



Return to Play Protocol – Rec Mini Camps

Rec Mini Camps

- **Type of Training:** Training will focus on technical and tactical aspects. The first half of the session should be planned to minimize physical contact between players. The second half of the session will incorporate match related activities without restrictions.
- **Group Size:** 15 players max per group. Training areas will be separated and designated so that groups do not interact. **No more than 50 people per 11v11 field (players + coaches).**

Additional Precautions:

- Prior to attending any training event, a parent/guardian/caregiver should check each player's temperature at home, and refrain from participation if he or she has a fever (≥ 100.4 degrees F).
- Prior to participation, staff will obtain verbal confirmation from each participating player that:
 - The player has not had any known close contact with a sick individual or anyone with a confirmed case of COVID-19 (see Appendix C).
 - The player has not had a documented case of COVID-19 in the last 14 days.
 - The player is not currently demonstrating or suffering from any ill symptoms (see Appendix A).
- Any player reporting or demonstrating symptoms of illness at any point will be removed from training (or prohibited from training) and should seek guidance from his or her physician before attempting to return to training.
- Contact between players may occur during play, but players should avoid unnecessary contact with each other, including celebrations, handshakes, high-fives, etc.
- Coaches can integrate into training environments for instructions purposes but will not be in contact with players. Coaches will remain 6ft or more from players. Due to the outdoor nature of the camp and the ability to social distance, coaches will not be required to wear masks.
- Each group will train in a designated area.
- Individuals will maintain social distancing guidelines during arrival and departure from training.
- Other individuals in attendance (family members, for example) must stay away from the field and maintain at least 6 feet between other individuals in attendance. Ideally, these individuals will remain in cars to reduce the risk of spread.
- In the event of an injury, staff may assess and facilitate management of the injured individual in accordance with proper first aid management. Family members may participate in injury management as necessary but other players should maintain proper social distance.



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Equipment and Training Grounds:

- Training areas will be separated and specifically designated such that groups will not touch the same surfaces (goals, for example).
 - Training vests will not be shared between group members, and will be washed before and after each use.
 - Equipment used by staff (cones, for example) should not be handled by players or other attendees and will be disinfected after use.
 - Players and coaches should disinfect their hands prior to and immediately after every group session and after any contact with a shared surface.
 - All surfaces that players/staff may contact when entering and leaving the facility (gates, doorknobs, etc.) will be disinfected between sessions and after the final session of the day. When possible, gates/doors will remain open to reduce contact with potentially contaminated surfaces.
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Appendix A: “Signs and Symptoms”

Symptoms of COVID-19 Infection:

Individuals with COVID-19 can exhibit symptoms ranging from mild to life-threatening. The most common symptoms associated with infection include:

- Fever (greater than or equal to 100.4 degrees F)
- Cough
- Shortness of breath

Less common symptoms that may still be evidence of COVID-19 infection include:

- Sore throat
 - Congestion
 - Nausea and vomiting
 - Diarrhea
 - Headache
 - Muscle / Joint pain
 - Sudden loss of taste or smell
 - Chills
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Appendix B: “Confirmed or Suspected”

Return to Play Following Confirmed or Suspected COVID-19 Infection

These recommendations are intended to guide decision-making regarding players or staff with a suspected or documented COVID-19 infection in order to reduce the risk of disease transmission.

Symptomatic player / staff with **suspected** or **laboratory-confirmed** COVID-19 infection:

Cannot attend GSA events until:

1. At least 3 days (72 hours) have passed since resolution of fever (defined as greater than 100.4 degrees F) without the use of fever-reducing medications and respiratory symptoms (e.g. cough, shortness of breath), AND...
2. At least 10 days have passed since symptoms first appeared.

OR

3. Resolution of fever without the use of fever-reducing medications, AND
4. Improvement in respiratory symptoms (e.g., cough, shortness of breath), AND...
5. Negative results of an FDA authorized molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected more than 24 hours apart (two negative specimens).

Player / staff with laboratory confirmed COVID-19 who **have not** had any symptoms:

Cannot attend team events until:

1. 10 days after date of their first positive COVID-19 diagnostic test assuming no symptoms since that time. If symptoms develop symptoms, then protocol will be followed as above for symptomatic individuals.

OR:

2. Negative results of an FDA authorized SARS-CoV-2 RNA test from at least two consecutive respiratory specimens collected more than 24 hours apart (two negative specimens)
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Appendix C: “Exposure to but not confirmed”

Return to Play Following **Exposure to a Suspected or Diagnosed Case of COVID-19**

These recommendations are intended to guide decision-making regarding players or staff following exposure to a suspected or diagnosed case of COVID-19 infection in order to reduce the risk of disease transmission.

Any asymptomatic player or staff member who has been exposed to an individual with a suspected or diagnosed case of COVID-19 should be restricted from participation for at least 14 days and minor for any symptoms consistent with infection.

If asymptomatic after 14 days since last exposure, they can return to participation. In general, you need to be in close contact with an individual to contract the disease. In this case, exposure means any of the following:

- Caring for a sick person with a suspected or confirmed COVID-19 infection
- Living in the same household as an individual with a suspected or confirmed COVID-19 infection
- Being within 6 feet of an individual with a suspected or confirmed COVID-19 infection for around 10 minutes or more.

OR

- Coming in direct contact with secretions from an individual with a suspected or confirmed COVID-19 infection (being coughed or sneezed on, sharing water bottle or utensils, for example).