

Return to Activities Protocol

Version 9.0

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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 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.

PROTOCOL AT A GLANCE

- This document replaces all previous protocols including sport-specific protocols.
- **Local Guidelines (Including Facility/Venue Restrictions)** that are more restrictive than SOIN take precedent and must be followed.
- **Positive COVID Test** – Individual required to quarantine for 5 days and then must wear a mask for 5 days. We recommend medical clearance prior to returning to activities.
- **Exposure** – Follow the current CDC guidelines (<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>)
- **Face Masks Indoors** - Face masks are recommended to be worn indoors.
- **Transportation** – Mask are recommended during transportation of athletes.
- **Housing** - If all individuals in a room are fully vaccinated, there are no limitations. If one is unvaccinated then 2 per room (including that individual) unless they all live in the same household.
- The 4:1 athlete-to-Class A volunteer ratio must be maintained.

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.
- **FULLY VACCINATED** is defined as an individual that has waited two weeks after completing all doses of a COVID-19 vaccine.

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.

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.
5. Guidance takes a phased approach that is dependent on local transmission rates, vaccination rates, as well as testing/monitoring/contact tracing/health system capacity.

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 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.

Participant Code of Conduct & Risk Assessment Form

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 & 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 & Release of Liability* (see Appendix B).

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.

Confirmed COVID-19 Case 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.
- The Regional Manager will work with the County Coordinator and/or COVID-19 response point-person if further action or reporting is needed.

Venue Selection, Equipment & Supplies

- Continue to sanitize common areas and shared equipment.

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.

PROGRAM VIOLATIONS

The safety of all Special Olympics participants is the #1 priority. As such, County Programs intentionally 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) and will not result in penalty.

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
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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: COVID-19 WAIVER & RELEASE OF LIABILITY



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: _____