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Special Olympics



As citizens, communities, and nations around the world resume operations and activities in the time of COVID-19, Special Olympics has developed guidance for its Programs on returning to activities. This guidance is founded on the latest medical information available and guidance from organizations such as the World Health Organization (WHO) and nation-specific health agencies such as the Centers for Disease Control and Prevention (CDC) in the U.S.

Throughout this document "participants" are defined as all athletes, Unified partners, coaches, volunteers, family members, caregivers, staff or others in attendance of an activity.

### **Guidance on COVID-19 Return to Activities**

Information on COVID-19 is changing daily. Transmission rates vary across the countries in which Special Olympics Programs operate. Local and national governments, school districts, and health agencies are developing their own guidance and mandates. It will be incumbent upon leaders at all levels of the Special Olympics movement to continually monitor this ever-changing situation and adjust decision-making accordingly while adhering to the guidance contained herein. **Programs MUST designate a COVID-19 response point-person to keep current with Phases and all compliance requirements, coordinate response and monitor for COVID-19. This may be the <b>National Director/CEO/Executive Director or a designee.** Periodically Regional or Global calls may be convened with these individuals for monitoring.

These are intended as minimum guidelines for Special Olympics Programs as they consider returning to activities. It is intended to supplement – not replace – any state/provincial, local, territorial/national or tribal health and safety laws, rules and regulations with which similar organizations must comply.

Additionally, the information in this document is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. The knowledge and circumstances around COVID-19 are changing constantly and, as such, Special Olympics makes no representation and assumes no responsibility for the accuracy or completeness of this information. Further, you should seek advice from medical professionals and/or public health officials if you have specific questions about symptoms and/or diagnoses related to COVID-19.

Similarly, Programs should immediately consult with legal and/or insurance counsel regarding any liability or coverage related questions.

# **Guiding Principles**

- 1. The health and safety of all members of the Special Olympics movement is paramount.
- 2. Beyond a sports organization, Special Olympics is a movement for and by people with intellectual disabilities (ID), and its guidance must be inclusive and directed at the unique needs and abilities of people with ID.
- 3. Relevant WHO and country-specific (e.g., U.S. CDC) guidelines should serve as minimum standards. In addition, consideration should be given to local and community authorities in that if there are more conservative/restrictive guidelines, these should be followed.
- 4. Guidance is based on current medical information available at the time of publication. As knowledge of COVID-19 is changing rapidly, guidance will continue to evolve.
- 5. Guidance takes a phased approach that is dependent on local transmission rates as well as testing/monitoring/contact tracing/health system capacity.



# Phased Approach to Return to Activities

Special Olympics is adopting adopt a three (3) phased approach to return to activities. It is important to note there may be times a community will revert to an earlier phase if and when the spread of infection rises in the future.

#### Participation Risk Awareness and Acknowledgement

Prior to returning to any in-person Special Olympics activities in Phases 1 through 2, all participants are recommended to complete and return a *Participant Risk Acknowledgement Form* which provides information and guidance on assessing risk and acknowledges that participation could increase risk of contracting or spreading COVID-19.

If participants have tested positive and/or been diagnosed with COVID-19, the participant must provide written proof of clearance from their healthcare professional prior to returning to sport or fitness activities. Special Olympics Programs should ensure that all participants (e.g. athletes, unified partners, coaches, volunteers, staff, and families) are educated about those that are at higher risk of complications from COVID-19 as well as all procedures and expectations for return to activities.

SPE	CIAL OLYMPICS RE	<b>TURN TO ACTIVITIE</b>	S PHASES
Phase 0	Phase 1	Phase 2	Phase 3
Prevalence: community	Prevalence: clusters of cases	(Prevalence: sporadic cases	(Prevalence: No reported
transmission occurring	occurring	reported)	cases*)
Stay at home order in	Stay at home order is lifted,	Size restrictions on gatherings	No restrictions on size of
place for all	restriction on size of	increased to ≤50 people.	gatherings and public facilities
individuals.	gatherings (≤10 people).		are open.
			* In Epidemic or Pandemic stage
No events or activities of	HIGH RISK INDIVIDUALS (see	HIGH RISK INDIVIDUALS (see	HIGH RISK INDIVIDUALS (see
any sort to be held in	appendix) should continue to	appendix) should continue to	appendix) can resume public
person.	remain at home.	remain at home.	interactions, but should practice
a second a second second	DDACTICES USALTU/FITNESS		physical distancing, minimizing
Individual sport training	PRACTICES, HEALTH/FITNESS, LEADERSHIP and LOCAL	PRACTICES, HEALTH/FITNESS, LEADERSHIP and LOCAL EVENTS	exposure to social settings where
sessions in own home	EVENTS (10 or fewer	(50 or fewer participants), MAY	distancing may not be practical,
using own equipment.	participants) MAY resume if	resume if they adhere to physical	unless precautionary measures are observed.
Coaching occurs	they adhere to strict physical	distancing and sanitation	observed.
virtually.	distancing and sanitation	protocols. Indirect contact (e.g.	LARGE COMPETITION and
vireddity.	protocols. No direct or indirect	through a ball in the hand) MAY	GAMES (with people traveling
Fitness and Health	contact (e.g. through a ball in	resume. No direct contact should	from multiple geographic areas
programming offered	the hand) should take place.	occur in sports.	who are in same phase) <b>MAY</b>
virtually or at home.		·	potentially occur, if permitted by
	Virtual programming should be	Virtual programming should be	WHO, country and local standards.
Meetings, conferences	made available for those not	made available for those not able	
or trainings to be held	able to attend in person.	to attend in person.	Virtual programming should still
virtually.			be made available for those not
	Select disciplines of <b>HEALTHY</b>	HEALTHY ATHLETES may occur	able to attend in person.
	ATHLETES occur for disciplines	for disciplines where risk	
	where risk mitigation and	mitigation and infection control	HEALTHY ATHLETES may resume
	infection control precautions	precautions can be put in place.	activities, with appropriate
	can be put in place.	SCHOOL-based activities led by	infection control precautions in place.
	SCHOOL-based activities led by	schools should comply with	place.
	schools should comply with	guidance from schools/districts.	SCHOOL-based activities led by
	guidance from schools/districts.	guidance ironischools/districts.	schools should comply with
	galoance from schools, districts.		guidance from schools/districts.



In the following pages, precautions to mitigate risks are outlined for each phase. If these considerations cannot be met, Programs should not proceed to the next phase. It is recommended that Programs take time (at least 2-4 weeks in each phase) to evaluate the success of the mitigation and infection control precautions prior to moving on to the next phase.

SOI expects the timeline to differ for returning to these phases by local Programs. Provided the Program has met the necessary criteria for each phase and has taken the recommended precautions to mitigate risks, the Program may choose to proceed to the next phase in accordance to local/state/provincial/territorial/national guidelines. However, Special Olympics Programs should consider lagging behind general re-openings within their community by at least two weeks to benefit from lessons learned and to determine if there is a potential resurgence of COVID-19 cases.

In addition, Programs should be prepared to revert from a later phase to an earlier phase if local or national authorities require and/or if Programs are unable to meet the mitigation and precautions.

#### Mitigation and Precautions by Phase

#### PHASE 0 – All Individuals Stay at Home

Prevalence: Community transmission occurring. Size: Stay at home orders. No gatherings of any size, public facilities are closed.

Phase 0 Comply	Follow local and federal restrictions regarding Stay at Home.	
Phase 0 Educate	<ul> <li>Designate a COVID-19 response point person for the Program.</li> <li>Educate all participants on:         <ul> <li>Benefits and risk of physical activity after COVID-19 infection.</li> <li>PPE, hygiene, and physical distancing for safety.</li> </ul> </li> <li>Continue 'at home' activities to maintain fitness and activity levels.</li> </ul>	
Phase 0 Prepare	<ul> <li>Prepare appropriate resources for safe 'at home' activities.</li> <li>Prepare participants for participation in virtual activities or virtual competition</li> <li>Know how to communicate potential cases to local health authorities for test and to the Special Olympics Accredited Program, while maintaining and respecting privacy laws.</li> </ul>	
Phase 0 Activity	<ul> <li>Share resources digitally and activate participants virtually (or via mailings).</li> <li>Virtual participants with COVID-19 symptoms should refrain from participating in activities and consult with a healthcare professional for further evaluation.</li> </ul>	



PHASE 1 Prevalence: Clusters Size: Local gathering	of cases occurring s restricted to ≤10 people, individuals at high risk should remain safe at home
Phase 1 Comply	<ul> <li>Ensure compliance with all local and national regulations, including for participation of individuals at high risk.</li> <li>Ensure that the Board (including a medical professional, if possible) approves of the plan to return to activities.</li> </ul>
Phase 1 Educate	<ul> <li>Designate a COVID response point person for the activity.</li> <li>Prior to attendance, educate all participants on:         <ul> <li>High-risk conditions and the risks of participation.</li> <li>Requirement that anyone who has symptoms must stay home and to contact their own health provider if they are sick for further evaluation.</li> <li>Requirements for in-person gathering, including PPE, hygiene, and physical distancing.</li> </ul> </li> <li>Following this education (e.g. video or handouts), all participants should action and confirm updependent of sides and confirm updependent.</li> </ul>
Phase 1	acknowledge receiving education and confirm understanding of risks and participation procedures by signing <i>Participant Risk Acknowledgement Form</i> (See Supplemental material). Have COVID screening protocol in place and coaches/staff/volunteers
Prepare	<ul> <li>Have COVID screening protocol in place and coaches/starry/olditeers prepared to implement prior to or upon arrival at event (see additional guidance on screening protocol below).</li> <li>Ensure that the venue is disinfected or sanitized, especially bathrooms.</li> <li>Highly recommend use of outdoor, well-ventilated facilities. Where possible instruct participants to use single entry point (to allow for screening process) and separate exit.</li> <li>No shared supplies such as towels and water/beverage bottles).</li> <li>Minimize shared equipment. Equipment should never be used by one participant and then another without disinfection between uses. If equipment is to be used by multiple people during the activity, prepare a cleaning protocol and supplies to disinfect equipment between uses.</li> <li>Remind participants to bring PPE and, if used, their own water bottle, towel, and equipment. Have facemasks/PPE available for those who are unable to bring.</li> <li>Have reminders/signage posted that reinforces appropriate use of PPE relevant to the activity, hygiene and physical distancing.</li> </ul>



Phase 1 Prepare Continued	<ul> <li>Have hand sanitizer or handwashing facilities available at venue.</li> <li>Know how to communicate potential cases to the local health authorities for testing and to the Special Olympics Accredited Program (within privacy laws).</li> <li>Remind participants that during transport to activities, it is recommended that participants should wear a mask if on public transport, such as a bus, trolley, subway or if carpooling which includes someone not living with them.</li> <li>If Special Olympics is providing transportation, participants must wear facemasks during travel.</li> </ul>
Phase 1 Activity	<ul> <li>On arrival, conduct screening for ALL PARTICIPANTS (see screening protocol below). All participants with symptoms, a history of recent (last 14 days) COVID exposure, or temperature &gt;100.4F/37.8C must not proceed to the activity</li> <li>Continue to provide a safe participation option for those who are at high risk and thus unable to participate in person (e.g. virtual/training at home).</li> <li>Activities must comply with distancing guidelines at all times.         <ul> <li>No activities that involve direct or indirect contact (e.g., through a ball in the hand) can occur. Consider spacing for drills, etc. using visual guides such as tape, chalk, cones, etc.</li> <li>Maintain physical distancing and after activity</li> <li>Wear facemasks throughout the activity, except during exercise, including upon arrival and departure</li> </ul> </li> <li>Coaches and volunteers should minimize changes in personnelgroups should stay together and not change.</li> <li>Program staff must provide reminders to participants on standard infection prevention measures (e.g. frequent handwashing, avoid touching face, cover mouth when sneezing/coughing, etc.) at the start and throughout event.</li> <li>No spectators should be allowed to congregate on the sidelines of activities. Individuals providing transportation for participants should remain in vehicles until sessions are over. If participants need assistance, caregivers may remain provided they also maintain distancing, hygiene and use PPE, including masks.</li> <li>Maintain a list of all participants with contact details. This will allow for contact tracing should a participant be later diagnosed as having COVID-19 during the activity.</li> </ul>



PHASE 2	
	radic cases occurring
	rings restricted to ≤50 people, individuals at high risk should remain safe at home
Phase 2 Comply	Ensure compliance with all local and national restrictions, including for participation of high-risk individuals.
	Ensure that the Board (including medical professional, if possible) approves the plan for a return to activities.
Phase 2 Educate	Designate a COVID response point person for the activity.
	<ul> <li>Prior to attendance, educate all participants on:         <ul> <li>High-risk conditions and the risks of participation.</li> <li>Requirement that anyone who has symptoms must stay home and to contact their own health provider if they are sick for further evaluation.</li> <li>Requirements for in-person gathering, including PPE, hygiene, and physical distancing.</li> </ul> </li> </ul>
	Following this education (e.g. video or handouts), all participants should acknowledge receiving education and confirm understanding of risks and participation procedures by signing <i>Participant Risk Acknowledgement Form</i> (See Supplemental material).
Phase 2 Prepare	<ul> <li>Have COVID screening protocol in place and coaches/staff/volunteers prepared to implement prior to or upon arrival at event (see additional guidance on screening protocol below).</li> <li>Ensure that the venue is disinfected or sanitized, especially bathrooms.</li> <li>No shared supplies such as towels and water/beverage bottles.</li> <li>Minimize shared equipment. If shared equipment must be used, prepare a</li> </ul>
	<ul> <li>cleaning protocol and supplies to disinfect shared equipment between uses.</li> <li>Remind participants to bring PPE and, if used, their own water bottle, towel, and equipment. Have facemasks/PPE available for those who are unable to bring.</li> <li>Have reminders/signage posted that reinforces appropriate use of PPE relevant to the activity, hygiene and physical distancing.</li> </ul>
	<ul> <li>Have hand sanitizer or handwashing facilities available at venue.</li> <li>Know how to communicate potential cases to the local health authorities for</li> </ul>
	<ul> <li>testing and to the Special Olympics Accredited Program (within privacy laws).</li> <li>Remind participants that during transport to activities, it is recommended that participants should wear a mask if on public transport, such as a bus, trolley, subway or if carpooling which includes someone not living with them.         <ul> <li>If Special Olympics is providing transportation, participants must wear facemasks during travel.</li> </ul> </li> </ul>



Phase 2 Activity	<ul> <li>On arrival, conduct screening for ALL PARTICIPANTS (see screening protocol below). All participants with symptoms, a history of recent (last 14 days) COVID exposure, or temperature &gt; 100.4F/37.8C may not proceed to the activity</li> </ul>
	<ul> <li>Activities must comply with distancing guidelines at all times.</li> <li>Indirect contact (e.g., through a ball in the hand) MAY resume. Direct contact may NOT resume yet.</li> <li>Maintain physical distancing and avoid close contact (e.g. high fives, hugs,</li> </ul>
	<ul> <li>huddles).</li> <li>Wear facemasks throughout the activity, except during exercise, including upon arrival and departure</li> </ul>
	Coaches and volunteers should minimize changes in personnelgroups should stay together and not switch up if possible.
	Program staff must provide reminders to participants on standard infection prevention measures (e.g. frequent handwashing, avoid touching face, cover mouth when sneezing/coughing, etc.) at the start and throughout event.
	Participants may share equipment when circumstances require it (i.e. soccer ball on the field). If shared equipment must be used, prepare a cleaning protocol and supplies to disinfect shared equipment between uses.
	Maintain a list of all participants with contact details. This will allow for contact tracing should a participant be later diagnosed as having COVID-19 during the activity.



Phase 3 Comply	<ul> <li>Ensure that local and federal restrictions allow holding of mass activities.</li> <li>Ensure that Board (including medical professional, if possible) approve of plan return to these activities.</li> <li>If participants are traveling from different geographic areas, ensure all communities meet criteria of "no reported cases." If not, provide virtual opportunities for those communities/individuals to join.</li> </ul>
Phase 3 Educate	<ul> <li>Designate a COVID response point person for the activity.</li> <li>Educate participants on standard hygiene practices.</li> </ul>
	<ul> <li>Inform participants showing signs or symptoms of illness to stay home and contact their own health provider for evaluation.</li> </ul>
Phase 3 Prepare	<ul> <li>Consider use of Participant Risk Acknowledgement Form (See Supplemental material).</li> </ul>
	<ul> <li>Have reminders/signage posted and announced that reinforces hygiene practices.</li> </ul>
	Know how to communicate potential cases to the local health authorities for testing and to the Special Olympics Accredited Program (as per applicable privacy laws).
Phase 3 Activity	No pre or onsite screening required.

require overnight stays and/or are single sport events, rather than larger, or multiple sports occurring within one Games or venue. Additionally, there may be some sports that are returned to in this phase sooner than others.

Development of a vaccine may result in further or revised guidance.



# Risk Assessment and Risk Mitigation: Functional Area Considerations

Until COVID-19 is either eradicated, a vaccine is developed, or a cure is found, there is no way of completely eliminating the risk of infection, especially since many within the Special Olympics movement (with and without intellectual disabilities) are at greater risk for complications from COVID-19.



To help assess risk in returning to large-scale, mass gathering activities, consider using the <u>WHO Risk Assessment Tool</u> to determine the organizational risk of spread.

#### <u>SPORT</u>

Each sport will present a varying level of risk as well and determination of what modifications are feasible should be considered by the Program. However, if precautions and mitigating criteria (e.g. PPE, physical distancing, no shared equipment and/or disinfection, staggered starts, etc.) can be implemented, then most sports may be offered in some capacity (e.g. individual skills or drills or small internal scrimmage) during all phases of return. Many local, national and international sport associations have begun to offer guidance on how to safely return to play within their sport with mitigation. It is recommended that, in addition to the minimum precautions detailed within this document, Programs adhere to sport-specific precautions and mitigation in determining how to resume sport activities and guidance from sport authorities and associations.

#### **SCHOOLS**

With regards to activities in schools, Programs should follow the school's protocols and guidance in terms of when and how activities may resume. If school activities transition into Special Olympics community activities (e.g., the final competition/tournament is hosted by Special Olympics), then proper return to play protocol and necessary precautions for Special Olympics events, as outlined in this document, must be followed.

If the school or community partner's guidelines are less stringent or in conflict with the guidelines of Special Olympics, the following guidance applies:

- 1. The school/partner leaders/authorities should be informed of the Special Olympics guidelines for determining return to play.
- 2. The possibility of high-risk conditions in populations within the movement is conveyed to leaders/authorities.
- 3. Decision-making and options are provided to students with and without ID to provide for equal treatment.
- 4. Parents, guardians, or other caregivers of youth participants are provided with education on Special Olympics guidelines and relevant acknowledgements (e.g. video)
- 5. Youth participants involve in Special Olympics branded/sanctioned activities are given the option to opt out without penalty and are provided options for safe at home activities.

#### **HEALTHY ATHLETES**

Because of the nature of Healthy Athlete screening events which are often conducted indoors, may require close contact with decreased opportunity for physical distancing, and some interactions may be high risk without proper PPE and precautions in place, Programs should not resume Healthy Athlete screenings in person until Phase 1 and only with limited numbers and for select disciplines. Additional guidance will be forthcoming on safety precautions for returning to in-person Healthy Athlete events. Virtual health programming and education should be offered throughout all phases.



#### **LEADERSHIP**

Each leadership activity (e.g. Athlete Leadership workshops, Regional or Program leader meetings, Board meetings, Leadership Academy, Athlete Input Councils) will present a varying level of risk, and determination of what modifications are feasible should be considered by the Program. However, if precautions and mitigation for infection control (e.g. PPE, physical distancing, no shared equipment/supplies, and/or disinfection, staggered starts, etc.) can be implemented, then leadership activities may resume following the size limits for each phase (10 or fewer for Phase 1 and 50 or fewer for phase 2). If travel of participants occurs, the participants must be coming from an area in which they are in the same phase as the host site and follow local regulations on travel for both the originating location and the host location. Virtual programming and participation will be encouraged and available through all phases, as is feasible.

## Onsite Screening Protocol for COVID-19

Regular education must be provided to all athletes, staff, volunteers, coaches, families and caregivers reminding them stay home if they have a fever or any signs and symptoms (cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). Individuals must not participate in any activities if they are sick, for their own health and to reduce transmission of any infections to others. Instruct anyone who is ill to contact their own health provider for further evaluation.

However, in addition to this education, before or prior to entering an activity, practice, event, or gathering (in phases 1-2), for **all participants, the Program**:

- 1. Must set-up a space for screening that maintains physical distance (6ft/2m) during screening.
- 2. Must ask the following questions (reinforced through visuals and verbally, such as a paper with icons):
  - a. In the last 14 days, have you had contact with someone who has been sick with COVID-19?
  - b. Have you had a fever in the last week (temperature of 100.4°F/37.8°C or higher)?
  - c. Do you have a cough and/or difficulty breathing?
  - d. Do you have any other signs or symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)?
- 3. Should conduct onsite measurement of temperature using thermometer (preferred non-touch thermal scanning thermometer if possible).
  - Fever equals temperature of 100.4°F/37.8°C or higher.
  - If high, may re-test after 5 minutes to ensure temperature is accurate.
- 4. Must record all names, results and contact information and keep in case needed for contact tracing or reporting (*Template available in supplemental materials*).
  - a. If yes to any questions, participants MUST be isolated from the group (at minimum, kept 2m/6ft apart from others and with mask on), be sent home, and instructed to contact their healthcare provider for evaluation.
  - b. Participants who are found to have COVID-19 symptoms must wait 7 days after symptoms resolve to return to activity OR must provide written proof of physician clearance to Special Olympics to return earlier.
  - c. Participants who test positive for/have COVID-19 must provide written medical clearance before returning to sport and fitness activities.



#### **Questions?**

For local volunteers and participants, please contact your Accredited Program office for questions.

For Accredited Programs, please contact your Regional Office or Special Olympics, Inc. for questions.

**For general questions to SOI**, Regions may email <u>COVID@specialolympics.orq</u> or for liability questions, email <u>Legal@specialolympics.orq</u>.

# ADDITIONAL MATERIALS

Additional materials available in supplemental documentation on the <u>Special Olympics Resources for</u> <u>COVID-19 website</u>:

- a. Factsheet on Who is at Higher Risk
- b. Participant Risk Assessment and COVID-19 Code of Conduct Form
- c. Screening and Tracking Report Form Template
- d. Virtual Games Participation Waiver (for non-registered athletes)
- e. Signage and educational posters on precautions and COVID-19 symptoms
- f. Frequently Asked Questions and Additional Considerations
- g. Links to Sport Specific Recommendations on how to modify components
- h. Healthy Athletes Screening Specific Guidance
- i. Training and education materials for participants and coaches

As developed, resources will be added to the Special Olympics Resources website for COVID-19: <u>https://resources.specialolympics.org/return-to-activities-during-covid-19</u>



**Protocol General Summary / Basic Overview**: Special Olympics New York must comply with the Special Olympics return protocol. It should be understood by all participants prior to continued participation. The protocol documented is detailed and comprehensive. Outlined below is a summary overview.

- Participants are defined as every person involved in activity: including athletes, staff, volunteers, coaches, partners, officials, etcetera.
- Risk categories for participants are defined within the protocol.
- The S.O. Protocol for return to activity is a safe and phased approach. Within each phase, it is necessary to comply, become educated, and prepare before participating in activity:
  - Phase 0 (zero) is at-home program only, gathering is prohibited.
  - Phase 1 includes small gatherings of 10 or less participants. Minimal participation in activity is permitted. Participants who would be at high risk are strongly discouraged from returning.
  - Phase 2 allows for larger gatherings of 50 or less participants. Minimal to high participation in activity is permitted. Those at high risk are strongly discouraged from returning.
  - Phase 3 allows for the largest gatherings; more extensive, nearly full participation in activity will resume.
     All participants of all risk groups are eligible to return. This phase may be implemented in steps prior to allowing unlimited gatherings, long distance travel and overnights may be eventually restored.
  - Again, in each phase, the process of Comply, Educate, Prepare and Activity is repeated.
- As SO and SONY move through the phases of return, there will be extended time utilized between each phase to assure the rate of COVID-19 does not climb, that our participants are safe and the organization can meet all the necessary conditions outlined for each phase.
- Eligibility for return is conditional based on:
  - o Individual risk, health and safety; high risk individuals may be limited.
  - o Observance of training or competition facilities safety and distancing precautions.
  - Availability of necessary personal protective equipment and sanitizing supplies.
  - Volunteer & coach participants having attended an online safe return training(s). Coaches and SONY will assure all other participants and athletes understand safe return guidelines.
  - All participants having completed a new Code of Conduct Risk Assessment form.
  - All participants making themselves available for on-site screening assessment or wellness checks prior to every SONY event, activity, training and gathering.
- Those who identify as having had COVID-19 will be required to obtain written permission from their physician to return.
- All Information, protocol, guidance and requirements are subject to change.
- SOI Return, Appendix & Enclosures:
  - SOI Dedicated Page: <u>https://resources.specialolympics.org/resources-to-help-during-the-crisis/return-to-activities-during-covid-19</u>
  - SOI High Risk Fact Sheet: <u>https://media.specialolympics.org/resources/covid-19/FACT-SHEET-ON-WHO-IS-AT-HIGHER-RISK-FROM-COVID-7-2-20.pdf? ga=2.123314827.1027641309.1594317871-470270565.1568643164</u>



- o SOI High Risk Fact Sheet: <u>https://media.specialolympics.org/resources/covid-19/FACT-SHEET-ON-WHO-</u> <u>IS-AT-HIGHER-RISK-FROM-COVID-7-2-20.pdf?\_ga=2.123314827.1027641309.1594317871-</u> <u>470270565.1568643164</u>
  - SONY Addendum
  - SOI Code of Conduct
  - SOI Screening Template
  - SONY Regional NY Map
  - Regional NY Forward Map
  - SONY Return to Activity (RTA) Fall Sports Season

#### **Explanations and Definitions:**

- Local governmental phase standard is identified by NYS New York Forward (NYF): <u>https://forward.ny.gov/</u>
- NYS NYF Regions are defined as: Western, Finger Lakes, Central, Mohawk Valley, Southern Tier, North Country, Capital, Mid-Hudson, New York City, Long

Island. https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/RegionalCouncilMap.pdf

- While any or all NYS NYF Regions are in phase 1, 2 or 3, SONY Regions will remain in S.O. Phase 0 (zero). S.O. Phase zero is safe at home practices, virtual program only, no gatherings or in-person activity.
- NYS NY Forward Phase 4: it is this "NYF Phase 4" status as a prerequisite necessary for Special Olympics to begin our safe S.O. phased approach to training and competition.
- To begin our S.O. Phase 1 locally the county must exist in a NYS Phase 4 Region for a minimum of two weeks (14 days)\*.
- SONY Regions and Eligibility Basics:
  - Local club must be located in a County identified within a NYS NYF Phase 4 Region for a minimum of two weeks (14 days)\* and then may be eligible to hold local training and potentially local competition. Prior to resuming activity, the club will communicate and register with their local SONY Region. Once the club is prepared to meet all necessary criteria they may begin S.O. Phase 1. If possible, clubs should consider preemptively completing requirements to expedite their return.
  - The SONY Region as a whole entity, must have all counties within a NYS NYF phase 4 region(s) to begin Regional activity and competition at SO phase 1.
  - Competition advancement activity such as Super-Regional, State, Invitational, National and World level training and competition will not begin until every NYS NYF Region recognized in phase 4 and every SONY Region qualifies as S.O. Phase 3.
- Loss of program eligibility for activity: if as a result of increased health concerns, NYS NYF reduces a NYS Region to a phase less than 4; the SONY Region and Counties therein will return to S.O. Phase 0. If SONY recognizes a risk with the current phase of activity, it may be necessary to revert to an earlier phase.
- S.O. Phase progression, there will be a minimum of two weeks (14 days)\* between any forward phase progression, providing local government eligibility and SONY's ability to meet all the current and subsequent phase criteria.
- SONY will not enter into phase 3 during the Fall Sports Season. Phase 3 eligibility will be conditional and reviewed in November, the beginning of our Winter Sports Season.
- Young Athletes gatherings will not begin until later phases of programming.
- Athlete Leadership, Fitness Programming, Health Programming and all other program activities are possible in all phases with respect to the guidelines issued in applicable phases.



- In Phase 3, SONY will consider employing sub-phases that will allow for safe growth back to normal operations. For example, may start with size 250 people or less, larger events that do not require overnight stays and/or are single sport events, rather than larger, or multiple sports occurring within one Games or venue.
- Social and Physical Distancing: Social/Physical distancing refers to the practice of keeping space between
  yourself and others to reduce the chance of contact with those who may carry an illness. To help reduce the
  spread of COVID-19, health officials recommend avoiding large gatherings, maintaining a distance of 6 feet from
  others, wearing cloth face coverings, washing your hands frequently and avoiding touching your face.
- Facility Agreements: When facility agreements are endorsed, Special Olympics New York administrators will assure those agreements or contracts contain COVID-19 compliance language applicable to the New York State Guidance.
- Food Handling: During Phases 1 and 2, participants should bring their own food and water/beverage if needed, when possible. There should be no shared food or shared water jugs/beverage dispensers individual bottles and packages only. No self-service buffets, salad bars or beverage stations will be permitted. Participants may be served contact-free, or prepackaged "grab and go" meals in a bag with disposable utensils, napkin, hand wipe may be provided. Condiments should be in individual packages not large bottles for group use. Volunteers distributing meals must be wearing gloves and masks (for phases as required by local regulations).
- Site Monitor: During Phases 1 and 2, (Training Club Practices, Gatherings and Events), a designated Site Monitor
  will be selected to support participant safety and check-in procedures, and monitor the activities and
  participants throughout the gathering. This monitor will be identified by the training club head coach and/or
  SONY leadership. They will be a certified Special Olympics New York Class A Volunteer and subject to return to
  activity training, including the COVID Code of Conduct applicable for all Special Olympics participants.

\*10/16/20, Board approved modification to progressive transition waiting period of two weeks (14 days) minimum.