

“Return to Activities” Protocol

VERSION 6.0

Last Updated: April 12, 2021

Special Olympics



Beginning July 6, 2020, and with an approved “Return to Activities” Action Plan, County Programs may begin in-person activities.

PARTICIPATION LIMIT PER ACTIVITY: 50

- The 4:1 athlete-to-Class A volunteer ratio must be maintained.
- Volunteers administering the screening and tracking protocol count towards the 50-participant limit.
- You may request an increase of the participation limit by submitting an Action Plan to your Regional Manager.

As citizens, communities, and nations around the world resume operations and activities in the time of COVID-19, Special Olympics International 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.

DEFINITIONS

- **ACTIVITIES** is defined as any practice (whether sports or fitness in nature), competition, fundraising event, or social gathering involving athletes.
- **PARTICIPANTS** are all athletes, Unified partners, coaches, volunteers, family members, caregivers, staff, or others in attendance of an activity.
- **“HIGH RISK”** is defined within the “Return to Activities” protocol. Please reference that section later in this document for further details.

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.

State 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 CEO/Executive Director or a designee. For Indiana, this person is Jeff Mohler, President & CEO for Special Olympics Indiana (SOIN). In addition, each County Program must designate a COVID-19 response point-person.

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.

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 a 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.

SOI expects the timeline to differ by state/county for returning to activities. Provided the State Program has met the necessary criteria for each phase and has taken the recommended precautions to mitigate risks, the State Program may choose to proceed to a new phase in accordance with local/state/provincial/territorial/national guidelines. However, Special Olympics State 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 State Programs are unable to meet the mitigation and precautions.

MITIGATION & PRECAUTIONS

In the following pages, precautions to mitigate risks are outlined for the current phase. If these considerations cannot be met, County Programs should not host activities.

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.

HIGH RISK INDIVIDUALS

“High risk” individuals **SHOULD NOT** participate in any in-person activities until further notice, whether an athlete, coach, or volunteer. This is the recommendation of Special Olympics International and Special Olympics Indiana.

Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who is will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. CDC lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older
- People who live in a nursing home or long-term care facility (like a congregate or group home)

Regardless of age, individuals with underlying conditions, such as the following, are or maybe at increased risk of severe illness from COVID-19:

- People with chronic lung disease, chronic obstructive pulmonary disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy, hypertension)
- 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 obesity (body mass index [BMI] of 30 or higher). To calculate BMI, refer to:
 - https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html
- People with diabetes (Type 1 and 2)
- People with chronic kidney disease
- People with liver disease
- People with dementia

If you are at a high risk, you may be putting yourself at risk when you return to activities with Special Olympics. But you may also put at risk your family and your teammates. If you have these conditions, you should not return to Special Olympics in person activities until a later phase.

If you have been diagnosed with COVID-19, you should consult with a healthcare professional for written medical clearance before returning to Special Olympics in person activities as serious cardiac, respiratory, and neurological issues may develop as a result of COVID-19.

PARTICIPANT CODE OF CONDUCT & RISK ASSESSMENT

Prior to returning to any in-person Special Olympics activities and until further notice, all participants must complete and return a *Participant Code of Conduct & Risk Assessment Form* (see Appendix A) which provides information and guidance on assessing risk and acknowledges that participation could increase risk of contracting or spreading COVID-19.

SOI COVID-19 WAIVER AND RELEASE OF LIABILITY

Prior to returning to any in-person Special Olympics activities and until further notice, all participants (athletes, coaches, volunteers) must complete and return the *COVID-19 Waiver* (see Appendix E).

PARTICIPANT TESTED POSITIVE OR DIAGNOSED WITH 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.

EDUCATION & TRAINING

County Programs must 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.

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.

Prior to attendance, educate all participants on:

- High risk conditions and the risks of participation.
- Requirement that anyone who has symptoms must stay home and to contact their own health provider if they are sick for further evaluation.
- Requirements for in-person gathering, including PPE, hygiene, and physical distancing.

Following this education (e.g. video or handouts), all participants should acknowledge receiving education and confirm understanding of risks and participation procedures by signing the *Participant Code of Conduct & Risk Assessment Form*.

ONSITE SCREENING PROTOCOL FOR COVID-19

The outlined screening and tracking must be done at each activity. Completed and signed forms must be maintained until further notice.

1. **MUST** receive a completed and signed **SOI COVID-19 Waiver and release of liability** as well as a COVID-19 Participant Code of Conduct & Risk Assessment form for athletes, completed forms must be kept with the athlete medical form and considered an addendum. For all other participants, completed forms must be kept for reference, tracking, and accountability. All COVID-19 forms must be onsite for all practices and competitions.
2. **MUST** set-up a space for screening that maintains physical distance (6 feet) during screening.
3. **MUST** ask the following questions (reinforced through visuals and verbally, such as a poster or 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 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)?
 - e. See Appendix B.
4. **MUST** conduct onsite measurement of temperature using touch-free thermal scanning thermometer.
 - Fever equals temperature of 100.4°F or higher.
 - If high, may re-test after 5 minutes to ensure temperature is accurate.
5. **MUST** record all names, results and contact information and keep in case needed for contact tracing or reporting.
 - a. If yes to any questions, participants **MUST** be isolated from the group (at minimum kept 6 feet 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 14 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.

CONFIRMED COVID-19 CASES OR PARTICIPANT SENT HOME

- Special Olympics Indiana and its County Programs reserves the right to send participants home and/or restrict participation to virtual programming.
- County Programs **MUST** contact their Regional Manager if informed of a confirmed or diagnosed case of COVID-19 or confirmed exposure to, for any athlete, volunteer, or partner in the County program.
- County Programs **MUST** contact their Regional Manager if a participant sent home due to the screening process.
- The Regional Manager will work with the County Coordinator and/or COVID-19 response point-person if further action or reporting is needed.

SPECTATORS, FAMILIES & CAREGIVERS

- County Programs may allow spectators for **OUTDOOR** sports practices or competitions. Spectators must remain in the stands and clearly separated from the athletes and participants during the scheduled event.
- For **INDOOR** sports practices or competitions, parents or caregivers who are not serving as a coach or volunteer **MUST** remain in their vehicle.
- Spectators include anyone without a designated role by the County Program.
- For banquets or fundraising events (*see detailed sections below*), spectators are allowed but **DO** count towards the activity's 50 participant limit.

EQUIPMENT & SUPPLIES FOR SCREENINGS & ACTIVITIES

- PPE & face masks
- Hand sanitizer and/or hand washing stations
- Disinfecting wipes
- Touch-free thermometer
- Disposable gloves, if needed and desired
- Waste collection system

PERSONAL PROTECTION EQUIPMENT

- Face masks **MUST** be worn throughout the activity, except during exercise, including arrival and departure.
- The face mask **MUST** cover the nose and mouth. Face Shields CANNOT be used in lieu of a face mask.
- County Programs should have single-use face masks available for those who arrive without one.
- If a participant arrives without a face mask and if the County Program does not have a single-use face mask available, the participant **MUST** be sent home immediately.

PHYSICAL DISTANCING

- Physically distancing of at least 6-feet should be maintained between participants.
- Physically distancing **MUST** be maintained when participants are exercising and without their face mask on.
- Coaches should consider venue spacing for drills and should consider using visual guides such as cones, chalk, or tape.
- **NO** greetings or celebrations that involve physical touching, such as high-fives, fist bumps, hugs, and handshakes.
- When possible, coaches should consider staggering practice start times and end times to reduce participation numbers at any one time.
- Coaches should consider a plan for breaks so that not all participants visit the restroom or hydration station at the same time.

SHARED EQUIPMENT & SUPPLIES

- **NO** shared supplies such as towels and water bottles.
- Minimize shared equipment. If shared equipment is necessary, it **MUST** be disinfected between use.
- Smart phones and electronic devices should not be shared by participants.

HYDRATION

- Each participant **MUST** arrive to the activity with their own filled water bottle.
- Water bottles **MUST** be labeled with the participant's name.
- **DO NOT** use water fountains, unless filling a water bottle.
- County Programs should have single-use water bottles ready in case a participant arrives without a water bottle.
- If a participant arrives without a water bottle and if the County Program does not have a single-use water bottle available, the participant should be sent home immediately.

VENUE SELECTION & SAFETY

- Ensure that the venue is disinfected or sanitized, especially restrooms.
- SOI highly recommends use of outdoor, well-ventilated facilities.
- Where possible, County Programs should have participants use a single-entry point to allow for the screening process.
- Where possible, a separate exit should be used from the entry point.
- All participants should sanitize their hands upon arrival, multiple times during the activity and upon completion before leaving the venue. If participant touches their face during the activity they should stop and sanitize their hands.
- Locker rooms should not be used, other than for restrooms. If a locker room is necessary for a sport, a 50% capacity is recommended.

DIRECT & INDIRECT CONTACT

- There is **NO DIRECT CONTACT** between participants during arrival, screening, the activity (e.g. practice), or dismissal.
- Indirect contact is defined as contact through a ball/equipment that touches the skin, such as throwing or catching a football. Indirect contact may resume when the sport moves to “Return to Practice”.
- *More information about “Return to Conditioning”, “Return to Practice”, or “Return to Competition” is located later in this document.*

TRANSPORTATION

- During travel to and from activities, it is recommended that participants wear a face mask.
- If the County Program is providing transportation, all participants **MUST** wear a face mask during travel.
- When County Programs provide transportation, participants should be assigned seats for the travel to and from the destination.
- **Members from the same household should be assigned together.**
- **No more than 2 people per seat.**
- **No meals should be consumed while in the vehicle.**
- When traveling to competition, County Programs **MUST** find a central location for departure. The screening and tracking protocol occurs before departure, including sending any participant home who is sick or not properly equipped.
- **Prior to boarding the vehicle, everyone should sanitize their hands at/during the screening process.**

SIGNAGE

- Have reminders and signage posted to bring PPE, water bottle, towel, and other items needed by participants.
- Have reminders and signage posted that reinforces appropriate use of PPE relevant to the activity, hygiene, and physical distancing.

FUNDRAISING EVENTS

- At minimum, a fundraising event **MUST** adhere to current CDC and Indiana State Department of Health guidelines.
- If a fundraising event has athlete participation, then all participants **MUST** adhere to this “Return to Activities” protocol.

BANQUETS & MEALS

- SOI recommends that no meals be served at any Special Olympics activity.
- If meals will be served, boxed or bagged meals are preferred. The food preparation and packaging **MUST** be done by the caterer or food service staff.
- **NO** potluck or buffets meals are allowed.

- If meals are prepared and served onsite, it **MUST** be served by the caterer or food service staff. Use of host site concessions is allowed.
- Napkins and silverware (disposable if possible) **MUST** be provided and individually distributed by the caterer or food service staff.
- Group snacks should not be part of any activity.

HOUSING

At this time Programs should not provide overnight housing for any of their athletes, partners, coaches or volunteers.

REMOTE PROGRAMMING

Any County Program requesting in-person activities should provide remote activities for any person unwilling or unable to attend due to health concerns. Any County program not providing in-person activities should continue to offer and encourage remote activities for all participants.

RETURN TO IN-PERSON SPORTS

SPECIAL OLYMPICS NORTH AMERICA (SONA) – SPORT RISK ASSESSMENT

Each sport will present a varying level of risk as well and determination of what modifications are feasible should be considered by the State 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. It is recommended that, in addition to the minimum precautions detailed within this document, State Programs adhere to sport-specific precautions and mitigation in determining how to resume sport activities and guidance from sport authorities and associations.

LOW RISK	Sports that can be done with physical distancing or individually with no sharing of equipment or the ability to clean the equipment between use by competitors.
MODERATE RISK	Sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can't be cleaned between participants.
HIGH RISK	Sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants.

Moderate and high-risk sports can still be active with fitness and conditioning practices.

RETURN TO CONDITIONING, PRACTICE, & COMPETITION

Special Olympics Indiana has placed each sport into one of the following categories based on the SONA Sport Risk Assessment, the "Return to Activities" protocols, and our ability to provide a safe environment for all participants.

- Return to Conditioning
- Return to Practice
- Return to Competition

RETURN TO CONDITIONING

- For these sports, in-person activities may resume. However, practices are limited to conditioning exercises only provided that "Return to Activities" protocols are followed.
- **NO** practices with sport-specific equipment, including balls.
- **NO** direct or indirect contact among participants.

RETURN TO PRACTICE

- For these sports, in-person activities including practices may resume.
- **NO** competitions at this time.
- Practices may include sport-specific equipment, including balls, if equipment is disinfected between uses.
- Indirect contact (with the ball) is allowed. However, **NO** direct contact.

RETURN TO COMPETITION

- For these sports, in-person activities may resume, including practices and **LOCAL** competition.
- Local competitions are hosted by a County Program and can include individuals or teams from other County Programs, if the total number of participants (including volunteers to run the competition) is 50 or below.
- Currently, there is no decision on Area and State competitions for any sport.
- Practices and competition may include sport-specific equipment, including balls, if equipment is disinfected between uses.
- Indirect contact (with the ball) is allowed. However, **NO** direct contact.

Sports will move through the continuum below as sports-specific protocols are made available by SOI and SOIN.

INDIANA SPORTS & PROGRAMMING		
RETURN TO CONDITIONING	RETURN TO PRACTICE	RETURN TO LOCAL COMPETITION
Flag Football		Alpine Skiing
		Basketball
		Bocce
		Bowling
		Corn Toss
		Cycling
		Distance Run & Walk
		Equestrian
		Golf
		Horseshoes
		Powerlifting
		Snowboarding
		Snowshoeing
		Soccer
		Softball
		Swimming
		Track & Field
		Volleyball
Unified Fitness Clubs		
Virtual Challenges		

RETURN TO OTHER PROGRAMMING

SCHOOLS

With regards to activities in schools, State Programs should follow the school’s protocols and guidance in terms of when and how activities Unified Champion Schools and Champions Together programming may resume. If school activities transition into Special Olympics community activities, then proper return to play protocol and necessary precautions for Special Olympics events, as outlined in this document, must be followed. Otherwise, local school districts and the interscholastic sports association determine return to play protocol.

HEALTHY ATHLETES

Because of the nature of Healthy Athletes 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, State Programs should not resume Healthy Athletes screenings in person.

LEADERSHIP

Each leadership activity (e.g. Athlete Leadership workshops, ALPs University, leader meetings, Board of Directors meetings, Athlete Input Councils) will present a varying level of risk, and determination of what modifications are feasible should be considered by the State 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. Virtual programming and participation will be encouraged and available, as is feasible.

UNIFIED FITNESS CLUBS (UFC)

- Unified Fitness Clubs may resume in-person activities.
- **NO** direct contact among participants.
- **NO** UFC practices may include elements of sports currently listed as “Return to Conditioning” (e.g. basketball dribbling, passing, or shooting drills).

VIRTUAL SPORTS & FITNESS CHALLENGES

During 2021, Special Olympics Indiana will continue to offer local programs virtual sports and fitness challenges to coincide with each sport season. Local programs may continue to offer the virtual options to all their athletes whether they are doing in person activities or not.

PROGRAM VIOLATIONS

The safety of all Special Olympics participants is the #1 priority. As such, County Programs violating this protocol will face severe penalties.

- First violation up to a 3-month suspension of the program and activities
- Second violation up to a 1-year suspension of the program and activities

All participants are expected to abide by this protocol. However, individual transgressions will occur (e.g. an athlete will remove their face mask while on the sideline).

SOIN considers violations warranting suspensions when the County Program is negligent due to actions/inactions, such as disregard to all or portions of the protocol, not enforcing individual violations, lack of sufficient PPE, and allowing individuals to participate when they should have been sent home.

APPENDIX A COVID-19 PARTICIPANT CODE OF CONDUCT & RISK ASSESSMENT FORM

I understand I could get COVID-19 through sports, training, competition, and/or any group activity at Special Olympics. I am choosing to participate in sports, competition, and/or other Special Olympics activities at my own risk. During the time these precautions are needed, I agree to the following to help keep me and my fellow participants safe:

<input type="checkbox"/> If I have COVID-19 symptoms, I will stay at home and NOT go to any activities until 14 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.
<input type="checkbox"/> Special Olympics gave me education on Special Olympics rules for COVID-19 and who is at high-risk.
<input type="checkbox"/> I know that if I have a high-risk condition, I have more risk that I could get sick or die from COVID-19. If I have a high-risk condition, I should not go to Special Olympics events in person, until there is little or no COVID-19 in my community,
<input type="checkbox"/> I know that before or when I get to a Special Olympics activity, they will ask me some questions about symptoms and exposure to COVID-19. They may also take my temperature. I will answer truthfully and participate fully.
<input type="checkbox"/> I will keep at least 6-feet from all participants at all times.
<input type="checkbox"/> I will wear a mask at all times while at Special Olympics activities. I may not have to wear it during active exercise.
<input type="checkbox"/> I will wash my hands for 20 seconds or use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the restroom or get my hands dirty.
<input type="checkbox"/> I will avoid touching my face. I will cover my mouth when I cough or sneeze and immediately wash my hands after.
<input type="checkbox"/> I will not share drinking bottles or towels with other people.
<input type="checkbox"/> I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.
<input type="checkbox"/> If I get or have had COVID-19, I will not go to any in-person Special Olympics events until 14 days after my symptoms end. I will go to my doctor and get written clearance before returning to any sport or fitness activities.
<input type="checkbox"/> I understand that if I do not follow all rules, I may not be allowed to participate in Special Olympics activities during this time.

I HAVE READ ALL OF THIS AGREEMENT OR HAVE HAD IT READ TO ME AND AGREE TO FOLLOW THESE ACTIONS.

PARTICIPANT FULL NAME: _____

Phone: _____ **Email:** _____

Circle one: Athlete Unified Partner Coach Volunteer Family/Caregiver

PARTICIPANT SIGNATURE *(required for adult (age 18+) participants, including adult athlete with capacity to sign documents)*

By signing this, I acknowledge that I have completely read and fully understand the information in this form.

Signature: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE *required for participant who is a minor (younger than age 18) or lacks authority to sign documents.*

I am a parent or guardian of the athlete/participant named above. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

APPENDIX A CONTINUED

Subject to Change

Version: 7-8-20

Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who is will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. CDC lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older
- People who live in a nursing home or long-term care facility (like a congregate or group home)

Regardless of age, individuals with underlying conditions, such as the following, are or maybe at increased risk of severe illness from COVID-19:

- People with chronic lung disease, chronic obstructive pulmonary disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy, hypertension)
- 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 obesity (body mass index [BMI] of 30 or higher). To calculate BMI, refer to:
 - https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html
- People with diabetes (Type 1 and 2)
- People with chronic kidney disease
- People with liver disease
- People with dementia

If you are at a high risk, you may be putting yourself at risk when you return to activities with Special Olympics. But you may also put at risk your family and your teammates. If you have these conditions, you should not return to Special Olympics in person activities until there is little to no COVID-19 in your community.

If you have been diagnosed with COVID-19, you should consult with a healthcare professional for written medical clearance before returning to Special Olympics in person activities as serious cardiac, respiratory, and neurological issues may develop as a result of COVID-19.

APPENDIX B SCREENING QUESTIONNAIRE

Participants should review this document before attending any in-person activity.

Upon arrival and during the screening process, each participant **MUST** be asked these questions prior to entering the activity area or facility.

If any participant answers **YES** to any of these questions, they should be isolated from the group and sent home immediately.

IN THE LAST 14 DAYS, HAVE YOU HAD CONTACT WITH SOMEONE WHO HAS BEEN SICK WITH COVID-19?

HAVE YOU HAD A FEVER IN THE LAST WEEK (TEMPERATURE 100.4°F OR HIGHER)?

DO YOU HAVE A COUGH AND/OR DIFFICULTY BREATHING?

DO YOU HAVE ANY OF THE FOLLOWING COVID-19 SYMPTOMS?

- **FATIGUE**
- **MUSCLE OR BODY ACHES**
- **HEADACHE**
- **NEW LOSS OF TASTE**
- **NEW LOSS OF SMELL**
- **SORE THROAT**
- **CONGESTION OR RUNNY NOSE**
- **NAUSEA**
- **VOMITING**
- **DIARRHEA**

HAVE YOU BEEN ASKED TO SELF-ISOLATE OR QUARANTINE BY A MEDICAL PROFESSIONAL?

APPENDIX C COUNTY PROGRAM “RETURN TO ACTIVITIES” ACTION PLAN

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.
- 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): _____

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:** _____

APPENDIX D ACKNOWLEDGEMENT

I HAVE READ ALL PROTOCOLS WITHIN THIS DOCUMENT. I UNDERSTAND THAT APPROVAL FOR OUR COUNTY PROGRAM TO RESUME IN-PERSON ACTIVITIES IS CONTINGENT ON THE ACCEPTANCE OF AND COMPLIANCE WITH THESE PROTOCOLS.

FAILURE TO COMPLY WILL RESULT IN SUSPENSION OF ALL COUNTY PROGRAM ACTIVITIES FOR A PRESET AMOUNT OF TIME, BASED ON THE VIOLATION.

COUNTY PROGRAM NAME: _____

COUNTY COORDINATOR FULL NAME: _____

PHONE: _____ EMAIL: _____

COUNTY COORDINATOR SIGNATURE *(required for return to activity to be approved)*

By signing I acknowledge that I have read and fully understand the responsibility that rests with the County Program.

SIGNATURE: _____ DATE: _____

IF OTHER THAN THE COUNTY COORDINATOR

COVID-19 RESPONSE POINT-PERSON FULL NAME: _____

PHONE: _____ EMAIL: _____

COVID-19 RESPONSE POINT-PERSON SIGNATURE *(required for return to activity to be approved)*

By signing I acknowledge that I have read and fully understand the responsibility that rests with the County Program.

SIGNATURE: _____ DATE: _____

APPENDIX E COVID-19 WAIVER



Special Olympics

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND
INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Indiana, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____