



RETURN TO PLAY

US LACROSSE

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

May 28, 2020



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Overview of Return To Play Recommendations for Lacrosse

This document is designed to be 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.
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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 and the wearing of personal protective masks 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 60 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 initial 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 initial white paper will focus on guidance for lacrosse activities that US Lacrosse recommends for return during Stages 1 and 2, where we recommend youth lacrosse activities should be focused on transitioning children back into physical activity through organized small-group practices and training exclusively, 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 would suggest that 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. **US Lacrosse will provide more detailed guidance on Stage 5 in its Tier 2 recommendations, which will be issued by middle of June.**

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

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.

- **There is currently no evidence or guidance on how to hold large-scale events safely at this time.**
- Screening is imperfect and testing is not reasonable for everyone at a venue.
- Pro leagues and European sports clubs are relying heavily on antibody testing which is not possible in the community lacrosse setting or feasible in the current youth sports environment.
- Any planning needs to be in line with all local, state government recommendations regarding social distancing and gathering sizes.
- Mandatory CAP (COVID Action Plan) should be a part of the early tournament planning which may include screening by predetermined safety officer.
- **Additional guidance on multi-team and tournament play will be provided by US Lacrosse in their Tier 2 recommendations, which will be released in June.**

OTHER RETURN TO PLAY GUIDANCE

- [US Olympic & Paralympic Committee guidance on Return to Training \[PDF\]](#)
- [US Olympic & Paralympic Committee guidance on Sports & Events \[PDF\]](#)
- [CDC on Parks and Recreational Facilities](#)
- [National Recreation and Parks Association on Slowing the Spread](#)
- [Project Play Return to Play Guidelines](#)
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

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>
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/sites/default/files/public/documents/membership/us-lacrosse-covid19-insurance-guidelines.pdf>



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
- 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.



APPENDIX AND SAMPLE DOCUMENTS

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	



RETURN TO PLAY



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 IF 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.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____



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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

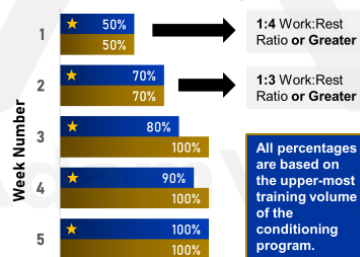
- ✓ Clean all weight room surfaces with germicidal disinfectant.
- ✓ Consider providing masks and/or gloves.
- ✓ Educate on weight room upkeep expectations during onboarding sessions with new athletes.
- ✓ Provide COVID-19 related updates to weight room rules.
- ✓ Promote hand washing before and after 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 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



The F.I.T. Rule: Weight Training

F.I.T.	Week 1	Week 2
FREQUENCY Sessions per Movement or Muscle Group <i>Adapted for COVID-19</i>	2 Sessions per Week	2 Sessions per Week
INTENSITY Sets x Reps %IRM as a Decimal for Each Periodized Lift	11-30 Units	11-30 Units
TIME 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://nscacovid19-return-to-training.com>.
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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

Returning student-athletes or new sport coach

New student-athletes or new head strength coach

Return from EHI, ER, or long inactivity



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Graphic References

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