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Policies and Procedures

COVID-19 Pandemic

PROPRIETARY DATA

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Revision Control

Upon receipt of a revision, record the revision number and date, the date inserted and your initials on the Record of Revisions list. Keep your manual current; it is subject to inspection.

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1 Introduction

The policies and procedures contained in this document are based on what is currently known about coronavirus disease 2019 (COVID-19) and will be updated as needed. Fair Lawn Football Association (FLFA) will update this manual as required.

1.1 Purpose

This document is meant to change, and we request that all involved provide input and feedback for additional best practices, what is working or not working, challenges, issues, or achievements. The health and safety of you and your families remains our top priority – today and every day.

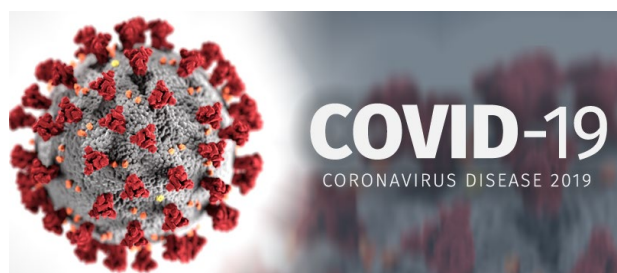
1.2 Novel Coronavirus

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

1.3 COVID-19

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization (WHO) best practice for naming of new human infectious diseases.

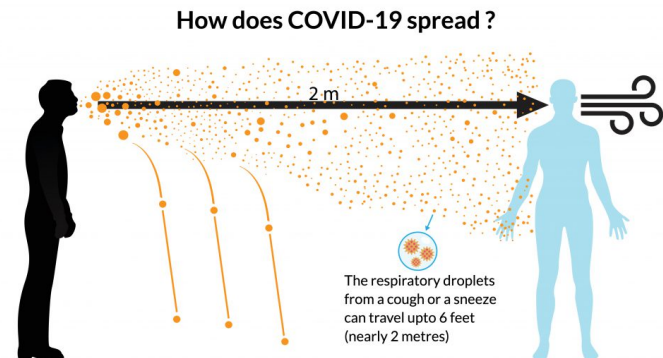




1.3.1 How is it spread?

The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

COVID-19 seems to be spreading easily and sustainably in the community ("community spread") in many affected geographic areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.



1.4 Symptoms

The most [common symptoms of COVID-19](#) are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



cdc.gov/coronavirus

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1.5 Policies and Procedures Summary

The health and safety of our athletes, coaches, volunteers, and families are top of mind amid concerns about the spread of the Coronavirus illness (COVID-19). The circumstances surrounding the coronavirus are continuing to develop each day, but despite all of our professional knowledge and technical mastery, the crisis demands that we remember the fragility of human life.

Measures for protecting athletes, coaches, volunteers, and families from exposure to, and infection with, SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19), depend on the type of activity being performed and exposure risk, including potential for interaction with people with suspected or confirmed COVID-19 and contamination of the playing environment. Infection control strategies based on a thorough hazard assessment, using appropriate combinations of engineering and administrative controls, safe play practices, and personal protective equipment (PPE) to prevent exposures will be in place through the season.

2 Cloth Masks

2.1 Wearing of Cloth Masks

Face coverings WILL/MUST be worn by ALL in accordance with the New Jersey Department of Health and Fair Lawn Borough COVID-19 measures unless engaged in physical activity where a cloth mask cannot be worn.

Our knowledge regarding COVID-19 is rapidly expanding allowing us the opportunity to update PPE policies to incorporate the best evidence about issues like mask and respirator reuse and viral transmission.

Due to continually evolving evidence, we expect these policies will be further refined and revised.

Given what we have learned about COVID-19, this universal mask approach will serve to:

1. Protect our community should the healthcare worker or patient have pre-symptomatic or asymptomatic COVID-19 infection
2. Protect our healthcare workers should they come in close contact with an individual with either pre-symptomatic or mild COVID-19 infection or who has symptoms that have not yet been recognized
3. Protect all athletes, coaches, volunteers, and families during the season

To be successful, this approach will require support from all of us and require the following:

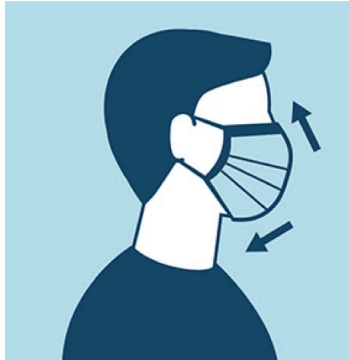
- Strict adherence to extended use/reuse of masks
- Meticulous adherence to hand hygiene
- Proper mask use and hygiene including wearing the mask as directed to cover the mouth and nose
- Strict avoidance of manipulation/touching the mask to reduce the risk of contamination and self-inoculation



2.2 How to Wear a Cloth Mask

1. Before putting on a mask, clean your hands with alcohol-based hand rub or soap and water
2. Cover mouth and nose with mask and make sure there are no gaps between your face and the mask
3. Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water
4. To remove the mask: remove it from behind (do not touch the front of mask); clean hands with alcohol-based hand rub or soap and water

Training Video: [Donning a Cloth Mask](#)



2.3 How to Remove a Cloth Mask

To Doff (remove) facemask with intent to reuse

1. Perform hand hygiene
2. Remove mask
 - a. Remove an ear loop style mask by holding the ear loops. Consider the front contaminated, so remove slowly and carefully.
 - b. Remove a tie style mask by untying lower ties FIRST. Untie upper ties last. Consider the front contaminated, so remove slowly and carefully.
 - i. Ensure ties do not fall into clean interior side of mask.
3. After removing mask, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated the mask should be discarded.
4. If the facemask is NOT visibly soiled, torn, or saturated, carefully store on a paper towel exterior side of mask down.
5. Perform hand hygiene.

2.4 Frequently Asked Questions

Why do I need to wear a cloth face covering?

In light of data about [how COVID-19 spreads](#), along with evidence of widespread COVID-19 illness in communities across the country, CDC recommends that people wear a [cloth face covering](#) to cover their nose and mouth in the community setting. This is to protect people around you if you are infected but do not have symptoms.

When do you need to wear a cloth face covering?

All should wear a cloth face covering where at all times at any FLFA activity, except during physical activity, which for athletes, includes practice and games. When not involved in practice or games, all athletes should wear a mask or socially distance on the sidelines during practice.

General CDC recommendations: A cloth face covering should be worn whenever people are in a community setting, especially in situations where you may be near people. These settings include grocery stores and pharmacies. These

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face coverings are not a substitute for social distancing. Cloth face coverings are especially important to wear in public in areas of widespread COVID-19 illness.

Do I still need to stay at least 6 feet away from people if wearing a cloth face covering?

Yes. Wearing cloth face coverings is an additional public health measure people should take to reduce the spread of COVID-19. CDC still recommends that you stay at least 6 feet away from other people (social distancing), frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but it may prevent the spread of virus from the wearer to others. This would be especially important if someone is infected but does not have symptoms. View CDC's guidance on [how to protect yourself](#).

What type of face covering should be worn?

Cloth face coverings can be made from household items or made at home from common materials at low cost, as well as surgical type masks. Cloth masks are now readily available to purchase online or at stores.

Who should not wear cloth face coverings?

Cloth face coverings should not be placed on young children younger than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cover without assistance. Additionally, athletes should not wear them while engaged in physical activity.

Why is CDC recommending cloth face coverings instead of medical grade facemasks?

Surgical masks and N95 respirators are in short supply and should be reserved for healthcare workers or other medical first responders, as recommended by CDC guidance. They also require OSHA respirator training prior to use.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

Yes. They should be routinely washed depending on the frequency of use and type.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing.



3 Prevention

3.1 Training and Education

View the following videos to prevent the spread of COVID-19.

[Stop the Spread | Six Effective Steps to Stay Safe](#)
[Use Social Distancing to Slow the Spread](#)

[Donning a Cloth Mask](#)
[Five Things To Know About Washing Your Hands](#)

3.2 Proper Hygiene

Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.

If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

Consider washing your hands every hour



3.3 Cover Coughs and Sneezes

If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.

Throw used tissues in the trash.

Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



3.4 Avoid Touching Your Face

It is estimated that people touch their faces about 23 times per hour! Respiratory infections can be caused by many different bacteria, viruses, and other disease-causing germs. When you touch your face with dirty, unwashed hands, germs can take up residence in your mucous membranes which can lead to an infection.

Avoid touching your eyes, nose, and mouth with unwashed hands.

1. Be mindful of just how much you touch your face throughout the day.
2. Identify your own personal face-touching triggers.
3. Find other behaviors to do when you want to touch your face.
4. Keep in mind that not touching your face is only one way to protect yourself.



3.5 If you're sick, stay home

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

1. Stay home. Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
2. Take care of yourself. Get rest and stay hydrated.
3. Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
4. Avoid public transportation, ridesharing, or taxis.





3.6 Cleaning and Disinfection

The transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Transmission of coronavirus occurs much more commonly through respiratory droplets than through fomites. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.

It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains potentially infectious. Facilities will need to consider factors such as the size of the room and the ventilation system design (including flowrate [air changes per hour] and location of supply and exhaust vents) when deciding how long to close off rooms or areas used by ill persons before beginning disinfection. Taking measures to improve ventilation in an area or room where someone was ill or suspected to be ill with COVID-19 will help shorten the time it takes respiratory droplets to be removed from the air.

- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.
- Establish enhanced cleaning procedures at facilities and sites.

Resources for guidance and recommendations for cleaning and disinfection.

[Center for Disease Control and Prevention / CDC Guidance](#)
[Occupational Safety and Health Administration](#)
[New York City Health](#)

3.6.1 Cleaning and Disinfection Guidance

All FLFA equipment will be properly sanitized and issued/personal equipment should as well while at home.

3.7 Social Distancing

Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (2 meters) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings
- Stay home if you’re sick



3.8 Hand Sanitizer

The best way to prevent the spread of infections and decrease the risk of getting sick is by washing your hands with plain soap and water, advises the [Centers for Disease Control and Prevention \(CDC\)](#). Washing hands often with soap and water for at least 20 seconds is essential, especially after going to the bathroom; before eating; and after coughing, sneezing, or blowing one’s nose. If soap and water are not available, CDC recommends consumers use an alcohol-based hand sanitizer that contains at least 60% alcohol.

The alcohol in hand sanitizer works best when you rub hand sanitizer all over your hands, making sure to get between your fingers and on the back of your hands. Do not wipe or rinse off the hand sanitizer before it is dry. Do not use hand sanitizer if your hands are visibly dirty or greasy; wash your hands with soap and water instead.

U.S. Food and Drug Administration Resources

[Hand Sanitizers | COVID-19](#)
[Q&A for Consumers: Hand Sanitizers and COVID-19](#)



4 Temperature Screening

4.1 Authorization

This document provides guidance for FLFA to implement on-site temperature screening of all participating in association activities for fever before they enter begin, using hand-held infrared (IR) thermometers. It is important to note that fever testing can only complement other mandatory prevention measures that each site must implement, including enhanced cleaning, implementation of social distancing and increased personal hygiene .

4.2 At Home Self-Assessment

It is recommended that prior to leaving your home before a FLFA activity, that all athletes, coaches, and volunteers take their temperature at home prior to reporting to the site. Anyone with an elevated temperature (above 38°C or 100.4°F) needs to stay at home, contact their Head Coach to report illness, and shall remain away from FLFA activities. Athletes, coaches, and volunteers may return to the site in accordance with the criteria set forth in COVID-19 Policies and Procedures manual.

4.3 Who will conduct the testing?

The site must ensure anyone selected to administer the screening ("screener") is properly trained on HIPPA requirements as well as the use of the IR thermometer. Given the close proximity of the screener with the individual to be screened, the screener has to wear proper protection to protect all involved.

4.4 Screening Location

The selected screening area will be outside the main fences for the FLFA home field and each level will be spread apart to maintain social distancing and to establish queue lines that are also able to meet social distance requirements.

Privacy

Screening should be performed in a private, screened area near the entrance to the, that can accommodate ensuring the privacy of each individuals test. A vehicle would be considered an acceptable option (as long as there are no additional passengers in the car other than a family member or teammate).

Screening should allow 2-3 minutes for the person to acclimate to the ambient temperature where the screening will take place in order to obtain accurate results. Screening should be completed in a shaded area if possible, to ensure that the environment is not suppressing a fever or enhancing the temperature of the person.

Note: Selected screening location should not block emergency exits or other access points.

4.5 Required Personal Protective Equipment (PPE)

All screeners must wear certain types of Personal Protective Equipment (PPE) to protect the person against potential exposure, which is detailed in this section and if different, must be pre-approved by FLFA. Given the close proximity of the screener with the individual to be screened, the screener may wear proper protection, i.e., nitrile gloves as well as either a face shield covering eyes, nose, and mouth, and cloth masks. A face shield or mask may be supplemented, or in some cases replaced, by a plexiglass shield on a table.

4.6 Sterile / sanitized hand-held IR thermometers

FLFA may only use hand-held IR thermometers. Invasive temperature testing, including but not limited to the use of thermometers placed in a person's mouth or ears, under their arms, etc., is not permitted. The hand-held IR thermometer must be sterilized and/or sanitized and screeners must be trained on the appropriate way to sterilize or sanitize equipment.



4.6.1 Weekly Thermometer Verification

Not all thermometers are capable of a calibration. To calibrate your infrared thermometer with an ice bath:

Step 1: Fill a large glass to the very top with ice (crushed ice is preferred but not required).

Step 2: Add very cold water until the water reaches about one half inch (1 centimeter) below the top of the ice.

Note: If the ice floats up off the very bottom of the glass at all, the ice bath is likely warmer than 32.0°F (0.0°C). Pour off any excess water.

Step 3: Gently stir the ice mixture and let it sit for a minute or two.

Step 4: Create a well of open water where no ice is floating or tamp the ice down so there is a layer of open water at the top of the glass.

Step 5: Make sure your infrared thermometer is set to an emissivity setting of 0.95 or 0.97.

Step 6: Hold your infrared thermometer so that the lens or opening is directly above and perpendicular to the surface of the ice bath.

Note: If you hold your infrared thermometer too far from the surface of the ice bath or hold it at an angle, your measurement will include the sides of the glass or container or even the table it is resting on and give you an inaccurate reading.

Step 7: Taking extra care to ensure that the "field of view" (the size and shape of surface area being measured) is well inside the sides of the glass or container, press the button on your infrared thermometer to take a measurement.

If you perform the test correctly, and your infrared thermometer is properly calibrated, it should read within your unit's stated accuracy specification of 32.0°F (0.0°C).

Infrared thermometers cannot typically be calibrated at home, but they are known for their low drift. If the results of your ice bath test are within your unit's manufacturer's listed specification, you are good to go. If, however, you get a result that is outside the listed accuracy specification, you should contact the manufacturer.

4.7 Screening Protocol

Prior to conducting temperature screening, the fact that the a temperature check is conducted should be displayed on posters at the field or building's entrance. Prior to commencing screening, each screener should take their own temperature.

The screener should ask the person if they can take their temperature, and only if the person consents, the temperature screening should be conducted.

If the temperature screen shows a temperature **higher** than 100.4F / 38C:

- Wait 10 minutes if possible and perform the test again to ensure accuracy of the reading. The person should remain in a socially distanced area with the same ambient temperature, wearing a cloth mask to protect others. The privacy of the person is paramount to comply with HIPAA regulations.
- FLFA must not keep any written record of any person's identity or temperature, medical condition, symptoms, etc.
- FLFA should immediately clean any surfaces or areas that the person is running a fever may have gotten in physical contact with.



4.8 Screening Awareness

HELP KEEP US ALL SAFE

Entering the area means none of the following are true to your knowledge.

1. Tested positive or presumptively positive with COVID-19 (SARS-CoV-2) or been identified as a potential carrier or similar communicable illness (Coronavirus).
2. Experienced any symptoms commonly associated with the COVID-19 in the previous 14-days.
3. Cough, Shortness of breath or difficulty breathing, Fever, Chills, Muscle pain, Sore throat, New loss of taste or smell.
4. Been in any location in the previous 14-days positively designated as hazardous and/or potentially infected with the Coronavirus by recognized health or regulatory authority, such as a country for which the Center for Disease Control and Prevention (CDC) issued a Level 3 and 4 Travel Advisory for Coronavirus; wwwnc.cdc.gov/travel/notices; or
5. A state under the New Jersey Executive orders for quarantine.
6. Been in close contact with or the immediate vicinity of any person I knew and/or now know to be carrying the COVID-19 or has been identified as a potential carrier of the or has contracted COVID-19. (Close contact is defined as being within 6 feet of someone for 15 minutes or more).

IF ANY OF THESE STATEMENTS ARE TRUE

- Exit the area
- Return home
- Contact your Head Coach
- Seek medical assistance, if needed





4.9 Temperature Screener Protocol

Temperature Screener Protocol	
<p>Thank you for volunteering to assist in effort to keep our athletes, coaches, and families safe this season. The following protocol will assist personnel in the screening of persons at entry points to the field. If there are any additional questions, please contact the FLFA as soon as possible.</p>	
PPE Requirements	
Person Wearing a Mask <ul style="list-style-type: none"> Cloth mask Optional <ul style="list-style-type: none"> Gloves (Nitrile) Safety Goggles or glasses or face shield (covering eyes, nose & mouth) 	Person Not Wearing a Mask <ul style="list-style-type: none"> Screening is not permitted, and they must go acquire one prior to returning.
<p><i>See Donning and Doffing guidance</i></p>	
Screening Protocol	
<ol style="list-style-type: none"> Ensure posters are displayed at the field entrance that temperature checks are being conducted. Ensure all necessary supplies (spare PPE, hand sanitizer, etc.) are available at the screening area All screeners should wash their hands or use hand sanitizer before donning PPE. Ensure PPE is on correctly. Confirm the person gives consent to adhere to screening and temperature When screened temperature is below 100.4F, inform the person they can continue to the field. When screened temperature is above 100.4F, wait 10 minutes and screen again. Ask the person to wait in designated area (where ambient temperature is the same and in the shade) to be re-tested. If the person declines being tested again, follow protocols as below. <ul style="list-style-type: none"> If screened temperature is tested a second time above 100.4F, or the person declines follow-up screening, provide them with a cloth mask (if not already wearing one) and discretely ask them to leave the field area through the pre-planned exit route, immediately contact their Head Coach. Immediately clean any surfaces or areas that the person running a fever may have been in physical contact with. Do not collect any personal information or keep any written record of person's identity or temperature, medical condition, symptoms, etc. 	
Other Information	
<ol style="list-style-type: none"> For all issues/concerns while screening, contact your manager or Safety and Security. If the PPE supply is limited or has run out, please contact your manager immediately. Do not screen personnel without all of the required PPE. Avoid using your cellphone during screening times. 	



Temperature Screener Protocol/FAQ

Thank you for volunteering to assist in the effort to keep our teams safe and to continue our operations. The following FAQ will assist personnel in the screening of persons at entry points to the facility. If there are any additional questions, please contact the FLFA Board.

PPE Requirements

When do I need to wear the PPE described above?	Screeners will wear all PPE described above when interacting with anyone in the performance of this role, especially when within 6 feet (2 meters) of another person. Gloves and a face mask are required when sanitizing the screening area.
How often do I need to change the mask?	A mask can be worn for an entire screening period as long as: no one has tested with a temperature above 100.4F/38C, the mask has been properly doffed and donned again if removed temporarily, and there are no other concerns of contamination encountered.
Do I have to wear goggles AND a face shield?	Screeners may wear glasses when administering tests and the person being tested is not wearing a mask, as the eyes are a common entryway for COVID-19. Face shields are optional.
How often do I need to clean the goggles, face shield and/or the plastic barrier?	These items must be cleaned at the end of each screening shift, and after any temperature measurement over 100.4F/38C at a minimum. Cleaning can be accomplished with warm soapy water and items can be allowed to air dry.

Thermometer Requirements

What if I drop my scanner?	Verify operation of the scanner by recalibrating using ice water as described in the protocol, if possible and capable.
What if I cannot get a reading?	Verify person is within the range of the scanner, try again. Verify that the operational screen is lit and follow procedures for that scanner. Power scanner on and off, wait for the scanner to cycle through its protocol, try again.
What if I get a reading of 100.2 or 100.3?	Clear the scanner and scan again. If reading is below 100.4F, advise person of the temperature reading and allow them to enter.
What if I get a reading at or above 100.4?	Clear the scanner and if possible, wait 10 minutes, then scan again. If still at or above 100.4F notify person of the reading and ask them to exit the field and return home. The screener should contact their Head Coach.

Screening

Screen the Screener?	Prior to starting activities either screen yourself or ask another screener to screen you.
A person is not willing to allow me to scan them for a temperature?	If refused, the person will not be allowed to participate in FLFA activities.
The screening line is really long, what can we do?	Contact the FLFA Board or Screener Contact to see if other screeners are available to assist or to help prioritize.



5 Quarantine Actions

5.1 Purpose

FLFA's decisions involving persons who may have COVID-19 shall be based on current and well-informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, and a careful weighing of the identified risks and the available alternative for responding to a person with a communicable disease.

It is the goal of FLFA during any such time period to strive to operate effectively and to ensure that all athletes, coaches, and families have a safe and enjoyable season.

5.2 Guidelines

FLFA will comply with all applicable statutes, regulations, and Executive Orders pertaining to allowing athletes, coaches, and families to FLFA activities if they have or have been exposed to COVID-19. FLFA reserves the right to exclude a person with COVID-19 from the activities if the association finds that, based on a medical determination or CDC guidance, such restriction is necessary for the welfare of the person(s) who has the communicable disease, has been exposed, and/or the welfare of others.

FLFA will comply with all applicable statutes, regulations, and Executive Orders that protect the privacy of all persons. Every effort will be made to ensure procedurally sufficient safeguards to maintain the personal confidence about persons who have communicable diseases.

5.3 Staying Home When Sick

Many times, with the best of intentions, athletes, coaches, and volunteers may report to FLFA activities even though they feel ill. During an infectious disease outbreak, it is critical that all do not report to any activity while they are ill, potentially exposed, and/or experiencing symptoms of the epidemic or pandemic.

Currently, the Centers for Disease Control and Prevention recommends that people with an infectious illness such as the flu remain at home until at least 72 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Anyone who reports to any activity will be sent home in accordance with these health guidelines.

5.4 Quarantine

There are many reasons where an athletes, coaches, and volunteers may enter a quarantine period, such as exposure, illness showing COVID-19 symptoms, travel to or returning to an area with quarantine policies in place, or a positive viral test. The quarantine period will be determined from the exposure or illness date through discussions with the athletes, coaches, and volunteers and contact tracing.

5.5 Travel to and from areas with quarantines

If a State's Executive Order or country restrictions include a quarantine for visitors or residents returning from a high-transmission area, athletes, coaches, and volunteers must follow the state guidelines and self-quarantine prior to returning to the FLFA activities.

5.6 Suspected Case Considerations

To deem an athlete, coach, or volunteer to be Suspected, they must have a temperature of 38 degrees Celsius / 100.4 Fahrenheit or higher, as either measured or self-reported or advised by a Medical Health Professional to be tested. In most cases, the athlete, coach, or volunteer should remain home in quarantine until the fever is gone for 72 hours and no other symptoms are present without the assistance of medication, or a negative test has been received.



Each individual case should be reviewed, as there are many factors that may influence a longer quarantine, such as a fever and close contact with someone who is positive.

5.7 Positive Test Considerations

If an athlete, coach, or volunteer indicates a positive status for communicable disease, the Head Coach should be advised in order to perform appropriate contact tracing procedures and notifications. Communicating the status of a person by name will be performed on a need-to-know basis to impacted individuals identified during a contact tracing process. Names will be kept private from anyone who may have been exposed. Broader notification will be presented by the FLFA Board only in terms that indicate a positive result was identified and all need to follow required health advice and protocols, monitoring their health status and reporting if symptoms develop to their Head Coach or designee. Impacted athletes, coaches, or volunteers may be advised there was a positive result. **Names will not be provided.** Communication should follow the [COVID-19 talking points](#).

What to do if a person involved in FLFA activities tests positive for COVID-19?

- Act quickly to prevent the spread
- Contact your Head Coach
- Identify the source (Activity or community spread)
- Contact tracing
 - Discuss with the person who they came in close contact with for 3-14 days
 - Notify others that they may have been in contact with someone who has tested positive for COVID-19 and to monitor symptoms (Caution: Do not reveal Personal Health Information)
- Consider a team-imposed quarantine for those in close contact, if needed
- Notify others as appropriate (Caution: Do not reveal Personal Health Information)
- Consider shutting down activities, if required
- Arrange for a professional cleaning crew to sterilize the area
- Check the athletes, coaches, or volunteers well being
- Advise the athlete, coach, or volunteer to quarantine for 14-days (or as needed) and to follow the advice of their primary care physician
- Establish a return to play policy, considering a release by a medical health professional if positive.
- FLFA Board will advise the Fair Lawn Health Department for case tracking

5.8 COVID-19 Talking Points

Please use the following guidelines when discussing exposure or confirmed positive results.

5.8.1 To an athlete, coach, or volunteer who is sick

"Would we have any reason to be concerned that you've been exposed to COVID-19?"

- If they answer no, follow standard protocol to return to play
- If they answer yes, ask the following:
 - Have you already reached out to your physician for guidance?
 - What activities have you participated in with FLFA in the past 14-days?

Important: It's been helpful that during the conversation you tell them that they should focus on feeling better and that you will be checking in every couple day's to see how they are doing and to reach out with any questions they may have.



5.8.2 To Others, if needed

We have received confirmation of a positive COVID-19 case within the team that your child participates with.

To ensure the safety of all parties, these are the steps we are taking

- The field and areas have been scheduled for a deep clean and sanitization
- Any parties who have been in contact with this individual have been personally notified and are also in quarantine

If the person asks who

- In order to protect the person's privacy under HIPAA, we are not able to share their identity however we can assure you that all parties exposed have been notified.

5.8.3 To other athletes, coaches, or volunteers near with someone who may have symptoms

We have reason to believe that you may have been exposed to someone who is showing symptoms relating to COVID-19.

To ensure the safety of all FLFA participants, these are the steps we are taking

- All areas of potential exposure have been cleaned and sanitized
- We have made the decision to quarantine a group out of precaution.
 - During this time, you will be able to host or participate in online meetings (Zoom) or reviews, if possible.

5.9 Return to the Play Policy

In accordance with current CDC guidelines, we have outlined the following "Return to the Play Policy":

If you have been out of sick for any COVID-19 related reason, including but not limited to:

1. Positive COVID-19 test
2. Presenting symptoms consistent with COVID-19
3. In close contact (within 6 feet for 15 minutes+) with someone who has tested positive or exposed to COVID-19
4. Traveled to an "at-risk" area or when an order to quarantine is in effect by the city, state, or country
5. Self-quarantine recommendation by physician, government or state Executive Order

To **Return to Play**, you must complete the following steps and you will be formally approved by FLFA to return. This process is for the safety of you and others.

For those falling under item #1 above, Positive Test

1. At least 14 days have passed since symptoms first appeared **and**,
2. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications or other COVID-19 symptoms **and**
3. You have experienced improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
4. Return to Play note from your physician.

For those falling under item #2 above, Presenting symptoms with COVID-19

1. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications or other COVID-19 symptoms **and**
2. You have experienced improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
3. Return to Play note **may** be required from your physician; **or**,

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4. Depending on the circumstance, at least 14 days have passed since symptoms first appeared. This will be adjusted based on the symptoms, exposure, and board discussion.

For those falling under item #3, #4, and #5 above, Presenting symptoms with COVID-19

1. You have not had any symptoms when at least 3 days (72 hours) have passed since:
 - a. The date you were in close contact with someone who has tested positive or was exposed
 - b. Returned from travel to an “at-risk” area, unless state Executive Orders overrule the timeline
 - c. the date you were recommended to self-quarantine
2. You have had no subsequent illness