



**RETURN TO PLAY**

**US LACROSSE**

**RETURN-TO-PLAY  
RECOMMENDATIONS  
FOR LACROSSE**

**July 1, 2020**



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## **Overview of Return To Play Recommendations for Lacrosse**

This document is designed to provide an initial framework of guidelines to be used in planning for a safer return to the lacrosse field during, and after, the COVID-19 pandemic.

These guidelines prioritize the protection of players, coaches, officials and volunteers, as well as their families and friends. They are intended to provide program leaders with medically-informed guidance in the development of safer return to play protocols. These guidelines are grounded in public health recommendations established to address the mitigation of exposure risk to the spread of COVID-19, which vary by community, county and state. The responsibility to safely return athletes to the lacrosse field in the midst of a pandemic includes limiting exposure of athletes, coaches, officials, volunteers and parents to the virus, as well as assuring effective collaboration with facilities, considering socio-economic barriers that may limit access, ensuring necessary hygiene practices are implemented, and preventing athlete injury caused by extended inactivity, to name a few.

These guidelines are not intended to serve as a replacement for professional medical advice, diagnosis or treatment by a licensed medical professional. The information regarding the prevention and treatment of COVID-19 is ever changing and, although these guidelines will be continually reviewed and updated, US Lacrosse cannot assure that this information is current or complete. Program leaders should always seek additional guidance from public health officials and medical professionals to customize and continually update a return to play plan unique to the infection risk of their respective community. Additionally, states and counties have adopted a variety of phased/staged approaches to resumption of activity, so the timetable to resume sport will differ by state and county.

As the sport's national governing body, US Lacrosse provides national leadership, structure and resources to fuel the sport's growth and enrich the experience of participants. While primarily serving the youth level, US Lacrosse, a 501(c)3 nonprofit organization, is committed to providing a leadership role in virtually every aspect of the game. The US Lacrosse Center for Sport Science and its Sport Science & Safety Committee work tirelessly to elevate the safety initiatives that US Lacrosse has been committed to since its creation in 1998, while providing health-related research funding and counsel since that time to improve the well-being of lacrosse participants at all levels of play.

US Lacrosse's "Return to Playing Lacrosse" advisory group was established to help provide informed guidance to the lacrosse community as it relates to the current COVID-19 pandemic. The priorities for the advisory group are to provide recommendations that mitigate the risk for all participants; explore innovative versions of the sport that allow for smaller number of athletes and coaches to practice, train and compete; and develop guidelines that allow for the return of the sport in a graduated manner along the following pathway: individual training, small group practices, competition, and ultimately, events with multiple teams and larger numbers of athletes and spectators.

Any return to play options will be led first and foremost by federal, state and local public health guidelines and mandates.



The composition of the medical leadership team and the sport and event advisory members are listed below:

### **Medical Leadership Advisory Team**

David Berkoff, MD*	University of North Carolina, Chapel Hill, N.C.
Richard Hinton, MD*	MedStar Sports Medicine, Baltimore, Md.
Eugene Hong, MD* (Co-Chair)	MUSC Health Charleston, S.C.
Kari Kindschi, MD**	MedStar Sports Medicine, Baltimore, Md.
Matt Nein, CSCS*	Salisbury University, Salisbury, Md.
Karen Sutton, MD*	Hospital of Special Surgery (HSS), New York, NY
Nina Walker, ATC*	University of North Carolina, Chapel Hill, N.C.
Andrew Wolanin, PsyD*	Wolanin Consulting, Philadelphia, Pa.
Ann Kitt Carpenetti	VP, Lacrosse Operations, US Lacrosse
Jay Dyer, CSCS**	(MedStar Sports Medicine) Baltimore, Md.
Kellie Loehr, ATC**	(MedStar Sports Medicine) Baltimore, Md.
Sean Huffman**	(MedStar Sports Medicine) Baltimore, Md.

\*US Lacrosse Sport Science & Safety Committee members

\*\*Medstar Sports Medicine Advisors

### **Event Advisory Team**

Kim Rogers & JP Fischer	US Lacrosse Events, Event Advisory staff leads
Andy Bilello	Corrigan Sports Enterprises
Lee Corrigan	Corrigan Sports Enterprises
E.W. Bitter	Bitter Lacrosse
Kelly Griffin	Top of the Bay Sports
Michael Haight	Thinklax Tournaments
Keith Jacoby	Ultimate Events and Sports
George Leveille	Summit Lacrosse Ventures
Ian McGinnis	NXT Sports
Ashley G. Murphy	Summit Lacrosse Ventures
Steve Sepata	Adrenaline Lacrosse
Charlie Shoulberg	STEPS Lacrosse
Jamie Varga	Raleigh LaxFest
Becky Wells	Ultimate Events and Sports
Joel Zuercher	NXT Sports

### **Sport Advisory Team**

Erin Smith	US Lacrosse Sport Development, Sport Staff Lead
Brian Abbott	National Intercollegiate Lacrosse Officials Association
Lori Brown	T3 Lacrosse
J.B. Clarke	Intercollegiate Men's Lacrosse Coaches Association
Patty Daley	College Women's Lacrosse Officials Association
Kevin Finn	True Lacrosse
Tamara Floruss	Jersey Girls Lacrosse Association, US Lacrosse Board
Bob Gross	Long Island Metropolitan Lacrosse Foundation
Laura Jennings	Northern California Junior Lacrosse Association
Dan Leventhal	Bronx Lacrosse
Cynthia Lisa	St. Mary's (Md.) Girls' Lacrosse
Marc Lockett	US Lacrosse Board
Christianne Malone	Detroit City Lacrosse, US Lacrosse Board
Susie Margotta	Greater Birmingham Youth Lacrosse Association
John Moser	CityLax
Liz Robertshaw	Intercollegiate Women's Lacrosse Coaches Association



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## **Lacrosse Return to Play**

The Centers for Disease Control and Prevention recommends physical distancing of six-feet between people, the wearing of personal protective masks and regular hand sanitizing as fundamental interventions that prevent the spread of COVID-19. These interventions have become widely adopted, and US Lacrosse believes that lacrosse programs should adopt these interventions to the extent practicable.

COVID-19 has the potential to cause serious illness and death in people of all ages and genders in all communities. Those who are immunocompromised, have co-morbid medical conditions and/or are over the age of 65 are at greatest risk. At the present time, testing and contact tracking are not widely available, effective treatments have not been developed, and a vaccine is not expected to be widely available for the foreseeable future. Additionally, while children appear to be at a lower risk to contract the virus, there is growing concern that they can be asymptomatic carriers who can expose their respective parents and siblings to infection. Unfortunately, there is no way to eliminate the risk of infection in this pandemic. Therefore, the goals of a safe return to play must focus on mitigating the risk of COVID-19 transmission, quickly identifying and removing participants who may have contracted or been exposed to COVID-19 (and managing appropriately), and limiting the participation of vulnerable and at-risk populations. US Lacrosse and RPS Bollinger Insurance have developed guidelines and FAQs for the insurance response to coronavirus. These address the specific insurance coverages provided through the US Lacrosse Membership Insurance Plan and how they will respond to claims arising from exposure or transmission of COVID-19. The guidelines can be found on <https://www.uslacrosse.org/return-to-play>. Lacrosse program leaders who obtain insurance outside the US Lacrosse Membership Insurance Plan should consult with their respective insurance carriers to understand the coverages in place and related risk factors to the organization and its participants as respects the pandemic. Once the risks of participation are understood and a return to play plan is established to mitigate those risks, the organization should effectively communicate the plan and ensure plan compliance.

Nationally, many sports organizations have developed their own return to play guidelines related to COVID-19, each of which emphasize a graduated return to play, physical distancing and, when possible/available, the appropriate use of screening, testing and tracking tools. Essential to the development and successful implementation of a return to play plan is the need to evolve and innovate the lacrosse experience to assure that infection risks are mitigated while embracing the opportunity to evolve the traditional youth lacrosse experience. This evolution had already begun to take root prior to the pandemic through implementation of small-sided play, independent skills development and more holistic goals for the youth sports experience. US Lacrosse has established an Athlete Development Model (ADM) <https://www.uslacrosse.org/athlete-development> that focuses on providing young athletes with a fun lacrosse experience that is based on their stage of physical, cognitive and emotional development. US Lacrosse offers many ADM resources online that coaches, parents and programs can use as the foundation of a return to play plan.

The risks of athletic participation and differences among low-to-high-risk sports is unclear. However, COVID-19 infection risk associated with occasional close quarters and incidental contact in a fast-paced outdoor athletic activity would appear to be less than the “grouping” activities that have always been part of structured practice sessions. Young players huddled together for instruction or groups of non-participating players socializing on the sidelines represent greater infection risks and are examples of traditional practice plans that must be eliminated.



Until a vaccine or effective treatments are found, exposure time within a group setting must be limited to reduce infection risk. Therefore, practices should be efficiently planned to maximize player movement and minimize “together time.” Young players can work on individual skill development independently or with parents or other players in their community. Some coaching instruction should be delivered on-line, before or after group practice sessions. Players need to arrive at practice sessions promptly, dressed and prepared. Kids need to be moving constantly throughout practice. The goal for programs and coaches is to provide a safer environment based on best public health practices, come to that environment prepared, train efficiently in group activities, get out of the group environment as quickly as reasonable, and stay connected with your team in a variety of low-risk ways in between practice sessions.

There is a growing urgency for the return of sport in America, some of which is fueled by parental expectations, player aspirations, the financial pressures of youth sports organizations and businesses. Despite these circumstances, young athletes must be provided with a supportive program focused on their health and welfare...not just their value to others. Kids play sports because they are fun. Let’s help them find that again in the safest manner possible.

This set of return to play recommendations are designed to create and promote innovative, athlete-centered, developmentally appropriate and graduated lacrosse programming and activities that allow for a staged return to play based on federal, state and local public health guidelines and best practices. Lacrosse players and coaches are eager to return to the field as soon as possible. In order to achieve that goal, programs need to adapt the lacrosse experience in order to assure that the health and safety of all participants remain the highest priority

### **General Guidance on Return to Play**

The following CDC recommendations should be followed, regardless of the Return to Play stage in your community, county or state. They currently include:

- Stay at home if you are feeling sick or experiencing the following COVID-19 symptoms: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:
  - Cough
  - Shortness of breath or difficulty breathing
  - Fever of 100.3 degrees F/37.9 degrees C
  - Chills
  - Muscle pain
  - Sore throat
  - New loss of taste or smell

*\*This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.*

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

- Clean and disinfect frequently touched surfaces and equipment (including balls, mouthguards, sticks, water bottles, helmets, eyewear, pads, uniform).



- No sharing of equipment, water bottles, towels.
- Thoroughly wash hands with soap and water for at least 20 seconds (sing “Happy Birthday” twice) or use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Have sanitizing options available, including, but not limited to hand sanitizer and disinfectant wipes.
- **If capability exists**, temperature of participants should be taken using an infrared thermometer. Anyone with a temperature of 100.3 degrees or more should be sent home and evaluated by a licensed medical professional before being cleared to participate.
- Arrive dressed and ready to train.
- Minimize use of changing rooms, bathrooms, communal areas.
- Eat off-site. Bring own water bottle.
- Any tasks that can be done at home, should be done at home (recovery sessions, online meetings).
- Cover your mouth and nose with elbow or tissue when coughing or sneezing.
- Follow the public health guidance of the host location for the lacrosse activity, when determining what necessary return to play and risk mitigation plan to follow.
- Each program should assign a designated safety or hygiene coordinator as the point of contact for all COVID-19 information, education and hygiene protocols. (*See resources*)
- Establish a CAP (COVID-19 Action Plan), to determine what steps you need to take, should an athlete, coach, or family member get sick or test positive for COVID-19. (*See appendix for sample CAP*)
- Consistent with applicable law and privacy policies, have coaches, staff, umpires/officials, and families of players (as feasible) self-report to the youth sports organization if they have COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with other applicable laws and regulations. Notify staff, officials, families, and the public of youth sports facility closures and restrictions in place to limit COVID-19 exposure.

The Centers for Disease Control and Prevention offers recommendations on how members of the public can limit the spread of the COVID-19. Check local public health recommendations and mandates in your area, found on your state and local government website, before heading anywhere for a lacrosse activity. A directory of state health departments and the latest data on COVID-19 cases and deaths by U.S. county can be found here:

- [Centers for Disease Control and Prevention](#)
- [World Health Organization](#)
- [State Departments of Health](#)



## Stages for Return to Playing Lacrosse

These guidelines consist of a “**staged**” return to play that is based on staged or phased return of activities established by most states and local public health departments. Factors such as new infections of COVID-19, the rate of hospitalizations due to COVID-19, and the availability of healthcare resources in each community, county or state determine the stage or phase of activity allowed. The return to play “stages” in this document will broadly describe the activities that are recommended, based on the level of risk that is associated with that activity, during that stage. Please refer to the CDC and your [State Departments of Health](#) to determine the recovery stage of your community, county or state.

It is important to note that these stages are not intended to be followed in a linear manner, as it may become necessary to return to prior staged guidance and activities, based on the ever-changing status of COVID-19 exposure in the community, county or state that you are conducting lacrosse activities in. It is possible, if not likely, that there will be local and regional outbreaks and surges of COVID-19 for some time to come.

Younger children (under the age of 8) may not be best suited for any organized, modified group lacrosse activity conducted in Stages 2 and 3, as younger children will have more difficulty maintaining social distancing and practicing recommended risk mitigation with their personal belongings and equipment.

This white paper provides guidance that US Lacrosse recommends for return to lacrosse activities focused on transitioning children back into physical activity through organized small-group practices and training, and not competition. Research has shown that introduction to full competition activity after a long span of deconditioning increases risk for significant musculoskeletal injury. **Every effort should be made to have a gradual return to activity starting with drills and conditioning regardless of the community phase.** At this time, we have found no current medical evidence that suggests a return to play that includes full-field, full-roster sized teams, competing in full-length games or tournaments could occur without significant risk to participants.

**Stage 1: At home individual training (mild risk)** Aligned with state/local public health guidelines that do not permit or recommend any size group gathering, outside of family members, in any public setting. At this stage, the community may be under a stay-at-home order by local or regional authorities. At this time, according to the CDC, there is large scale community transmission, healthcare staffing is significantly impacted, and there are multiple COVID-19 cases within communal settings like healthcare facilities, schools, mass gatherings, etc...

**Goal:** Hone sport-specific skills at home with individual drills that can be done in backyard or driveway. Prepare for sports participation with general cardiovascular conditioning, core work and body weight strength. Work on injury prevention activities, such as those offered in the US Lacrosse LaxFit course (free to members):

<https://www.uslacrosse.org/coaches/coach-development-program/online-courses/laxfit>





**Stage 2: Small group (less than 10) modified lacrosse activity or practice at outdoor facility (mild to moderate risk)** Aligned with state/local public health guidelines that allow for small group (under 10) gatherings in a public or private setting. At this stage, according to the CDC, there is widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.

**Goal:** Continue conditioning with small, socially-distanced community based groups. Improve hand-eye coordination, footwork, shooting skills. Continue improving cardiovascular and lacrosse fitness in a supportive group setting for enhanced mental and physical health.

**Stage 3: Medium group (less than 50) modified intra-squad scrimmages/practices with limited closeness and contact at outdoor facility (moderate risk)** Aligned with state/local public health guidelines that allow for under 10 people to gather in groups indoors at a time or up to 50 people to gather outdoors at a time. At this stage, according to the CDC, we are likely to see transmission with likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.

**Goal:** Once appropriate fitness levels are attained, this stage allows for increasing intensity and competitiveness in drills, including game-specific drills.

**Stage 4: Medium group (less than 50) local competition/ practices from teams within same locale, with limited closeness and contact at outdoor or indoor facility (moderate to high risk) no multi-team events** Aligned with state/local public health guidelines that allow for up to 50 people, to gather indoors or outdoors, at a time. At this stage, according to the CDC, sustained transmission with likelihood or confirmed exposure within communal settings with potential for increase in suspected cases.

**Goal:** Create a more competitive environment with local groups to enhance skills while protecting athletes from risks of travel and interactions with different communities with different risk profiles.

**Stage 5: Larger group gatherings (more than 50) and full competition resumption with multiple teams from varied geographic areas. (highest risk)** Aligned with state/local public health guidelines that allow for groups larger than 50. At this stage, according to the CDC, there is evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.

**Goal:** Full return to larger competitive events, including participants from a variety of communities/regions. Events should be evaluated for safety considerations and continued diligence to mitigate virus transmission.



**Stage 1: At Home: Individual training (mild risk)** Aligned with state/local public health guidelines that do not permit or recommend any-size group gathering, outside of family members, in any public setting.

1. All activities should follow guidelines listed in this document.

#### **HYGIENE/ DISTANCING**

2. Wear a cloth face covering that covers your nose and mouth in public settings. Athletes may wear a face mask during lacrosse activity. (*see Athlete and Parent Responsibilities*)
3. Stay at least 6 feet away from non-household members.

#### **FACILITY/ VENUE**

4. Individual training sessions in your home/residence using your own equipment.

#### **TRAINING/ INJURY PREVENTION**

5. Virtual, 1v1 coaching
6. Training sessions during this period should focus on skill concepts: wall ball, ground balls, shooting on empty cage.
7. Individual strength and conditioning, speed and agility training resources  
<https://www.uslacrosse.org/lax-at-home>

**Stage 2: Small group (less than 10) Modified lacrosse activity or practice at outdoor facility (mild to moderate risk)** Aligned with state/ local public health guidelines that allow for small (under 10) group gatherings in a public or private setting.

1. All activities should follow guidelines listed in this document.

#### **HYGIENE/ DISTANCING**

2. It is not known what the appropriate distancing is in an outdoor setting involving physical exertion (as in sport) that may mitigate the risk of transmission of COVID-19
3. Establish a COVID Action Plan (CAP) to determine your pre-participation screening requirements for participants and for managing spread of COVID-19, should a participant become sick or test positive. (COVID-19 Action Plan) – *see appendix for sample*
4. Transmission risk of COVID-19 will be greater the more time spent around others.
5. Traveling across state lines or far distances to train or practice should be avoided.
6. Exposure for COVID-19 transmission is higher when within 6 feet of a sick person for more than 5 minutes. Stay at least 6 feet away from non-household members. Social distancing should be followed by those in attendance, at all times.
7. **Required face masks for staff, coaches, and designated adults** serving as hygiene support for all practices and activities. **Athletes may wear a face mask** during lacrosse activity. Face coverings should cover nose and mouth. (*see Athlete and Parent Responsibilities*)
8. No huddles; no pre-or post-activity in-person meetings.
9. No handshakes, high-fives, fist-bumps or skin-to-skin contact.



## **FACILITY/ VENUE**

10. Individual training sessions in your home/ residence or at an approved public outdoor facility, using your own equipment. No indoor practices or events during this stage are recommended.
11. No spectators (including parents) on or near the field during lacrosse practices or activities. Parents should stay in vehicles during practices.
12. Outdoor practices are recommended, over indoor practices, as outdoor venues are better ventilated than indoor venues. There are also benefits to mental health documented, from even short engagements in green spaces. Risks of developing upper respiratory tract infections have also been reported at higher rates amongst athletes in indoor settings, compared to outdoor settings.
13. Full-sized or half-sized fields may be used, as long as social distancing between players can be maintained, and drill stations on the field are spaced effectively to allow for room to safely conduct small group activities, during practices.

## **TRAINING/ INJURY PREVENTION**

14. Before returning to practice, it's imperative to conduct, at a minimum, a two-week period of guided athletic skills training. Introduction of a proper dynamic warm-up and drills to acclimate athletes with multi-directional movement. The adaptation phase should be completed prior to implementing sport-specific skills and is likely to change based on the frequency and age of participant.
15. Focus should be getting back to practice, as more time is needed for conditioning, training in order to be ready to return to competition.
16. A competition of any sort, even a small-sided competition should not be played within stage two (even if 10 players are able to gather together), as potential for injury is greater when competition is introduced.
17. Coaches should make the most of the time together: communicate pre-practice with athletes and parents, strategy and more in-depth coaching all done virtually.
18. Recommend that practices should not include more than 8 athletes on the field, at a time (allows for one coach and one recommended hygiene coordinator).
19. Assign area that ensures adequate physical distance between each player, for them to place their equipment and water, so that they can return to during breaks in activity. Between training efforts, maintain a distance of at least 6 feet apart.
20. Recommend that sessions should begin at 30 minutes in duration and following a transition period that can be evaluated every 2 weeks – can increase up to 60 minutes, allows athletes to have a graduated return that minimizes contact and allows for play that follows the 50/30/20/10 workload/progression model (see NSCA Resource document)
21. Take training level of each athlete into account and establish new baselines for each athlete. Coaches should introduce and implement use of a recovery assessment tool upon arrival and at the conclusion of each session. The first phase could consist of the following:
  - i. Progression of linear short distance acceleration / deceleration
  - ii. Lateral movement (shuffle)
  - iii. Core training
  - iv. Low level (intensity) endurance
22. Avoid contact drills or any drills that require standing in line.
23. Training sessions or practices during this period should focus on skill concepts: wall ball, ground balls, shooting, passing, clearing.
24. Build in appropriate time for warm-up and cool-down, based on length of session.



25. Time spent training should be well-planned by coaches or team leaders, timed appropriately to reduce time spent lingering on the field and efficient. Time spent together is productive practice time.
26. Individual strength and conditioning resources:  
<https://www.nasca.com/education/nsca-videos/>  
<https://www.youtube.com/watch?v=mQ7-GTNqYgw>
27. Individual speed and agility training resources:  
[https://ct1.medstarhealth.org/content/uploads/sites/108/2016/11/Dynamic-Warmup-Agility-Progression-2016.pdf?opt\\_id=oeu1589241600036r0.5460679708048701](https://ct1.medstarhealth.org/content/uploads/sites/108/2016/11/Dynamic-Warmup-Agility-Progression-2016.pdf?opt_id=oeu1589241600036r0.5460679708048701)

**Stage 3: Medium group (less than 50) Modified intra-squad scrimmages/practices with limited closeness and contact at outdoor facility (moderate risk)** Aligned with state/local public health guidelines that allow for under 10 people to gather in groups indoors at a time or up to 50 people, to gather outdoors at a time.

**\*Follow all guidance provided for hygiene/ distancing, facility/event and training/prevention as referenced in Stage 2, unless any new recommendations are outlined below:**

#### **HYGIENE/ DISTANCING**

1. Required face masks for staff, coaches, officials and designated adults serving as hygiene support for all practices, scrimmages, games and activities. Athletes may wear a face mask during lacrosse activities. Face coverings should cover nose and mouth.

#### **FACILITY/ VENUE**

2. Group training sessions in your home/residence or at an approved public outdoor facility, using your own equipment.

#### **TRAINING/ INJURY PREVENTION**

3. Competition with small or full roster sizes allowable. There remains a greater potential for injury when competition is introduced without adequate training.
4. Competition options may include a 6v6 or 7v7 format to allow for fewer players.
5. Recommend that practices allow for at least one coach and one recommended hygiene or safety coordinator.
6. Recommend that sessions should begin at 60 minutes in duration and following a transition period that can be evaluated every 2 weeks – can increase up to 90 minutes, allowing athletes to have a graduated return that minimizes contact and allows for play that follows the 50/30/20/10 workload/progression model.
7. Game play modifications for aspects of boys' and girls' games are recommended to minimize higher risk activities that limit extended closeness and contact between athletes. Examples of game considerations where there is extended closeness and/or contact include the draw/face-off and any positioning that would allow bodies to make contact or be positioned within 6 feet of one another. (Additional recommendations are in development)
8. See Guidance for Event/ Facility Operators/ Officials (Additional recommendations are in development)



**Stage 4: Medium group (less than 50) Local competition/practices from teams within same locale, with limited closeness and contact at outdoor or indoor facility (moderate to high risk) no multi-team events.** Modified competitive play: Local, small-sided or full field competition, no multi-team events. Aligned with state/local public health guidelines that allow for up to 50 people, to gather indoors or outdoors, at a time.

**\*Follow all guidance provided for hygiene/ distancing, facility/event and training/prevention as referenced in Stage 2 and 3.**

**Stage 5: Larger group gatherings (more than 50) and full competition resumption with multiple teams from varied geographic areas. (Highest risk). New Normal.** Traditional play and venues aligned with state/local public health guidelines that allow for groups larger than 50. Participation in a multi-team event, at a single multi-field outdoor venue. **\*Follow guidance provided referenced in Stage 2-4, unless any new recommendations are outlined below:**

- Screening is important and testing is not always available for everyone at an event.
- Any planning needs to be in compliance with all local, state government and public health guidance and regarding social distancing, protective face coverings and gathering sizes.
- According to the CDC, there are certain segments of the population that are at an increased risk of being infected by COVID-19. Individuals who are 65-years of age or older, and people of any age with underlying or pre-existing health conditions are at greatest risk of developing more serious complications from COVID-19 illness and it is recommended that they should not participate in or attend events with a large number of participants.
- While all event operators are encouraged to follow these Return-Play recommendations for large-scale lacrosse events, US Lacrosse does not have the ability to cancel or postpone events due to public health concerns that they do not own and operate, including US Lacrosse Sanctioned Tournaments.
- US Lacrosse Sanctioned Tournaments and US Lacrosse owned and operated events will be required to implement the COVID-19 mitigation guidance provided in Stage 5, in addition to other Sanctioned Event requirements.
- Families, Officials, Clubs, Coach and event operators should review the status of new infections of COVID-19, the rate of hospitalizations due to COVID-19, and the availability of healthcare resources in each community, county or state where any tournament or event is taking place, and before any team or event staff travels out of their region to compete in any event. These public health considerations should be reviewed daily, leading up to any event – and data acquired will provide critical information to all spectators, participants and operators when making decisions about withdrawing a player or team from an event or cancelling an event all together.
- At any point in time, US Lacrosse may determine it necessary to make a public statement and/or remove the US Lacrosse sanctioned status of any US Lacrosse Sanctioned event or cancel any US Lacrosse owned and operated event, due to concerns related to participant safety or public health, based on WHO guidance advising that large, organized gatherings



should be limited or scaled back in size if COVID-19 positivity rate exceed manageable levels, in a given community. A reliable resource to monitor [Daily State-by-State COVID-19 Testing Trends](https://coronavirus.jhu.edu/testing/individual-states) can be found here: <https://coronavirus.jhu.edu/testing/individual-states>

- All activities should follow guidelines listed in this document.

### **STAGE 5 - HYGIENE/ DISTANCING**

- All event staff must wear cloth face coverings that covers nose and mouth and regularly sanitize their hands with soap and water or alcohol-based hand sanitizer.
- All coaches and team personnel must wear cloth face coverings, that covers nose and mouth, at all times.
- During games, officials should do their best to maintain 6 feet of distance from coaches, player, staff and spectators as well as other officials and if they choose, they may wear cloth face masks that covers nose and mouth. When off of the field, officials should wear cloth face masks and continue to maintain 6 feet of distance from others.
- During games, athletes should do their best to maintain 6 feet of distance from other players, coaches and officials and if they choose, they may wear a face mask that covers nose and mouth, during lacrosse games and activity. When interacting with other people in a public setting, off the field, all athletes should wear cloth face coverings and maintain appropriate social distancing. (*see Athlete and Parent Responsibilities in USL RTP Guide*).
- All spectators and family members must wear cloth face masks that covers nose and mouth in public settings and maintain 6 feet of distance from one another.
- For helmet wearers, face shields are not endorsed or recommended by US Lacrosse – but they may be worn, if the manufacturer of the shield has received approval by the helmet manufacturer that the shield is being worn in. This is to ensure proper fit and stability. Manufacturers of helmets may design, develop and test face shields within the parameters of all applicable rulebooks and standards for use in their brand of helmets.
- According to the CDC, it is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer’s face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use.
- Event staff and volunteers should participate in daily health screenings, (ie: a temperature check and symptom reporting.) Any staff or volunteers experiencing symptoms will be directed to local health resources and will not work their scheduled shift.
- Confirmation of screenings should be completed by event staff for all participants and spectators upon entrance to the facility parking lots. For admittance to the event facility, a successful screening must be completed.
- Event staff should maintain contact list for all players, coaches and officials as well as a record of games played for contact tracing purposes.
- Table staff should maintain distance from each other.



- Coaches on side-lines should make sure no contact is occurring between athletes, coaches or officials off-field – whether during pre-game, mid-game, or post game (no huddles handshakes, high-fives, fist bumps, etc...).
- Event staff should ensure that there is adequate time provided to teams and officials for hydration, sanitation and recovery between games. Staggered entry and exit times for teams should be implemented to minimize interaction and exposure time between groups.
- Mouthguards should be kept in athletes’ mouths at all times during practices and games. When removed, mouthguards should be kept in protective case, and cleaned before future use. Hands used to touch a removed mouthguard should be sanitized before touching anything or anyone.
- No spitting should be permitted anywhere at event.
- Outside food and drink may be necessary, if teams and staff are on site at an all-day event. Ensure that there are no tables or areas where shared food and drink are displayed.
- Modifications to game play should be considered to minimize contact and extended closeness. US Lacrosse has provided some suggestions for game-play modifications.
  - Women’s Game:  
<https://www.uslacrosse.org/sites/default/files/public/documents/rules/rtp-womens-game-modifications.pdf>
  - Men’s Game:  
<https://www.uslacrosse.org/sites/default/files/public/documents/rules/rtp-mens-game-modifications.pdf>

### **STAGE 5 - FACILITY/ VENUE**

- When determining a date to conduct or participate in a large-scale lacrosse event, the state and/or local government jurisdiction for the property must be within a re-opening phase that permits opening of private sports facilities, athletic fields or outdoor recreation; and/or gatherings of an appropriate size. Any ambiguity in these guidelines should be clarified with the government entity prior to proceeding.
- Before event occurs, event operators and venue should assess the local virus transmission/ positivity rates **within the locale that the event is occurring in** and determine the risk of hosting or cancelling event if/or when the positivity rate in that locale has increased beyond manageable levels.
- Before event occurs, event operators and venue should assess the **local virus transmission/ positivity rates in the regions where visiting teams, officials are traveling in from**, and determine the risk of hosting or cancelling event or asking teams to stay home, if or when the positivity rates in locales where teams are coming from has increased beyond manageable levels.
- The venue should share its detailed re-opening protocols and event schedules with the appropriate state and local government.



- All Event Operators should have a CAP (COVID-19 Action Plan) and amend their EAP (Emergency Action Plan) to include risk mitigation steps for communicable diseases. The CAP should be communicated to all event participants prior to the event and posted on the event website, as well as on-site
- It is recommended that event operators limit spectators attending events, to include only one parent or guardian per participant.
- Unsupervised participants (siblings and pets) should not be permitted at event.
- It is recommended that if there are food and drink vendors on site, they must also adhere to all COVID-19 hygiene related practices and crowd management must be in place to ensure lines do not allow groups to congregate.
- Signage at event should include, but not be limited to, facility policies and procedures, COVID-19 symptom awareness, expected behavior and assumption of risk, social distancing markers for restroom and concession lines, handwashing guidelines in restrooms, closures of areas (ie: playgrounds, umpire's dressing room)
- Field layout should provide room for teams to spread out along sidelines and spectators to spread out in spectator areas, and in between fields there should be no gathering areas for teams or spectators.
- Cleaning and disinfecting of all equipment on field in-between games (ie: scorer's table, clocks used in games) and other used common areas at event (bathrooms, sanitizing station, event info table) should occur on a more frequent basis throughout the event.
- Where possible, modifications should be made to the facilities to minimize guest contact with surfaces and to facilitate social distancing, including doors/entrances should be kept open and/or foot-operated door openers will be installed. Water fountains should be disabled, shuttle services suspended and playground areas closed. Within restrooms, every other restroom sink and toilet/urinal should be closed to facilitate distancing and automatic hand dryers should be replaced with paper towels. Event staff should direct traffic flow and capacities in closed areas
- Frequently-touched areas at venue, such as bleachers, picnic tables, trash receptacle lids should be removed or closed to public.
- Sanitation areas (with alcohol-based hand sanitizers and wipes) should be places near each field, by officials staging area, by every restroom, at the info table and each scorers table and at entrance and exit of facility.
- No score update board should be posted on site. All scores and game schedule updates should be posted electronically.
- A separate area such as a first aid office/tent or EMT office/tent should be established to take potentially sick patients to be evaluated. Adequate supply of PPE should be available at this tent/area.
- Exhibitors/vendors should be limited and required to submit their safety protocol plan prior to the event for review and approval.
- Team and coach check-ins should be done virtually, and not on-site or in person.





- Team tailgates or tented large group gatherings for spectators/families and team participants between games should not be allowed at events.

### **STAGE 5 - TRAINING/ INJURY PREVENTION CONSIDERATIONS**

- Incidence of non-contact related injuries are higher following a period of inactivity.
- Risk of non-contact injuries is higher if training workloads and/or recovery strategies are not adjusted accordingly.
- It is recommended that athletes participate in at least 6 weeks of practice, strength training and conditioning before returning to games or tournament play, in order to minimize the potential risk of injury.
- Event Operators should consider limiting length of games (no full-length games), and should consider limiting the number of games played in a single day to result in no more than 2 hours of play, per day, per team. (ie: 3, 40 minute games or 2, 50 minute games).
- Event Operators should consider eliminating any championship or elimination format from their schedules.
- All protective lacrosse equipment required for or allowed for use by participants should be cleaned by wearer before use, and should be worn as intended during all lacrosse activities. No one else should be handling any individual's equipment.  
**<https://www.uslacrosse.org/safety/equipment>**
- Before participating in any practice, game or multi-game event, participants should hydrate effectively, eat healthy foods that nourish and sustain the body for high intensity activity.
- Participants should bring own water/hydration and food supply to event to replenish body in between games. Food and water sharing amongst participants is not recommended.
- Sunscreen should be worn by all participants and re-applied throughout the day, to minimize the potential for burns and skin damage.



## RETURN TO PLAY GUIDANCE

- [US Olympic & Paralympic Committee guidance on Return to Training \[PDF\]](#)
- [US Olympic & Paralympic Committee guidance on Sports & Events \[PDF\]](#)
- [National Recreation and Parks Association on Slowing the Spread](#)
- [Project Play Return to Play Guidelines](#)
- [Daily State- by-State Testing Trends <https://coronavirus.jhu.edu/testing/individual-states>](#)

## LACROSSE RESOURCES

US Lacrosse Youth Rules <https://www.uslacrosse.org/rules>

Lacrosse Athlete Resources <https://www.uslacrosse.org/athlete-development>

Lacrosse Coaching Resources <https://www.uslacrosse.org/coaches>

US Lacrosse Sanctioned Events <https://www.uslacrosse.org/events/sanctioned-tournaments>

Lacrosse Officiating Resources <https://www.uslacrosse.org/officials>

<http://www.ncaa.org/sport-science-institute/topics/covid-19-and-mental-health>

Lacrosse COVID-19 Insurance Guidance <https://www.uslacrosse.org/safe-return-to-play>

## CDC GUIDANCE ON YOUTH SPORTS EVENTS AND TRAVEL DURING PANDEMIC

CDC Guidance on Face Masks and Face Shields [https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html?deliveryName=USCDC\\_2067-DM31977](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html?deliveryName=USCDC_2067-DM31977)

CDC FAQ on Youth Sports Programs [https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports-faq.html?deliveryName=USCDC\\_2067-DM31413](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports-faq.html?deliveryName=USCDC_2067-DM31413)

CDC Considerations for Youth Sports <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

CDC Guidance on Coronavirus and Travel in the US: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

CDC Guidance for Visiting Parks and Recreational Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/visitors.html>

CDC Guidance for Cleaning and Disinfection of Community Facilities: <https://www.cdc.gov/coronavirus/2019ncov/community/organizations/cleaningdisinfection.html>

CDC Guidance for Cleaning and Disinfecting Your Facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-buildingfacility.html>

CDC Guidance for Large Community Events and Mass Gatherings: <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html>



**GUIDANCE FOR WHEN SOMEONE GETS SICK/ TEST POSITIVE FOR COVID-19 – AT OR AFTER EVENT (From CDC)** HAVE THIS PLAN POSTED ON EVENT SITE, AND BE READY TO IMPLEMENT WHEN LEARNING AN EVENT PARTICIPANT HAS TESTED POSITIVE FROM COVID-19

- Advise Sick Individuals of Home Isolation Criteria
- Sick coaches, staff members, umpires/officials, or players should not return to event until they have met CDC's criteria to discontinue home isolation.
- Isolate and Transport Those Who are Sick
- Make sure that participants know that sick individuals should not attend the youth sports event, and that they should notify youth sports officials (e.g., the COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.
- Immediately separate coaches, staff, officials, and players with COVID-19 symptoms (i.e., fever, cough, shortness of breath) at any youth sports activity. Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick. Individuals who have had close contact with a person who has symptoms should be separated and sent home as well, and follow CDC guidance for community-related exposure (see "Notify Health Officials and Close Contacts" below). If symptoms develop, individuals and families should follow CDC guidance for caring for oneself and others who are sick.
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.
- Clean and Disinfect all equipment and surfaces.
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable). Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing them securely away from children.
- Notify Health Officials and Close Contacts
- In accordance with state and local privacy and confidentiality laws and regulations, youth sports organizations should notify local health officials, youth sports program staff, umpires/officials, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) external icon and other applicable laws and regulations.
- Work with local health officials to develop a reporting system (e.g., letter) youth sports organizations can use to notify health officials and close contacts of cases of COVID-19.
- Advise those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, to follow CDC guidance if symptoms develop, and consider contacting their healthcare provider.



### **Guidance and Responsibilities for Program Leaders**

- Every athlete, official and coach should be symptom-screened **prior** to each activity. Ensure players, coaches and officials are symptom free and feel well. All are clear to play if not symptomatic, able to perform at prior levels, and screen negative on any screening questions.
- Encourage continued training at home, increasing intensity, progress to higher intensity activities.
- Players, coaches or officials with any COVID-19 symptoms must be at least 14 days post-positive test, with a minimum of 72 hours symptoms free and negative repeat COVID-19 test in order to return. Individuals require clearance from a licensed medical professional before return to play granted.
- Should appoint someone to serve as designated safety or hygiene manager, if possible, they should ideally have some medical training (athletic trainers, nurses preferred). It's okay to give a lay person the responsibility of screening everyone, keeping documentation for contact tracing/legal if needed. Follow EAP and CAP (see COVID-19 action plan) and enforce restricted play area.
- Programs may also have their safety or hygiene manager conduct contact-less temperature screens on-site, before athletes or any adults who enter practice or game field. (see pre-screen wellness form)
- Ensure adequate space between the water and personal equipment of each player so that physical distancing of 6-10 feet can be maintained during breaks.
- Monitor athletes for any symptoms of anxiety, depression and distress (i.e. not sleeping, low mood, eating, stomach aches before practice, etc.) and refer to a mental health professional.
- If there is a dispute that occurs between the hygiene/safety coordinator on-site at a practice and a participant (i.e: if an athlete displays any symptoms on-site and is pre-screened and cleared by parent to participate, or if an official who is symptom-free, shows up to work but after an on-site temperature check has learned he/she has a fever), it is the ultimate responsibility of the on-site hygiene/safety coordinator to determine if the participant (athlete/coach/official) is cleared to play.



## **Guidance and Responsibilities for Parents and Athletes**

- Do not bring your child if you or they are sick or recently sick
- Complete screening questions prior to play
- Understand your limited participation in practice and games and need to stay in car
- There is limited research currently available that determines the risk/benefit for athletes to wear cloth face masks while participating in outdoor or indoor athletic activities. CDC has provided guidance on the use of cloth face masks: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-coverings-information.pdf>.
- There is no evidence available yet to recommend clear face shields for use in the prevention of COVID-19 transmission in lacrosse. Clear face shields for use within a helmeted face mask are currently under review by US Lacrosse. Some lacrosse rule-making bodies prevent the use of face shields in games, so consult the NFHS and NCAA before purchasing. [https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15\\_2020-final.pdf](https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf)
- Wipe down equipment before and after participation. CDC has provided cleaning and disinfecting guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>
- Cooperate with needs/asks of coaches/organizers
- Educate children about need for social distancing and what they should do to protect themselves (hand washing, not touching others, keeping 6-feet apart)
- Monitor child for any symptoms of anxiety, depression and distress (i.e. not sleeping, eating, stomach aches before practice) and refer to a mental health professional.





# SAFE RETURN TO PLAY

## US LACROSSE OFFICIALS – RETURN TO PLAY BEST PRACTICES

This document is meant to be used as recommended guidelines and best practices for officiating organizations and officials that may be asked to officiate this summer.

First, officials should stay at home if they are feeling sick or experiencing COVID-19 related symptoms. They should also consider if they or anyone they come in regular contact would be more at risk if they were exposed to the virus.

People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore Throat
- New Loss of Taste or Smell.

If anytime within two weeks of any scheduled game and especially as the date of the game is closer, an official experiencing any of these symptoms above should notify the appropriate assignor to be removed from the game(s).

On gameday, all officials must conduct daily symptom self-assessments. Anyone experiencing symptoms must stay home.

### PROTOCOLS TO FOLLOW:

All officials should bring:

- Their own disposable water bottles
- Their own food or snacks
- Face mask
- Hand Sanitizer, disinfectant wipes and disinfectant spray
- Electronic whistle if you prefer to use this versus a traditional whistle

When arriving on-site:

- Wear a mask when you are not officiating.
- Do not share equipment, water or snacks.

Last updated 6/22/2020



- Minimize use of communal areas such as changing rooms, bathrooms and concession areas.
- Plan to arrive early for any potential no-touch temperature screening being conducted.
- Do not touch your face, eyes or mouth with unclean hands.
- Refrain from contacting other participants
- Practice social distancing as often as possible.
- Do your best to maintain distance from any other individual when audibly announcing their calls
- Minimize your time on-site. If possible, go directly from your car to the field and return to your car after the game.

## ORGANIZATION BEST PRACTICES

- Establish a reporting procedure and communication plan if any official becomes symptomatic within 14 days of working an event.
- Assignor(s) or someone appointed by the organization to serve as a “health monitor” is recommended and those name(s) and contacts should be provided to officials, and tournament organizer(s).
- Officials should be encouraged to get tested if they become symptomatic.
- The event organizer and officials should be notified that an official has become symptomatic. If diagnosed with COVID-19, that needs to be communicated as well. Name(s) and other information should remain private. The message simply needs to state “An official(s) that worked Tournament XYZ has been diagnosed with COVID-19. The official was onsite on this: xx/xx/xxxx for these times:.” \*
- If a participant is symptomatic and diagnosed with COVID-19 within 14 days of an event, the assignor(s) or “health monitor” should be notified and the officials working that event during the days and times that participant(s) was onsite should be notified. \*
- Ensure officials that the decision to work and not to work, is an individual one and that no repercussions will be taken on future assignments if they choose not to work.

*\*Consistent with applicable law and privacy policies, self-report to the SLOA if you have COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with other applicable laws and regulations.*

### Additional Resources

[www.uslacrosse.org/return-to-play](http://www.uslacrosse.org/return-to-play)

<https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

Last updated 6/22/2020



**SAFE RETURN TO PLAY**



## **COVID-19 ACTION PLAN (CAP)**

- Mandatory CAP (COVID Action Plan) should be a part of any event planning which includes wellness screening by predetermined safety or hygiene manager. (see sample form)
- Pre-participation screening checklist for everyone attending the event should be completed in the 24 hours prior to the event. Can be done online or pen and paper.
- Identify plan for collection and tracking of screening forms.
- Plan should also include what to do when a participant or other person screens positive.  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>
- Consider using the medical personnel at the venue as part of the CAP and to be responsible for CAP oversight. If not available, safety or hygiene manager to ensure all athletes/coaches/officials who are on field complex have been screened.
- Host organization should have, as part of the CAP, a way to ensure that everyone abides by the rules created to maintain health and safety of participants. All teams held to very tight standard regarding screening and this includes not just players but also coaches, officials and any others who enter the field area.
- There should also be a plan for when participants or others refuse to comply with the outlined screening.
- There needs to be clear messaging and visible signage at venue regarding CAP non-compliance and associated removal actions from the field area for all participants who do not comply.
- Plan should include layout for practices, games and warmup, being cognizant of spacing required for groups and teams.
- Ensure adequate water supply, no group filling stations.
- Limit intermingling between groups during practices, teams between games and group congregating between games.
- This plan should require changing routes of ingress and egress to limit routes and ensure screening of all attendees.





## **Responsibilities of Safety or Hygiene Manager**

**<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>**

- Should have a medical kit and wear a face mask during the entirety of lacrosse activity.
- Administer, collect and review pre-screen wellness paper-work for all participants.
- If possible, administer and record contactless temperature checks for all participants.
- Ensure parents and spectators remain in vehicles.
- Determine if all participants are able to participate, based on pre-screen questionnaire and on-site temperature/symptom screening.
- If someone during an activity is injured, feels sick or demonstrates symptoms, the coordinator should work to separate individual from group, assess situation while maintaining distance, and contact parents or if necessary, call for medical assistance.
- If a return to play clearance is required by a licensed medical provider due to COVID-19 or another injury, the coordinator should be a point of contact, and the documentation should also be shared with program leader.
- Should communicate any concerns about participants adherence to safety practices during activity to program leader.
- Should maintain and retain all information related to minimizing COVID-19 transmission and risk mitigation practices for the team/activity.



### Sample Wellness Pre-Participation Screening Form

Name	Time	Cough		Fever		Sore Throat		Shortness of breath		Close contact w/ someone with COVID-19		Temperature (if higher than 100.3F)
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	





## Waiver/Release for Communicable Diseases Including COVID-19

In consideration of being allowed to participate in a US Lacrosse, Inc. ("USL") event ("USL Event"), the undersigned acknowledges, appreciates, certifies and agrees that:

1. My participation includes possible exposure to and illness from infectious 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, injury, and death does exist.
2. If I have a pre-existing health condition, exposure to COVID-19, or any other infectious disease may be more likely to cause serious illness, injury, or death;
3. USL cannot ensure that all other participants, including coaches and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other participants, coaches, and volunteers, and therefore, participation in a USL Event involves risk of exposure to infectious disease; and,
4. 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,
5. I certify that I have not recently tested positive for, and am not exhibiting symptoms of COVID-19, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches and/or sore throat.
6. I certify that I do not have a household family member/roommate who has recently tested positive for or exhibited the above-referenced symptoms of COVID-19.
7. I willingly agree to comply with all recommendations provided by USL to ensure safe play. If, however, I observe 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 coach, staff member or volunteer, or official immediately; and,
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS USL, and their officers, officials, agents, and/or employees, other participants, volunteers, 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, INJURY, 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 IT 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.



**RETURN TO PLAY**



Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_


## National Strength and Conditioning Association Guidelines on Safe Return to Training

### COVID-19: NSCA Guidance on Safe Return to Training for Athletes

#### Minimizing Risk: Managing Schedules and Teams Training Sessions

- Adhere to social gathering and distancing policies at your institution, according to local, state, and federal authorities.
- Group size counts should include both athletes and staff, and account for transition periods between sessions.
- Schedule mid- and post-workout cleaning periods, allowing a 10-15 minute buffer between teams or groups.
- Limit or stagger training groups throughout workout blocks and/or alternate training days.
- Favor efficient training methods, limiting groups to 2-3 non-consecutive sessions per week.
- Avoid person-to-person contact while spotting with use of bar catches and the two-spotter technique.
- For programming purposes, consider grouping athletes based on conditioning status.
- Create exercise pairings to limit weight room traffic; Or one-way traffic flow based on entrances and exits.
- Maximize fresh air flow in the weight room, and a relative humidity  $\leq 60\%$ .
- Use outdoor training spaces whenever possible.
- Keep doors propped open and lights on throughout the day.

#### Centers for Disease Control & Prevention (CDC) Resources:



#### Facility & Equipment: Cleaning and Sanitation Procedures

- Clean all weight room surfaces with germicidal disinfectant.
- Consider providing masks and/or gloves.
- Educate on weight room upkeep expectations during onboarding meetings with new athletes.
- Provide COVID-19 related updates to weight room rules.
- Promote hand washing before and after workouts.
- Keep extra bottles of disinfectant for athletes to wipe down equipment after use, and provide hand sanitizer at all times.
- Don't share cloth towels or rags.
- Remove and store extra loose equipment from the training floor to minimize cleaning surfaces.
- Carry a personal water bottle instead of drinking directly from the community water fountain.
- Delegate staff cleaning duties, especially towards commonly shared pieces of equipment, including medicine balls, dumbbells, kettlebells, weight belts, bars and plates.
- Ensure that cleaning and sanitation procedures are extended to restrooms, locker rooms, carpet and flooring, exercise mats, water fountains, and athlete nutrition "fueling" stations.

#### Training Safety: Risk Factors Following Periods of Inactivity

- Avoid high-volume submaximal exercises to fatigue, or performed within in a limited time frame.
- Emphasize a 10-20 minute daily dynamic warm-up for reestablishing sport-related movement patterns.
- Consider that prolonged inactivity increases the likelihood of delayed onset muscle soreness.
- Communicate regularly with the medical & coaching staffs about at-risk athletes, including athletes cardiac abnormalities, history of exertional or nonexertional collapse, asthma, and diabetes.
- Consider the use of daily readiness surveys and/or workload monitoring for tracking athlete status.
- Plan & adjust workouts to match environmental factors, especially in cases of high heat & humidity.
- Do not perform physically exhausting drills for the purpose of developing "mental toughness."

#### The 50/30/20/10 Rule: Conditioning Training

COVID-19: All Student-Athletes Returning from Inactivity  
Normal Circumstances: Returning Student-Athletes

Week Number	COVID-19: All Student-Athletes Returning from Inactivity	Normal Circumstances: Returning Student-Athletes	Work:Rest Ratio or Greater
1	50%	50%	1:4
2	70%	70%	1:3
3	80%	100%	
4	90%	100%	
5	100%	100%	

All percentages are based on the upper-most training volume of the conditioning program.

#### The F.I.T. Rule: Weight Training

F.I.T.	Week 1	Week 2
<b>FREQUENCY</b> Sessions per Movement or Muscle Group <i>Adapted for COVID-19</i>	2 Sessions per Week	2 Sessions per Week
<b>INTENSITY</b> Sets x Reps %1RM as a Decimal for Each Periodized Lift	11-30 Units	11-30 Units
<b>TIME</b> Rest Interval	1:4 Work:Rest	1:3 Work:Rest



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Primary reference: National Strength and Conditioning Association COVID-19 Return to Training Task Force. COVID-19: NSCA Guidance on Safe Return to Training for Athletes. May 2020. Available at: <http://nscainstitute.com/covid-19-return-to-training>.  
Additional references: Cialeriano, A., et al. (2019). CSCA and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity. Strength and Conditioning Journal, 41(3), pp. 1-23. NCAA SSI Interassociation Recommendations: Preventing Catastrophic Injury and Death in Collegiate Athletics. July 2019. Available at: <http://www.ncaa.org/report-science-institute/preventing-catastrophic-injury-and-death-collegiate-athletes>



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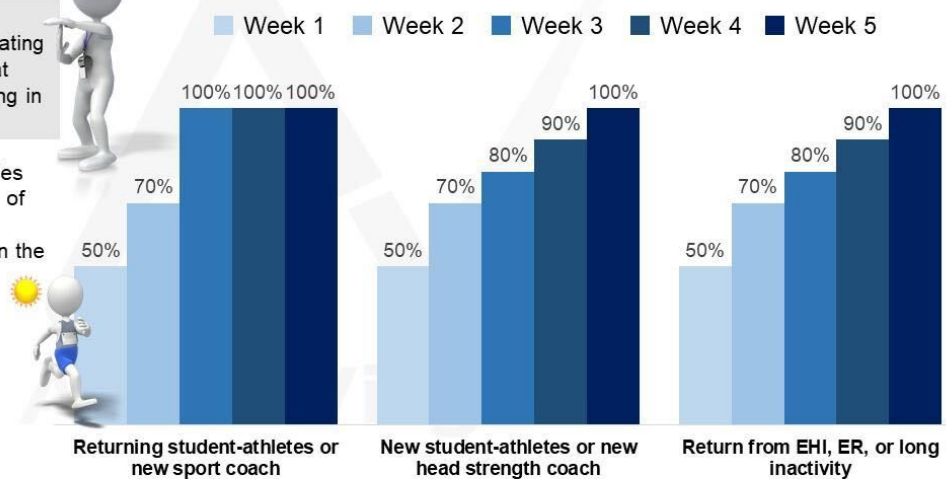
# CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity

## Conditioning Activities The 50/30/20/10 Rule

**Aim:** to ensure that strength & conditioning coaches are evaluating their programs to be certain that student-athletes return to training in a safe, effective manner

- 1 The 50/30/20/10 rule provides recommended percentages of weekly volumes and/or workloads for conditioning in the first 2-4 weeks of return to training following inactivity
- 2 Percentages are based on the uppermost volume of the conditioning program

## Percent of Maximum Conditioning Volume per Week For Safe Return to Training Following Inactivity



EHI= exertional heat illness  
ER = exertional rhabdomyolysis



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**Graphic References**

Caterisano, A., Decker, D., Snyder, B., Feigenbaum, M., Glass, R., House, P., Sharp, C., Waller, M. and Witherspoon, Z., 2019. CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity. *Strength & Conditioning Journal*, 41(3), pp. 1-23.



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<a href="#">An analysis of SARS-CoV-2 viral load by patient age</a>	Terry C. Jones <sup>1,2</sup> , Barbara Mühlemann <sup>1,3</sup> , Talitha Veith <sup>1,3</sup> , Marta Zuchowski <sup>4</sup> , Jörg Hofmann <sup>4</sup> , Angela Stein <sup>4</sup> , Anke Edelmann <sup>4</sup> , Victor Max Corman <sup>1,3</sup> , Christian Drosten <sup>1,3</sup>	Charité - Universitätsmedizin Berlin
<a href="#">Centers for Disease Control and Prevention, MMWR, Early Release/Vol.69High SARS—CoV-2 Attack Rate Following Exposure at a Choir Practice—Skagit County, Washington, March 2020</a>	Lea Hamner, MPH <sup>1</sup> ; Polly Dubbel, MPH <sup>1</sup> ; Ian Capron <sup>1</sup> ; Andy Ross, MPH <sup>1</sup> ; Amber Jordan, MPH <sup>1</sup> ; Jaxon Lee, MPH <sup>1</sup> ; Joanne Lynn <sup>1</sup> ; Amelia Ball <sup>1</sup> ; Simranjit Narwal, MSc <sup>1</sup> ; Sam Russell <sup>1</sup> ; Dale Patrick <sup>1</sup> ; Howard Leibrand, MD <sup>1</sup>	Centers for Disease Control and Prevention
<a href="#">USOPC Sports Medicine—Return to Training Considerations Post-COVID-19</a> United States Olympic & Paralympic Committee April 28, 2020 – v0.12	Jonathan Finnoff, DO, FACSM, FAMSSM USOPC Chief Medical Officer	USOPC Sports Medicine
<a href="#">How an Edmonton curling tournament became a hotspot for the COVID-19 outbreak in Canada</a>	Tyler Dawson	<a href="https://nationalpost.com/news/how-an-edmonton-curling-tournament-became-a-hotspot-for-the-covid-19-outbreak-in-canada">https://nationalpost.com/news/how-an-edmonton-curling-tournament-became-a-hotspot-for-the-covid-19-outbreak-in-canada</a> National Post



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<u>Core Principles of Resocialization of Collegiate Sport</u>	NCAA	NCAA
<u>COVID-19 RETURN TO TRAINING Guidance on Safe Return to Training For Athletes</u>	Contributors- Dr. William Amonette, Ph.D, CSCS (University of Houston, Clear Lake) Mike Caro, MS, CSCS*D, RSCC (Emory and Henry College)....	National Strength and Conditioning Association (NSCA) COVID-19 Return to Training Taskforce
<u>Return to PlayCovid-19 Risk Assessment Tool</u>	The Sports & Society Program's, A program of the Aspen Institute & The Health, Medicine and Society (HMS) Program, the domestic health initiative at the Aspen Institute.	The Aspen Institute
<u>Resocialization of Sports in the St. Louis Region</u>	World Journal of Medical Sciences · January 2013	SSM Health, BJC HealthCare and Mercy
<u>An analysis of risk of developing upper respiratory track infections in athletes doing sports in indoor and outdoor courts</u>		Research Gate at: <a href="https://www.researchgate.net/publication/288435766">https://www.researchgate.net/publication/288435766</a>

