

# County Program "Return to Activities" Action Plan

**Special Olympics**



The "Return to Activities" Action Plan **MUST** be completed for all in-person activities until further notice. If an activity is recurring, whether daily, weekly, monthly, or otherwise, only ONE action plan is needed for that activity. Each sport and/or team **MUST** have its own action plan.

Each action plan **MUST** be signed by the County Coordinator and the COVID-19 response point-person (if different than the County Coordinator). Submit the action plan to your Regional Manager for review and approval.

**COUNTY PROGRAM:** \_\_\_\_\_

- Sport Practice Sport: \_\_\_\_\_
- Sport Competition Sport: \_\_\_\_\_
- Fundraising Event Event Name or Description: \_\_\_\_\_
- Social Activity Event Name or Description: \_\_\_\_\_
- Promotional/Outreach Activity Event Name or Description: \_\_\_\_\_
- Other (specify): \_\_\_\_\_

County Programs are still required to complete an Event Application.

## **COVID-19 RESPONSE POINT-PERSON**

The COVID-19 response point-person is responsible to ensure SOI "Return to Activities" Protocol compliancy as it relates to COVID-19 and participation in all in-person activities. This individual will ensure that the venue is sanitized and ready for use with a designated check-in location established.

**COVID-19 RESPONSE POINT-PERSON:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ALTERNATE COVID-19 RESPONSE PERSON:** \_\_\_\_\_

## **COUNTY PROGRAM RESPONSIBILITIES**

To return to in-person activities, the County Program will:

- Educate all participants on "high risk" conditions and risks of in-person participation.
- Offer virtual programming for those participants unable to attend in-person.
- Ensure each participant understands and signs the *COVID-19 Participant Code of Conduct & Risk Assessment Form*.
- Have COVID-19 screening & tracking protocol in place and Class A volunteers prepared to implement prior to and upon arrival at activity.
- Contact their Regional Manager if informed of a confirmed or diagnosed case of COVID-19 for any activity participant OR if a participant is sent home due to the screening process.
- Maintain the Screening & Tracking forms at each activity for all participants to include name and contact details.

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- Ensure venue is disinfected or sanitized, including restrooms.
- Have reminders/signage posted reinforcing appropriate use of PPE relevant to the activity, hygiene and safe distancing.
- Remind participants to bring PPE and their own water bottle.
- Have face mask and PPE available for those who are unable to bring.
- Have hand sanitizer or handwashing stations available at venue.
- Remind participants that during transportation to or from activities, participants should wear a face mask if riding with individuals outside of their family/household.

## SCREENING

The County Program **MUST** conduct screenings of **ALL PARTICIPANTS** at a designated check-in location. This screening includes asking the participant the screening questions and taking their temperature. All participants with symptoms, a history of recent COVID exposure, or temperature of 100.4°F or higher **CANNOT** proceed to the activity or facility

LEAD SCREENER (Class A volunteer): \_\_\_\_\_

ALTERNATE SCREENER (Class A volunteer): \_\_\_\_\_

## TRACKING

The County Program **MUST** record **ALL PARTICIPANTS** in attendance for that activity with name, participant type, contact information, verification that the *COVID-19 Participant Code of Conduct & Risk Assessment Form* has been submitted, verification that the participant was screened, and verification that the participant was asked the screening questions. The volunteer collects the *COVID-19 Participant Code of Conduct & Risk Assessment Form* from each participant the first time they show up to an in-person activity.

LEAD TRACKER (Class A volunteer): \_\_\_\_\_

ALTERNATE TRACKER (Class A volunteer): \_\_\_\_\_

## PPE & WATER BOTTLES

The County Program **MUST** ensure that **ALL PARTICIPANTS** attending the activity have their own PPE, including a face mask and water bottle. The County Program should have these items available for those who are unable to bring their own. Label these items with participant's full name. At the end of the activity County Program will ensure participants dispose of any trash or if items are reusable they go home with the participant.

LEAD PPE TRACKER (Class A volunteer): \_\_\_\_\_

ALTERNATE PPE TRACKER (Class A volunteer): \_\_\_\_\_

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## ADDITIONAL RESPONSIBILITIES

- All designated individuals above are Class A volunteers.
- Ensure the required 4:1 Athlete to Class A volunteer ratio is met.
- Have the ability to check-in late arriving participants.
- Volunteers **MUST** wear mask at all times.
- Practice social distancing during your activity.
- Stagger water and restroom breaks to adhere to social distancing rules.
- Maintain screening & tracking forms and all documents for participants on site of activity.
- Keep an approved copy of this action plan on site.

## COUNTY SIGNATURES *(required for "Return to Activities" Action Plan to be approved)*

We submit this "Return to Activities" Action Plan understanding that it is the responsibility of the County Management Team to ensure all requirements listed above are met. Only one signature needed if the County Coordinator serves in both roles.

COUNTY COORDINATOR PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COVID-19 RESPONSE POINT-PERSON PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## REGIONAL MANAGER APPROVAL *(required for "Return to Activities" Action Plan to be approved)*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_