

COVID PROTOCOLS

Below provides the definition and responsibilities for individuals, teams, and families, as it relates to what is required if an individual has close contact exposure, symptoms, or a positive result. Regardless of which may be the situation notifying the coach and club must be a top priority. **[CLICK HERE](#)** to notify NYS of a COVID positive person.

CLOSE CONTACT EXPOSE TO POSITIVE CASE OF COVID-19

SYMPTOMS

POSITIVE

CLOSE CONTACT EXPOSURE TO POSITIVE CASE OF COVID-19

DEFINITION

Close contact would be defined as:

- You were within 6 ft of someone who has COVID-19 for at least 15 minutes.
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person (hugged or kissed them).
- You shared eating or drinking utensils.
- They sneezed, coughed or somehow got respiratory droplets on you.

ACTIONS OF INDIVIDUAL (S)

Notify club/coach ASAP and quarantine for 14 days. Monitor for:

- Fever > 100.4
- Cough
- Shortness of breath
- Chills
- Headache
- Other symptoms

ACTION OF TEAM (S)

Team is permitted to continue training and participating in events **if the positive result is not a team member or coach**. Team members and coaches should be mindful of onset of any symptoms. **NOTE: If any team member, coach, or team official test positive for COVID-19, all team activities will cease for 14 days.**

COMMUNICATION REQUIRED

Club/team should communicate to the team(s) that have an individual on the team(s) has been exposed and will begin a 14 day quarantine.

RETURN TO PLAY

Completion of 14 days of quarantine.

SYMPTOMS

DEFINITION

People with COVID-19 have had 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:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

ACTIONS OF INDIVIDUAL (S)

Notify club/coach ASAP and get a COVID 019 test.

Quarantine until at least 10 days have passed since symptom onset

AND

At least 24 hours have passed since resolution of fever without the use of fever-reducing medications

AND

Other symptoms have improved.

ACTIONS OF TEAM (S)

All team activities are suspended for 14 days OR all team activities are suspended until the individual(s) test results are received. If test was negative team can resume all activities.

COMMUNICATION REQUIRED

Club/team should communicate to the entire team(s) that have an individual on the team(s) has demonstrated symptoms will begin a quarantine.

All team activities suspended immediately. Entire team will begin a full 14 day quarantine. **(NOTE: Quarantine can end prior to 14 days ONLY IF the individual who displays symptoms provides a negative test result and is symptom free.)**

Club/team should communicate to any opposing teams that they played against within the date of onset of symptoms that they had an individual with symptoms. Once test results are received there should also be a notification.

DO NOT give any names or personal details.

NOTE: Opposing teams are not required to quarantine. Notification is done as a courtesy.

RETURN TO PLAY

All three actions (quarantine for 10 days after symptoms began, at least 24 hours without a fever without medicine, and other symptoms improved) have been met.

POSITIVE

DEFINITION

Official results provided by medical professional.

ACTIONS OF INDIVIDUAL (S)

Notify club/coach ASAP and get a COVID-19 test.

Quarantine until at least 10 days have passed since symptom onset

AND

At least 24 hours have passed since resolution of fever without the use of fever-reducing medications

AND

Other symptoms have improved.

ACTIONS OF TEAM (S)

All team activities are suspended for 14 days.

COMMUNICATION REQUIRED

Club/team should communicate to the entire team(s) that have an individual on the team(s) has provided a positive result. DO NOT give any names or personal details.

Club/team should communicate to any opposing teams that they played against a player with a positive result.

DO NOT give any names or personal details.

Complete NYS notification process, found on the NYS website. **[CLICK HERE](#)**

NOTE: Opposing teams are not required to quarantine. Notification is done as a courtesy.

RETURN TO PLAY

All three actions (quarantine for 10 days after symptoms began, at least 24 hours without a fever without medicine, and other symptoms improved) have been met.

NEWBERG YOUTH SOCCER
COVID POSITIVE NOTIFICATION

Contact Name _____ **Contact Email** _____

Name of person submitting notification * _____

Submitter's Phone Number * _____

Please indicate the team associated with the
COVID positive person * _____

Has your coach been notified? * _____

What was the last date the player/coach/team official
trained with, or participated with their primary team? * _____

Does this COVID positive person participate on other teams? * _____

If yes, please provide the name of those teams. * _____

What was the last date, the player/coach/team official
trained with, or participated with those teams. * _____

Does the COVID positive person have a sibling(s)
that participate in the NYS organization? * _____

If yes, please provide the name of the team(s). * _____

What was the date of the first symptoms of the COVID positive
person? * _____

What date was the positive test result received/confirmed? * _____

If the positive test result was asymptomatic, what prompted the
reason for testing? * _____

Has the COVID positive person participated in any games? * _____

List any date(s) of any NYS sanctioned games played since the
date of symptoms. * _____