Screening and Tracking Template for Special Olympics Activities

Special Olympics



Version: June 25, 2020

This template is provided as a way to screen and track participants during Special Olympics Events. If staff/volunteer/ coach have access to tablets or wifi, this could also be converted to a web form that is completed online by staff/volunteer/ coach at the practice/event.

REMINDERS:

- All participants to be reminded that they MUST stay home, if they are sick or showing signs and symptoms of COVID-19 or have been exposed to someone who has had COVID-19. They should be encouraged to contact their healthcare provider if they are feeling unwell.
- Before the start of any Special Olympics event/practice/training/competition (during Orange and Yellow protocols), a written or verbal screening of all participants must be conducted to assess if anyone is showing signs or symptoms of COVID-19. All participants at an event, training, or practice, must be documented in case someone in attendance is diagnosed with COVID-19 and contract tracing is needed.

SCREENING PROTOCOL:

- 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 poster/paper with icons):
 - a. In the last 14 days, have you had contact with someone who has been sick with COVID-19?
 - i. If yes, individual should be instructed to self-quarantine per local regulations.
 - 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 symptom questions and/or to having a fever, 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 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.

Throughout the event/practice/training/competition remind participants of infection prevention protocols (e.g. facemasks, physical distancing, hygiene, and disinfection/sanitation). Sample signage and reminders available.

Name of Event: ______ Date of Event/Practice: ______ Location: ______

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed	Screened? (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)

Name of Event: ______ Date of Event/Practice: ______ Location: ______

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed	Screened? (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)