

Football involves close, sustained contact between participants with the high probability that respiratory particles will be transmitted between participants, but risk can be mitigated through adherence to proper safety procedures.

To that end, we encourage all wheelchair football teams to create a comprehensive plan for return to play for your athletes to help ensure the safety of your athletes as best as you can. Below are items you should take into consideration when creating those plans, as well as a proposed phased plan for re-starting practice. Each phase of reopening should be guided by local and national CDC guidance, testing availability and current health trends in your area, as well as special precautions around generally shared equipment, such as helmets, footballs and program wheelchairs.

PHASE 1

- If possible, host outdoor practices where risk of transmission is lower
 Practices should be kept to groups of 10 or fewer
 - Consider position practices (i.e. linemen) or rotating groups versus full team practices
 - Highest risk athletes and/or coaches should be encouraged to remain home
- Start with drills that can be done without a partner (i.e. chair skills, routes) and maintain social distancing at all times
- Contact with other players is NOT allowed
- Drills where a football will be shared among more than one player should be discouraged
- Communal locker rooms and shared bench areas should not be made available
 - Athletes should come wearing appropriate workout clothing, and leave wearing the same clothing.
 - Athletes should be encouraged to shower and wash workout clothing, towels, etc. immediately upon return to their homes



PHASE 2

- If possible, continue to host outdoor practices where risk of transmission is lower
- Larger group practices of up to 50 may begin outdoors, indoor practices should remain at 10 or fewer
 - Highest risk athletes and/or coaches should still be discouraged to return to play
- Workouts should be conducted in 'pods' with the same 5 athletes always working on drills together. These groups may get closer than 6 feet apart, but when possible, social distancing should remain intact within the small group
- Drills where a football will be shared can begin, but shared equipment should be kept within the smaller 'pod' subsets
 - Teams should have enough balls for each pod, and balls should be sanitized between drills and before and after each practice
- Contact drills are still not allowed
- Contact drills are still not allowed
- Communal locker rooms and shared bench areas should still not be made available

PHASE 3

- Highest risk athletes and coaches may return to practice
 - These athletes should be phased into practices in smaller group/non-contact settings to start
- Larger group practices of up to 50 indoors or outdoors may be held
- Contact drills may begin, but should be kept to a minimum, and athletes should remain in small 'pod' subsets for these drills
- Communal locker rooms and benches may be made available, but use should be discouraged unless absolutely needed, and care should be taken to maintain appropriate social distancing. Consider using tape or paint as a guide for athletes.

GENERAL GUIDANCE

- Follow all local government and CDC guidance for re-opening
- Limit practices to necessary personnel
 - Tier 1 Athletes and coaches (Available in Phase 1)
 - Tier 2 Other program staff (Can be Introduced in Phase 2)
 - Tier 3 Family / Spectators (Only Introduced in Phase 3 and still limited based on facility capabilities)
- Discourage players not in the same household from carpooling or spending communal time together pre/post-practice
- Have a plan for containment and sanitizing in case a player is diagnosed positive after having participated in a practice

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THROUGHOUT ALL PHASES:



FACILITY CLEANING

- Adequate cleaning schedules should be created and implemented for all facilities. When hosting smaller groups, cleaning should
 - be provided between sessions.
- Hand soap and/or hand sanitizer that meets the WHO standards should be available.
 - Athletes should wash hands for a minimum for 20 seconds with warm water immediately prior to starting practices or touching equipment.
 - Hand sanitizer should be made available midpractice as stations rotate.

EQUIPMENT

- <u>Clothing & Towels</u> Sharing is not allowed. Encourage athletes to wash and clean after every workout.
- <u>Facemasks</u> Cloth masks should be encouraged for athletes while waiting in bench areas or pre/post workouts.
 - Wearing a face mask during cardio workouts can cause difficulty breathing, therefor it is not recommended.
- <u>Helmets</u> Sharing is not allowed. Encourage athletes to clean after every workout.
- <u>Wheelchairs</u> If an athlete needs to use a program chair, consider loaning out one chair per athlete for the full season versus sharing. If that isn't possible, allow time and create a tracking process for cleaning between practices.
- Mouth Guards If a player chooses to use a mouth guard, they must ensure it stays in their mouth or connected to their own helmet at all times. Mouth guards should be discouraged in Phase 1 and 2 during non-contact practices.





COACHES AND OFFICIALS

- Coaches should model good behavior, and cloth masks are encouraged for coaches and officials throughout all practices.
 - If you have athletes who are deaf or hard of hearing, clear masks can be purchased at specialty outlets.
- As shouting has been shown to have a higher rate of particle spread, try to keep voices at a rate no louder than standard speaking voice, particularly when within close contact with player and other coaches.
- Artificial noisemakers such as an air horn or a timer system with an alarm can be used to signal in place of a traditional whistle to avoide airborne particles.

HYDRATION AND FUEL

- Athletes should bring their own water bottles or hydration system. Bottles should be clearly marked and kept with an athletes individual items.
 - Athletes should be encouraged to wash
- water bottles after every practice. Teams should not offer snacks/fuel to players. Players can bring their own nutrition if needed, but should ensure they dispose of all waste products themselves.
- Discourage athletes from spitting and spitting out water or food, such as sunflower seeds.



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DETECT SYMPTOMS?



HEALTH CHECKS

- Consider starting each practice with a health questionnaire check best kept on record for potential contact tracing within your team if an athlete or coach comes down with COVID-19.
 Possible questions include:
 - Do you have a fever, cough, sore throat or shortness of breath?
 - Have you been around anyone with confirmed Covid-19 symptoms?
 - Record current temperature

Note: Players can still spread the disease when not symptomatic, so health checks are more useful for contact tracing versus determining whether an athlete should or should not be practicing.

RETURN POST-SYMPTOMS

If a player or coach shows positive symptoms for COVID-19, consider the following procedures for returning to practice:

- Players and coaching staff either testing positive for COVID-19 infection, or who are symptomatic but not tested for COVID-19 infection, should be excluded until the following criteria are met:
 - 10 days after their illness starts AND
 - 3 days after their fever is resolved (without fever reducing medications) AND
 - All other symptoms have improved
- Players and coaching staff testing negative for COVID-19 infection, but may have other flu-like



symptoms may return to normal activities 24 hours after their symptoms have resolved if they are NOT in close contact of a confirmed case.

- Consider recommending a 2nd negative COVID-19 test prior to return to play.
- Players and coaching staff testing negative for COVID-19 infection and who ARE close contacts of a confirmed case should continue to self-quarantine until 14 days after their last exposure to the confirmed cases.

If a player or coach tests positive, team members and staff who have come into contact with that athlete should be notified so they can get a test.



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