Coronavirus Mitigation Plan

All participants and spectators are asked to follow this Mitigation Plan.

- Anyone exhibiting a fever in the past 72 hours will not be allowed on the premises.
- Prorated refunds will be available if time is missed due to illness.
- The questionnaire in Appendix A will be filled out by all participants before the first night.
- Guardians of participants agree to inform Club Sports Alaska (CSA) if they exhibit a fever within seven days of participation. CSA will inform the other participants and they should monitor for symptoms and practice recommended social distancing measures.
- Participants are requested to wash or sanitize hands before and after each session. Hand-washing and/or sanitizing stations will be provided.
- Attendees will be limited to team members, coaches, officials, and trainers, or other required medical personnel. Spectators are not permitted.
- Masks or face coverings are required at all times for all athletes, players, coaches, officials, and volunteers involved in organized sports.
- Schedule shall be staggered to allow all participants from one event to leave before participants for the next event arrive.
- Equipment lending will not be provided. Players must provide their own ball.
- Referee/Coaches training will be provided to communicate this Coronavirus Mitigation plan.
For Coaches and Referees:

**Return to Play Criteria** for Coaches and Referees with Confirmed or Suspected Coronavirus

Use the *Test-based strategy* as the preferred method for determining when Coaches and Referees may return to premises:

1. **Test-based strategy.** Exclude from premises until
   - Resolution of fever without the use of fever-reducing medications and
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
   - Negative results of an FDA Emergency Use Authorized molecular assay for Coronavirus from a nasopharyngeal swab specimen.

If the *Test-based strategy* cannot be used, the *Non-test-based strategy* may be used for determining when Coach/Referee may return to premises:

2. **Non-test-based strategy.** Exclude from work until
   - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
   - At least 7 days have passed *since symptoms first appeared*

Coach/Referees with laboratory-confirmed Coronavirus who have not had any symptoms should be excluded from premises until 10 days have passed since the date of their first positive coronavirus diagnostic test assuming they have not subsequently developed symptoms since their positive test. If Coach/Referee had Coronavirus ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to premises, Coach/Referee should:

- Self-monitor for symptoms, and seek re-evaluation from health care professional if respiratory symptoms recur or worsen
Appendix A - Participant Questionnaire

Club Sports Alaska Questionnaire

The safety of our Coaches, Referees and families remain Club Sports Alaska’s overriding priority. To prevent the spread of infectious disease and reduce the potential risk of exposure to our families, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone on the field.

1. Has anyone in your household had a fever of 100.4F or higher in the last 72 hrs? Yes/No
2. Has anyone in your household had any of the following symptoms?: Yes/No
   - Cough
   - Sore Throat
   - Shortness of Breath
   - Change of Taste or Smell
3. Has anyone in your household traveled outside of Alaska in the last 14 days? Yes/No
4. (Answer only if question 3 was marked “Yes”) Have they received a negative test result after arrival? Yes/No

I understand that if I or my child has a fever in the 72 hours prior to an event, we are not permitted to participate.

Signature: _____________________________________________ Date: __________