- People should wear masks as they get into position and keep the mask on until the photographer provides a command to remove masks and take the picture. Time without masks should be very brief. People should replace their masks as soon as photos are done
- When the photo has been taken, people should quickly separate from others
- Consider using a longer lens to increase distance between the photography staff and the people being photographed

WHEN SOMEONE GETS SICK

I. WHEN A CASE OF COVID-19 OCCURS

- Any coach, staff, official, player, family member or volunteer who develops COVID-19-like symptoms (e.g., fever, cough, shortness of breath, sore throat, etc.) should not come to the facility. If anyone begins to feel ill after they have arrived, they should leave but notify coaches why they are leaving
- Individuals who have had close contact with a person with symptoms should be sent home as well as a precaution until the list of close contacts has been identified
- When the coaches, a point of contact, or the sports organization learns of a COVID-19 case in anyone who attended their events, they should activate their procedures and communication plans for all affected cohorts, groups, and teams
- The sports organization should call the Hawaii Department of Health (HDOH) within 24 hours (see HDOH Telephone Numbers on page 11 of this document)
 - Provide HDOH with the following information:
 - Case's Name, date of birth, and contact information
 - Date of when case last had close contact with team
 - Date of case's symptom onset or, if asymptomatic, when case was tested
 - Whether case has siblings on other teams



- Name, title (e.g., coach), and contact information of caller (including how person may be reached after hours, weekends, and holidays)
- Identify and notify contacts:
 - Compile a list of case's close contacts and provide notification to each close contact (see attached). Close contact is defined as (regardless of whether persons were wearing cloth masks):
 - Within 6 feet of an infected person for a combined total of 15 minutes or more over a 24-hour period
 - In direct contact with the infected person's secretions (e.g., being coughed on)
 - Once close contacts have been notified let people know that all close contacts have been notified and if they were not notified, they are not considered a close contact
- Procedures should be developed to ensure both the privacy of the cases and close contacts and the safety of everyone. Ensure case's identity remains confidential except for notification of HDOH
- Perform cleaning and mitigation measures
 - Close off areas used by a sick person (bathroom, common areas, gym, etc.) until after cleaning and disinfecting them (for outdoor areas, this includes surfaces that may be touched and shared objects in the area)
 - Wait at least 24 hours before cleaning and disinfecting to minimize the potential exposure to respiratory droplets. If 24 hours is not feasible, wait as long as possible
 - After 24 hours, clean and disinfect any areas used by the person with COVID-19, shared common areas (including restrooms) and any supplies or equipment handled by ill person, per CDC and EPA guidance:
 - Use products that meet [EPA disinfection criteria](#)
 - [Cleaning and Disinfecting Your Facility | CDC](#)
 - [Cleaning and Disinfecting Public Spaces for COVID-19 | CDC](#)
 - Focus on frequently touched surfaces and any supplies or equipment that may have been handled by the ill person

II. RETURN TO PLAY AFTER COVID-19

- All athletes with exposure to COVID-19, regardless of symptoms, require a minimum 10-day resting period from date of positive test and must be asymptomatic for 24 hours without medication before returning to exercise and/or competition.
- Youth who have recovered from COVID-19 should be cleared for a return to sports by their physician and undergo evaluation for cardiac symptoms such as chest pain, shortness of breath, fatigue, palpitations or syncope.
- A positive cardiac screen or other concerning findings should prompt an electrocardiogram (ECG) and potential referral to a pediatric cardiologist for clearance.



- Those with severe COVID-19 symptoms (ICU stay and/or intubation) or multisystem inflammatory syndrome in children (MIS-C), should be restricted from exercise for a duration of 3 to 6 months. These athletes must be cleared to resume participation by their primary care physician and obtain a cardiology clearance.
- For all athletes, a graduated return-to-play protocol over the course of a 7-day minimum is recommended. Consideration for extending the progression should be given to athletes who experienced more severe COVID-19 symptoms as outlined below
- Review and follow the latest American Academy of Pediatrics (AAP) [COVID-19 Interim Guidance: Return to Sports](#)



HAWAII DEPARTMENT OF HEALTH (HDOH) TELEPHONE NUMBERS

<u>Island</u>	<u>Hours</u>	<u>Contact</u>	<u>Telephone Number</u>
Oahu	M-F 7:45 am-4:30 pm	HDOH Disease Reporting Line	(808) 586-4586 (808) 587-6845 (ask for school liaison)
Maui Molokai Lanai	M-F 7:45 am-4:30 pm	Maui District Health Office	(808) 984-8213
Kauai		Kauai District Health Office	(808) 241-3563
Hawaii (Hilo)		Big Island DHO (Hilo)	(808) 933-0912 (808) 974-6006
Hawaii (Kona)	M-F 7:45 am-4:30 pm	Big Island DHO (Kona)	(808) 322-4877 (808) 974-6006
<u>After Hours/Weekends/Holidays</u>			
Oahu			(808) 600-3625
Neighbor Islands			(808) 360-2575



RESOURCES

Centers for Disease Control and Prevention, Coronavirus Disease 2019, Considerations for Youth Sports: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

Centers for Disease Control and Prevention, Coronavirus Disease 2019, Youth Sports Program FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports-faq.html>

American Academy of Pediatrics COVID-19 Interim Guidance: Return to Sports: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

Youth Sports Guidelines from the following cities/states:

[Connecticut](#)

[Delaware](#)

[Illinois](#)

[Indiana](#)

[New Jersey](#)

[City of St. Louis Youth Sports Guidelines](#)

[Washington](#)



Appendix