



Arizona Interscholastic Association

Recommended Guidelines for Returning to Athletic Activity

The Arizona Interscholastic Association (AIA) strongly supports the return of athletics and competitive sports. However, it must be done so in the safest way possible. The following document provides guidance and recommendations for resuming athletic activity in AIA member schools and programs. As a living document, this may be updated as new information and recommendations become available. Authored by members of the Sport Medical Advisory Committee, this document includes recommendations for athletes, coaches, administrators, and facilities.

The Centers for Disease Control (CDC) recognizes the benefits of physical activity particularly in this time of the COVID-19 pandemic. The challenge is to reintroduce physical activity in a manner that follows federal, state, and county public health guidelines to reduce the spread of illness amongst athletes, coaches, athletic training staff, and the community. This document outlines a phased return to sport following the guidance of the county and state health department recommendations.

Continued presence of COVID-19 in the Community

COVID-19 is and will continue to be present in our communities indefinitely. As long as there is active community spread which means that new cases are still increasing we must all be stewards of maintaining a healthy community by limiting the spread of disease.

There are general considerations for returning to play in youth sports that apply to all phases until there is an effective vaccine for COVID-19 and the community returns to business as usual (phase 3). These considerations include promoting behaviors that reduce the spread of illness, maintaining a healthy environment, maintaining healthy operations, and having protocols and procedures in place for when someone gets sick.

I. Guidelines for ALL Members of the Athletic Community

A. Promoting behaviors that reduce the spread of illness

- a. Stay home when sick
- b. Healthy hygiene
 - i. Wash hands
 - ii. Discouraging spitting
 - iii. Cover your mouth and face if you sneeze or cough
 - iv. Shower immediately upon arriving home and wash hands after placing clothes in a place to be washed that other people living in your house are not in contact with
- c. Avoid touching face with hands
- d. Avoid physical contact
 - i. No high fives or fist bumps
 - ii. No hugs
- e. Use of cloth face coverings is strongly recommended
- f. Adequate supplies
 - i. Soap
 - ii. Hand sanitizer
 - iii. Paper towels
 - iv. Tissues

- g. Posting signs and messaging
 - i. Proper hand washing
 - ii. Proper use of a mask
 - iii. Proper way to disinfect surfaces

B. Maintaining healthy environments

- a. No water fountains
- b. Outdoor practice when possible
- c. Modified layouts and social distancing
 - i. Maintain at least 6 feet of distance between all people present
- d. Physical barriers and guides
 - i. Outline training areas for each athlete
- e. Communal spaces
 - i. Closed locker rooms
 - ii. Athletes shall come to play and leave immediately after practice
- f. No shared objects
 - i. Each participant shall have his/her own ball, additional equipment, and protective gear
 - ii. All gear shall be disinfected before and after all training sessions
 - iii. Each athlete has own water bottle and towel
- g. Cleaning and disinfecting frequently touched surfaces between uses and deep cleaning daily

C. Maintaining healthy operations

- a. Identifying small groups and keeping them together (cohorting)
- b. Staggered arrivals
 - i. Set a time limit for athletes to arrive before practice and time at which they need to leave at the end of practice
- c. Designated COVID-19 point of contact
- d. Implement communication systems regarding COVID-19 exposures
 - i. Add reporting pathway to emergency action plan for school
- e. Provide education to coaches and staff on protocols for COVID-19
- f. Daily symptom reporting of coaches, athletes, and staff
 - i. Temperature checks
- g. Limiting large gatherings
 - i. Games, competitions, and social gatherings where social distancing is not possible
- h. Athletes shall be dropped off by one parent or guardian or drive themselves to and from practice when possible
- i. Outside observers shall not be permitted to stay and observe practices particularly those in a facility
- j. Whenever reasonable, minimize travel outside of your community

D. Protocol for sick athlete, coach, staff member, or a person with whom they live

- a. Do not come to practice or sports activity
- b. Avoid contact with other members of team
- c. Notify team COVID-19 point of contact immediately
 - i. Follow directive from county and state health department
- d. If athlete, coach, or staff member becomes sick at athletic practice/contest/event:
 - i. Remove person who is sick from contact with anyone else present
 - ii. Notify team COVID-19 point of contact
 - iii. Arrange for transportation of sick person to home or medical facility as needed
 - iv. Properly treat affected area

- e. Do not return to practice until they have met CDCs criteria to stop home isolation and are cleared by physician and athletic training staff if available

II. **Recommendations for Athletes and Coaches**

Four factors for a safe return to sport are addressed in this section. These factors include the continued presence of COVID-19 in the community, heat related illness, injury prevention upon return to sport after a prolonged period of relative inactivity, and the pre participation physical. Guidelines for athletic activities are based on the White House Phases for “Opening Up America Again” (<https://www.whitehouse.gov/openingamerica/>)

A. **Phased Return to Sport**

- Following the guidance and direction of the local public health department
- a. During “Stay at Home” or “Shelter in Place”:
 - Training facilities are closed
 - Train on your own with your own equipment
 - Virtual coaching
 - b. Phase 1:
 - Small group activities are permitted for 10 people or less with coach onsite, but public facilities (including gyms) remain closed.
 - All athletes, coaches, and other support staff must be free from symptoms for at least 14 days and no individual is in close contact with anyone who is sick within that 14 day period before group training may begin
 - All athletes, coaches, and support staff who are a member of a high risk group or live at home with a member of a high risk group shall only attend training sessions virtually
 - Screening for symptoms occurs based on a daily COVID-19 symptom questionnaire of all participants including coaches and staff. If an athlete is showing any symptoms or discloses symptoms or illness, parent should be called and the athlete needs to be seen and cleared by a healthcare provider
 - Temperature checks are strongly encouraged for all participants
 - Each athlete shall log their self-reported questionnaire and temperature
 - COVID-19 point of contact for team shall maintain symptom logs
 - Parents, coaches, and athletes shall know signs and symptoms of illness. If athlete, coach, or staff member has signs or symptoms of illness or a person living in their home has signs or symptoms of illness they shall not come to practice and notify the team COVID-19 point of contact immediately.
 - Disinfecting and cleaning of all personal equipment and material shall occur before and after practice as well as any other time there is contact with another person
 - Athletes shall be kept in the same training group (cohorting)
 - c. Phase 2:
 - Medium group activities are permitted for 50 people or less with coach onsite. Public facilities (including gyms) remain closed, unless appropriate distancing AND strict sanitation procedures can be maintained.
 - All athletes, coaches, and other support staff must be free from symptoms for at least 14 days and no individual is in close contact with anyone who is sick within that 14 day period before group training may begin
 - All athletes, coaches, and support staff who are a member of a high risk group or live at home with a member of a high risk group shall only attend training sessions virtually
 - Screening for symptoms occurs based on a daily COVID-19 symptom questionnaire of all participants including coaches and staff. If an athlete is showing any symptoms or discloses symptoms or illness, parent should be called and the athlete needs to be seen and cleared by a healthcare provider
 - Temperature checks are strongly encouraged for all participants
 - Each athlete shall log their self-reported questionnaire and temperature
 - COVID-19 point of contact for team shall maintain symptom logs

- Parents, coaches, and athletes shall know signs and symptoms of illness. If athlete, coach, or staff member has signs or symptoms of illness or a person living in their home has signs or symptoms of illness they shall not come to practice and notify the team COVID-19 point of contact immediately.
- Disinfecting and cleaning of all personal equipment and material shall occur before and after practice as well as any other time there is contact with another person
- Athletes shall be kept in the same training group (cohorting)

d. Phase 3:

- Public training facilities are now open with regular group size permitted. All sports, with and without contact may resume with usual activity.
- Social distancing still recommended, but not required
- Training sessions return to normal with average athlete group amount
- Equipment and other shared material can be used but cleaning shall continue before and after each different athlete group use

B. Heat Related Illness

Over the last couple of months with a stay at home order in place, most athletes, coaches, and staff had significantly less exposure to the heat. With the return of youth sports aligning with rising temperatures across most of Arizona it is important to allow athletes, coaches, and staff a period to adjust or acclimatize to the heat especially as indoor athletes may have more outdoor practices to follow current guidelines. As coaches and teams begin training outside, we strongly encourage all groups to follow the current AIA heat acclimatization policy.

HEAT ACCLIMATIZATION & EXERTIONAL HEAT ILLNESS MANAGEMENT POLICY

41.4.1 It is the position of the AIA that prevention is the best way to avoid exertional heat stroke. Prevention includes educating athletes and coaches about:

- Recognition and management of exertional heat illness;
- The risks associated with exercising in hot, humid environmental conditions;
- The need for gradual acclimatization over a 14 day period;
- Guidelines for proper hydrations;
- Implementing practice / competition modifications according to local temperature and relative humidity readings.

41.4.2 Definitions

Exertional heat illness includes the following conditions, ordered from the least to the most dangerous:

- a) Exercise associated muscle cramps: an acute, painful, involuntary muscle contraction usually occurring during or after intense exercise, often in the heat, lasting approximately 1-3 minutes.
- b) Heat syncope: also known as orthostatic dizziness, it refers to a fainting episode that can occur in high environmental temperatures, usually during the initial days of heat exposure.
- c) Exercise (heat) exhaustion: the inability to continue exercise due to cardiovascular insufficiency and energy depletion that may or may not be associated with physical collapse.
- d) Exertional heat stroke: a severe condition characterized by core body temperature $>40^{\circ}\text{C}$ (104°F), central nervous system (CNS) dysfunction, and multiple organ system failure induced by strenuous exercise, often occurring in the hot environments.

Heat Acclimatization Protocol

(A team may not choose to train in a less severe climate)

Days 1-5:

- Days 1 through 5 of the heat-acclimatization period consist of the first 5 days of formal practice. During this time, athletes may not participate in more than 1 practice per day.
- If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe. Total practice time should not exceed 3 hours in any 1 day. In addition to practice, a 1-hour maximum walk-through is permitted during days 1-5 of the heat acclimatization period. However, a 3-hour recovery period should be inserted between the practice and walk-through (or vice versa). (Note: a walk-through is defined as no contact with other individuals, dummies, sleds or shields).
- During days 1-3 of the heat-acclimatization period, in sports requiring helmets or shoulder pads, a helmet is the only protective equipment permitted. The use of shields and dummies during this time is permissible as a non-contact teaching tool.
- During days 4-6, only helmets and shoulder pads may be worn.
- Football only: on days 4-6, contact with blocking sleds and tackling dummies may be initiated.

Days 6-14:

- Beginning no earlier than day 6 and continuing through day 14, double-practice days must be followed by a single-practice day.
- On single-practice days, 1 walk-through is permitted, separated from the practice by at least 3 hours of continuous rest. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.
- On a double-practice day, neither practice should exceed 3 hours in duration, nor should student-athletes participate in more than 5 total hours of practice. Warm-up, stretching, cool-down, walkthrough, conditioning and weight-room activities are included as part of practice time. The two practices should be separated by at least 3 continuous hours in a cool environment.
- Beginning on day 7, all protective equipment may be worn and full contact may begin.
- Full-contact sports may begin 100% live contact drills no earlier than day 7.
- Because the risk of exertional heat illnesses during the preseason heat-acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during and after all practices.

41.4.3 Hydration Strategies

- Sufficient, sanitary and appropriate fluid should be readily accessible and consumed at regular intervals before, during and after all sports participation and other physical activities to offset sweat loss and maintain adequate hydration while avoiding overdrinking.
- Generally, 100 to 250 mL (approximately 3-8oz) up to 1.0 to 1.5 L (approximately 34-50oz) per hour for adolescent boys and girls is enough to sufficiently minimize sweating-induced body-water deficits during exercise and other physical activity as long as their pre-activity hydration status is good.
- Pre-activity to post-activity body-weight changes can provide more specific insight to a person's hydration status and rehydration needs. Athletes should be well hydrated before commencing all activities.
- The following guidelines are suggested:

Condition	% Body Weight Change
Well Hydrated	+1 to -1
Minimal dehydration	-1 to -3
Significant dehydration	-3 to -5
Serious dehydration	>-5

C. Injury Prevention Recommendations for Return to Sport after a Prolonged Period of Inactivity

Return to sport considerations should take place throughout the different phases of reopening to ensure that athletes are adequately prepared to participate in their respective sport. Due to school closures and a statewide stay at home order, Arizona interscholastic athletes have been out of sports participation for several months. During this time, Arizona athlete’s activities levels have been variable. As athletes begin returning to sports, coaches, parents, and athletes must understand the potential consequences of this period of inactivity and the resulting detraining.

Detraining is defined as a decrease in performance and loss of physiological adaptations following a reduction in the frequency, volume, and/or intensity of training. In athletes, periods of detraining can lower maximal oxygen uptake, shorten the time to exhaustion during activity, and reduce strength and power. In addition, detraining can have negative consequences on health metrics such as higher resting, submaximal, and maximal heart rates, lower blood volume and stroke volume, higher blood pressure and weight gain. Lastly, after periods of inactivity there is a greater risk of non-contact (exertional or systemic) injury, such as sudden cardiac death, exertional heat illness, and exertional rhabdomyolysis if the return to training is not adjusted to account for an athlete’s lower fitness level (NCCSIR).

The current transition period should follow a similar approach as to returning to sport following an extended time away due to injury. Reconditioning will take time and needs to be done slowly to avoid injury. The Collegiate Strength and Conditioning Coaches Association and the National Strength and Condition Association outline recommendations for safe return to training following inactivity (Caterisano, 2019). In general, workouts should have lower work to rest ratios (i.e. more breaks) and progress on a weekly basis. The general structure of the return to training protocol should be used for high school athletes, but the specific workloads may need to be adjusted for the adolescent age group. The table below provides an overview of recommendations for transitioning after periods of inactivity with percentage reduction of volume and workload for the first 2-4 weeks of returning to training.

Table: Overview of Recommended Guidelines for Training after Transition Periods (Caterisano, 2019)

Status	Conditioning Activities	Testing	Weight Training	Plyometrics
Returning athletes or new sport coach	50/30% weekly reduction from max conditioning volume on file over 2 weeks. Even distribution per week.	20/10% weekly reduction in workload (volume, intensity, or rest time) for any tests over 2 weeks.	FIT rule to guide volume, intensity, and W:R ratio over 2 weeks. IRV between 11 and 30	<70 foot contacts per session first week, 1:4 W:R. <100 foot contacts/session, 1:3 W:R second week. Intensity as appropriate.
New athletes or new head strength coach	50/30/20/10% weekly reduction from max conditioning volume on file over 4 weeks. Even distribution per week.	50% reduction in testing volume, completed on first day. 30/20/10% weekly reduction in test volume if repeated in following 3 weeks.	FIT rule to guide volume, intensity, and W:R ratio over 2 weeks. IRV between 11 and 30	<70 foot contacts per session first week, 1:4 W:R. <100 foot contacts/session, 1:3 W:R second week. Intensity as appropriate.

Specific to weight training, special care should be made in the first two weeks in regards to volume, intensity, and frequency. The table below summarizes recommendations for returning to weight training.

Table: The FIT Rule (Caterisano, 2019)

Category	Week 1 Parameter	Week 2 Parameter	Citation
Frequency	3 sessions/wk maximum	4 sessions/wk maximum	McMaster et al.
Intensity Relative Volume	11-20 units	11-30 units	McMaster et al.
Time Rest Interval	1:4 W:R minimum	*1:3 W:R minimum	Casa et al.
*W:R ratio after 2 weeks should be a minimum of 1:2 for the remainder of the preseason			

D. Pre Participation Guidelines

The AIA up to this point requires an annual sports physical for all of its athletes. Over the past several months due to COVID-19 many families and athletes have not felt comfortable visiting their primary care provider for routine healthcare. While the AIA endorses that primary care offices are taking necessary precautions to minimize you and your family’s risk of being exposed to COVID-19, we also want to respect the choices you make for your families health, while still honoring the AIA commitment to player health and safety. For these reasons, the AIA with support from the AIA sports medicine advisory committee is adopting the following guidelines for the 2020-2021 school year.

1. The 2019-2020 sports physical shall be accepted for the 2020-2021 school year if the following criteria are met over the time period since the athletes 2019-2020 sports physical.
 - a. Athlete has a 2019-2020 AIA sports physical on file with the school he/she is attending for 2020-2021.
 - b. Athlete did not have any new injury or illness requiring outside medical evaluation or if injury did occur, was released for full athletic participation by a qualified medical professional.
 - c. Athlete did not have a concussion
 - d. Athlete did not receive a new medical diagnosis
 - e. Athlete has not had COVID -19
2. Athlete must see his/her primary care provider and have an updated sports physical for 2020-2021 if any of the above criteria are not met.
3. If athlete does not have a 2019-2020 sports physical form on file at the school he/she is attending for the 2020-2021 school year, the athlete will also need to complete a 2020-2021 sports physical.
4. 2020-2021 Health History (15.7-A, page 3) is to be completed and signed by student and parent/guardian.

E. General Guidelines for Athletic Training Staff

- a. Athletic training staff may begin treating athletes on a limited basis at phase 1 as long as guidelines for social distancing and practices to maintain a healthy environment and healthy operations are followed
 - Only one athlete shall receive treatment at a time
 - Athlete and athletic trainer shall wear a mask at all times while in athletic training facility and/or when receiving treatment
 - Athletes who can wear a brace that they put on themselves shall wear a brace rather than being taped by an athletic trainer until phase 3
 - Athletic training facility shall be disinfected before and after each athlete receives treatment
 - At least 6 feet of distance shall be maintained between athlete and athletic trainer when there is no hands-on treatment
 - Hands-on treatment should be minimized until phase 3

III. Recommendations for Administrators

It is recommended that administrators strive to meet the guidelines for all of your athletic and activity programs on a daily basis. Athletes, coaches and staff should be informed, encouraged, and reminded to practice healthy habits to minimize the spread of infection. Your training facilities, courts, fields, and athletic training facilities should be healthy environments for athletes, coaches and staff. Establish protocols for maintaining healthy operations with consistent delivery through all programs at your school. Lastly, establish protocols for when there is a sick member or household contact of a member of the athletic community in one of your programs.

A. Promoting Behaviors that Reduce the Spread of Illness

- a. Ensure signage is posted throughout institution
 - i. Signs and symptoms of COVID-19
 - ii. Physical distancing policy
 - iii. How to protect yourself and others
 - iv. Healthy habits
 1. Proper hand washing and frequency
 2. No spitting
 3. Proper wearing of face coverings
 4. Cover coughs and sneezes
 5. Don't touch your face
 - v. Do not share any sport equipment
 1. Protective gear
 2. Water bottles
 3. Towels
 - vi. What to do if you are sick
- b. Water bottles
 - i. Athletes shall fill up their own water bottle in a contactless system when possible
 - ii. If contactless system is unavailable then a designated person shall fill water bottle while athlete holds his/her bottle
 - iii. Alternatively, athlete shall use hand sanitizer before and after filling up his/her water bottle

B. Maintaining Healthy Environments

- a. Ensure that adequate supplies that reduce the spread of illness are available and accessible for all in person sessions
 - i. Hand sanitizer
 - ii. Soap
 - iii. Paper towels
 - iv. Tissues
 - v. Garbage cans
 - vi. Equipment surface cleaners and rags – one per piece of equipment
- b. Closure of locker rooms, water fountains, and common showers until declared safe to open by local public health departments and school districts
 - i. Enforce time period when athletes may enter facility/field for practice session and by what time he/she needs to leave after the session ends (staggered arrivals)
- c. Support and encourage outdoor practice when possible
- d. Work with coaching staff to create physical/visual barriers in facilities and outdoors to maintain social distancing
 - i. Outline training areas for each athlete
- e. Clearly identify and separate entrance to and exit from facility

C. Maintaining Healthy Operations

- a. Designate a COVID-19 point of contact for each of your programs
 - i. Athletic trainer
 - ii. School nurse
 - iii. Athletic director
- b. Develop a COVID-19 communication pathway
 - i. Add to the school's emergency action plan
 - ii. Shall start with reporting any illness to the COVID-19 point of contact
- c. Provide education to all coaching staff on COVID-19 protocols and procedures at your institution
- d. Establish protocol for screening ALL members of the athletic community prior to all in-person activities
 - i. Fever (reported or measured)
 - ii. Loss of smell and/or taste
 - iii. Sore throat
 - iv. Cough
 - v. Difficulty breathing
 - vi. Body aches
 - vii. Runny nose
 - viii. Sinus congestion
 - ix. Headache
 - x. Lymph node enlargement
 - xi. Contact with COVID19 positive person
- e. Ensure daily symptom reporting is occurring
- f. Develop accommodations for athletic community members who are at increased risk of severe illness or have a person living in their home who is in one of these high risk groups
 - i. People over the age of 65
 - ii. People who live in a nursing home or long-term care facility
 - iii. People of any age who have a serious underlying medical condition, especially if it is not well controlled such as
 1. chronic lung disease or moderate to severe asthma
 2. serious heart conditions
 3. weakened immune systems from cancer, smoking, prolonged use of corticosteroids or other immune weakening medications
 4. immune deficiencies
 5. bone marrow or organ transplantation
 6. poorly controlled HIV or AIDS
 7. diabetes
 8. chronic kidney disease on dialysis
 9. liver disease
 - iv. Severe obesity (BMI >40)
- g. Enforcement of public health department and school district recommended group sizes
 - i. Encourage coaches NOT to move athletes to different small groups (cohort)
 - ii. Limiting large in-person gatherings where social distancing is not possible
 1. Games
 2. Competitions
 3. Parent nights
 - iii. Post signs and educate community that parents/spectators are no to be at any athletic event including practice until it is deemed safe from local health department and school district
 - iv. Minimize unnecessary travel outside your community
 1. Consider limiting competitions to in-district only
- h. Enforcement of established cleaning protocols

D. Communication with Community

- a. Message to public – primarily parents and families of athletes
 - i. Steps being taken to reduce the risk of illness in athlete and his/her family
 - 1. Small groups that the same each day
 - 2. Wearing masks when not exercising
 - 3. Maintaining 6 feet of separations for drills and activities – no contact until safe to start
 - ii. Facility cleaning and disinfecting plan
 - 1. What you are doing
 - 2. How you are doing it
 - 3. Why you are doing it
 - iii. New facility policies
 - 1. Physical distancing
 - 2. Healthy habits – masks
 - 3. Stay your child home if he/she is sick or another member of your home is sick and notify coach and/or COVID contact point for team
- b. Utilize your resources to deliver the message
 - i. COVID-19 point of contact person
 - 1. Helps to establish his/her presence in the community
 - ii. Team physician(s) and/or other medical personnel who work directly with the athletics community
 - iii. School nurse
 - iv. Coaches and staff
 - 1. Encourage them to be the example
 - v. Signage around the institution
 - vi. Website, social medial, other electronic communication

IV. Recommendations for Facilities Management

In addition to hand washing and social distancing, maintenance of athletic facilities is essential to preventing the spread of infection. For facility staff, particularly those charged with regular cleaning of high-touch areas and equipment, proper training can help slow and prevent the transmission of disease.

Below are key points for maintaining healthy environments that are recommended for review with facilities management personnel.

A. Prior to opening of facilities, institutions shall ensure the following

- a. Ventilation systems are operating properly
- b. Increasing circulation of outside air as much as possible
- c. All water systems and features are safe to use after a prolonged shut down
 - i. Turn water fountains off until determined safe to use
- d. Minimize frequent touch points throughout facility
 - i. Ensure no-touch features are working properly
 - 1. Faucets
 - 2. Soap dispensers
 - 3. Hand dryers
 - 4. Paper towel dispensers
 - 5. Toilet flush valves
 - 6. Motion controlled light switches
 - ii. Consider installing no-touch features where possible
 - iii. Remove vending machines
 - iv. Prop doors open where possible

- B. Use the CDCs reopening tool to develop a facilities management cleaning plan ([CDC Re-Opening America Cleaning and Disinfection Decision Tool](#))**
 - a. Determine what will remain in the facility or what will be removed to minimize cleaning and exposure
 - b. Determine what needs to be cleaned – soap and water
 - c. Determine what needs to be disinfected – EPA list of approved products
 - d. Frequency of cleaning and disinfecting
 - e. Ensure the institution has adequate supplies to perform cleaning and disinfecting on protocol schedule
 - i. Ensure cleaning supplies are readily available when athletic facilities are in use
 - f. Follow the Environmental Protection Agency 6 Steps for Safe and Effective Disinfectant Use ([EPA 6 Steps for Safe Disinfectant Use](#))

- C. Develop and implement a deep cleaning protocol (visit [CDC’s website on How to Clean and Disinfect](#))**
 - a. To be performed at the end of the day by facility staff

- D. Develop and implement a protocol for cleaning frequently touched surfaces ([CDC Guidance for Cleaning and Disinfecting Public Spaces - Schools](#))**
 - a. Shall be implemented after each athlete uses a piece of equipment if there is shared equipment such as in the weight room AND after each small group training session prior to the next group entering the training environment.
 - b. Each member of the athletic community shall be educated in this protocol to be an active participant
 - c. Protocol shall include the following information
 - i. If any personal protective equipment needs to be worn when using the product
 - ii. How long the product needs to sit on the surface prior to using it again (contact time)
 - iii. Who is responsible for the cleaning of the equipment
 - 1. Recommend including all members of the athletic community
 - iv. Frequency of cleaning
 - 1. Before and after each new training group
 - 2. Before and after each new person using equipment
 - a. If athletes are following each other in a circuit and observed the person before them clean after he/she used the equipment, the new athlete does not need to clean again prior to use, but shall clean after use
 - d. Provide education to all members of the athletic community regarding frequently touched surfaces that need to be cleaned and/or disinfected throughout the day
 - i. Tables
 - ii. Doorknobs
 - iii. Light switches
 - iv. Countertops
 - v. Handles
 - vi. Desks
 - vii. Phones
 - viii. Keyboards
 - ix. Toilets
 - x. Faucets and sinks
 - xi. Balls, mats, bleacher seats
 - xii. Free weights, weight machines, treadmills, cardio machines,
 - xiii. Athletic training facilities, equipment, first aid supplies
 - xiv. Touch screens
 - xv. Audio-Visual equipment

- E. Establish protocol for cleaning athletic area where someone with suspected/confirmed COVID-19 was present**
- a. Please follow CDC recommendation for U.S. community facilities with suspected/confirmed coronavirus disease 2019 at [CDC's website on How to Clean and Disinfect](#)
 - b. If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary

Resources:

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