



Twin Cities Soccer Leagues & Minnesota Youth Soccer Association

Return to Competition Protocols

*Our commitment to safely resuming
club-to-club competition.*

Updated November 9, 2020

1. PURPOSE

Previously, we produced a comprehensive [phased plan](#) for safely resuming youth soccer. This plan did not necessarily take into account the resumption of a typical league season. This Return to Competition document is meant to cover protocols in detail in order to safely resume club-to-club league competition.

These recommendations **do not supersede or replace any applicable local, state, regional or federal health guidelines or requirements**, which should be adhered to by all clubs. These guidelines are subject to change based on changes to the trajectory of COVID-19 and clubs should monitor these guidelines consistently and often.

Given the timing of a return to play in the fall season, clubs have already implemented successfully a gradual return-to-training. This plan takes into account the need to return to play in an appropriate, methodical manner. Our organizations have implemented a plan that accounts for, while not fully eliminating, the risk of COVID-19 resurgence as well as risk of injury if returning to competition too quickly.

This plan has been reviewed and endorsed by the Minnesota Department of Health and appropriate health authorities as of July 30, 2020. In addition, Minnesota Amateur Sports Commission (MASC) participated in a review of this document.

2. PHASING

The phased approach to Return-to-Play are provided here for context:

Phase 1: “Internet-only” soccer, where players do individual sessions at home guided by their club.

Phase 2: this phase allows for outdoor, 25-person trainings, with specific protocols in place to reduce the spread of COVID-19.

Phase 3: This phase allows for the resumption of full team trainings (with contact) as well as scrimmages, with specific protocols in place to reduce the spread of COVID-19.

Phase 4: This phase allows for the return of competition/league matches.

This Return-to-Competition document specifically addresses Phase 4.

3. GENERAL RECOMMENDATIONS

General recommendations to **stop the spread of infection**, as outlined by [Minnesota Department of Health](#):

- Stay at least 6 feet from other people..
- Stay home if you feel sick and contact your health care provider.
- Avoid touching your face.
- Wash your hands often, with soap and water. Wash for at least 20 seconds.
- Cover your mouth and nose when you cough or sneeze. Cough or sneeze into your elbow or a tissue. Throw used tissues in the trash and wash your hands afterwards.
- MDH recommends wearing a cloth face at all times in public settings whether indoor or outdoor. The current Minnesota Executive Order must be followed, which indicates that masks are required in the outdoor setting if social distancing (> 6 feet of distance) cannot be maintained (see ‘Spectators’, Page 6).
- Clean and disinfect things that people touch a lot: counters and other surfaces; telephones, remote controls and other devices; doorknobs, stairway railings and other objects.
- Avoid contact with other individuals (shaking hands, for example).

4. MEMBER CLUB RESPONSIBILITIES

Each member club should develop and distribute to their members a specific written plan that documents practices to reduce risk of transmission of COVID-19. **Please note that it is the responsibility of the club members (coaches, players and parents) to adhere to the plan.**

This plan must include:

- Specific guidelines and procedures that will be in place to reduce the risk of COVID-19 transmission among club members, including but not limited to players, staff, spectators as applicable, etc. These guidelines should be in accordance with Minnesota Department of Health then-current recommendations as well as guidelines contained with this Return to Competition Plan.

- The following details should be included in the Club Plan:
 - The individual at the Club responsible for matters relating to COVID-19, in terms of case reporting, dissemination of information, event planning, match and training protocols, etc.

 - Symptom monitoring amongst Club participants and staff. As stated in the Return to Play Plan, the Minnesota Symptom Screener should be used prior to every match/session/club engagement: <https://mn.gov/covid19/for-minnesotans/if-sick/is-it-covid/>

 - Methods and frequency by which information is disseminated to Club participants, to include information regarding proper hygiene expectations, social distancing, and disinfection practices.

 - Methods by which case reporting is to occur to club membership, staff and local health authorities.
 - If a case of COVID-19 is reported to you and is a part of your organization, report the case to the Minnesota Department of Health at health.sports.covid19@state.mn.us

Clubs should share this Club Plan on their website. Clubs should also consider frequent reminders about proper hygiene and social distancing on their website and social media channels.

5. LEAGUE PROTOCOLS

- This Return to Competition Plan will be posted on our website and social media channels (consistently and often).

- Given the protocols in each of the Appendices and the possibility of players and/or staff needing to quarantine, our League will provide flexibility to reschedule matches throughout the Autumn season.

- MYSA & TCSL are available to help the state of Minnesota with any contact tracing efforts.

PRIOR TO ARRIVING:

- It is recommended that players from different households do not drive/carpool together.
- All participants should use the Minnesota Symptom Screener: <https://mn.gov/covid19/for-minnesotans/if-sick/is-it-covid/>
- Each player, coach, and referee should check his/her temperature at home, and refrain from participation if he or she has a fever (≥ 100.4 degrees F).
- All coaches, players, referees and others (i.e. spectators) should be monitoring their symptoms at home to ensure that:
 - He/she is not currently demonstrating or suffering from any ill symptoms (see Appendix A);
 - He/she has not had a suspected or documented case of COVID-19 in the last 14 days (see Appendix B);
 - He/she has not had any close contact with a sick individual or anyone with a confirmed case of COVID-19 (see Appendix C);
 - Any individual who is unable to confirm the above criteria should not participate and contact both their Club and healthcare provider.

AT THE FIELD BEFORE THE MATCH:

- Any player that does not meet the above gating criteria should be restricted from participation and sent home.
- It is not the responsibility of the referee to enforce these criteria or aspects of the club's plan. The coaches, players and parents are responsible for assessing their criteria and restricting their participation.

DURING THE MATCH:

Soccer may be conducted "as usual" with the following exceptions:

- Any team pre- and post-match handshakes should not occur.
- Handshakes or contact in substitutions should be avoided.
- Celebrations should not contain physical contact.
- Social distancing should occur between players and coaches on the sideline both during play and during any individual or group discussions during the match.
- No player, coach, or spectator should violate social distancing guidelines with a referee at any time.
- Player pass cards should not be collected, and instead a game roster should be given to the referee. Staff cards should be shown to the referee but not collected.
- Players on the sideline/bench should remain socially distanced (6 feet minimum) at all times.
- Players do not need to be masked, but staff and players on the sideline (whom are not currently playing) should have a face covering.

AFTER THE MATCH:

- All attendees should maintain social distancing guidelines after the match is completed.
- Teams should not congregate, post-match debriefs should be kept to a minimum, and teams and supporters should depart the premises immediately.

REPORTING OF POSITIVE COVID-19 INFECTION:

- Any individual with a confirmed case of COVID-19 should notify their respective clubs immediately.
- Any referee with a confirmed case of COVID-19 should notify their respective assignor/Club who assigned the match immediately.
- Any Club notified of a confirmed case of COVID-19 in a player, staff member, or referee should notify any other organization involved in competition with that individual in the 2 days prior to symptom onset or 2 days prior to the individual being tested for COVID-19.
- Clubs should report any cases of players/staff/referees to Minnesota Department of Health at health.sports.covid19@state.mn.us.
- Regarding the need to quarantine, review Appendices B & C about suspected or confirmed COVID-19 infection.

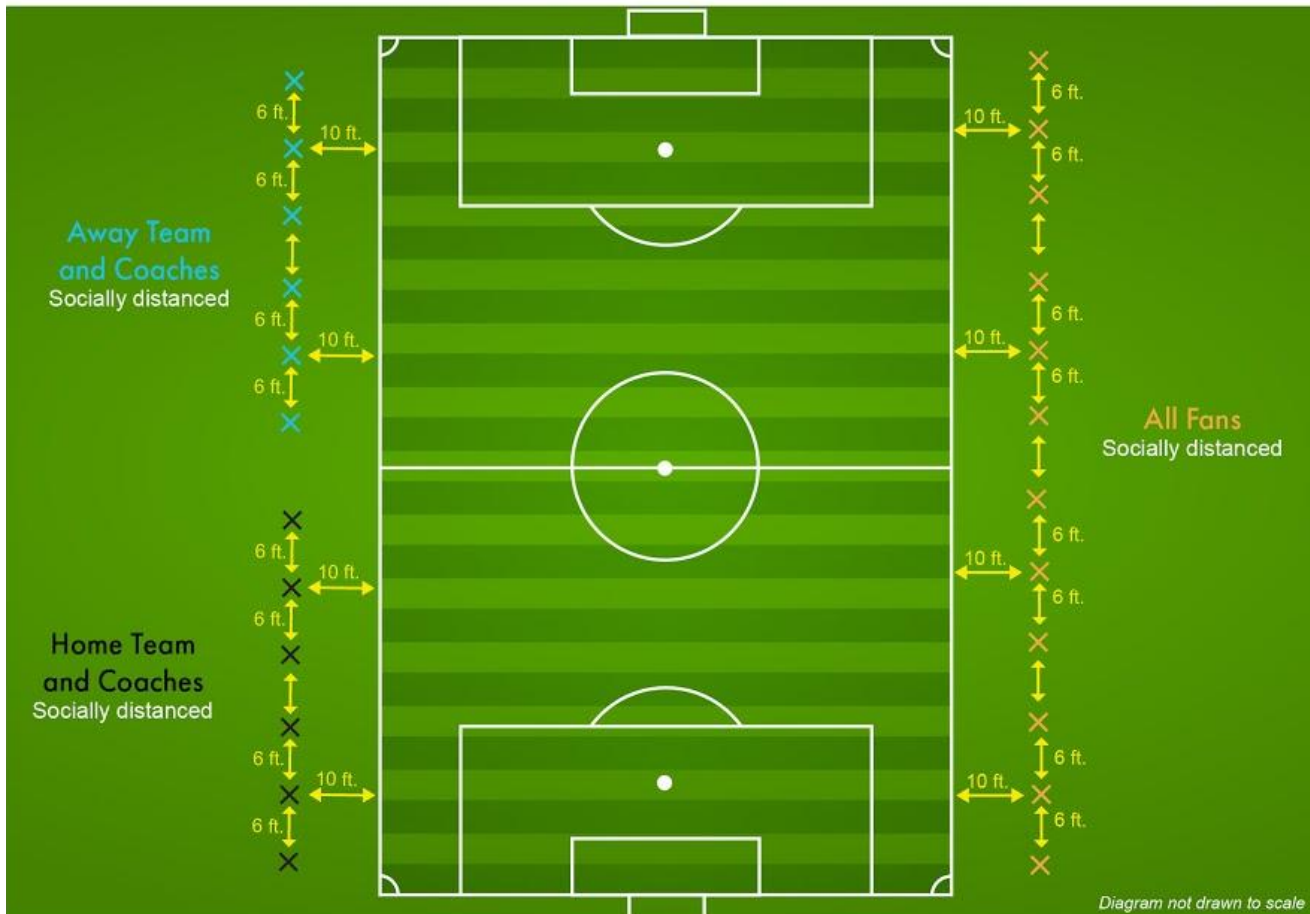
EQUIPMENT:

**Many of the below protocols mirror the initial Return to Play Plan*

- Players and referees should bring their own equipment (hand sanitizer, water bottle, towels, etc.) that should not be shared between individuals.
- Equipment should be disinfected before and after trainings and matches, equipment should be provided by the club. Where possible, communal equipment should only be handled by the coach.
- “Pinnies” shall be individually distributed to each player and used by that player for the season, and washed in between each team contact.
- Balls should not be handled with their hands, by any field player with the exception of the taking of a throw-in, and by the goalkeeper with gloves on. Spectators should never retrieve soccer balls.
- Shared “hydration stations” should be eliminated to the extent possible and players and staff should bring their own water or other hydration.

FIELD LAYOUT

The below field layout should be utilized with appropriate social distancing measures always in place.



SPECTATORS

- It is strongly recommended that players have a minimal number of supporters on site whenever possible. Capacity limits are to follow MN Stay Safe Guidance.
- Everyone is expected to cover their mouth when coughing or sneezing (into the nape of the elbow).
- Anyone feeling sick should leave the facility immediately, go home and if needed, seek medical guidance from a healthcare provider.
- Avoid touching their eyes, nose and mouth with their hands whenever possible.
- Tents, tarps or large group structures will not be permitted in the spectator areas of the sidelines.
- It is strongly recommended that people over the age of 65 and/or people with pre-existing conditions do not attend.
- MDH recommends wearing a cloth face covering at all times in public settings whether indoor or outdoor. The current Minnesota Executive Order must be followed, which indicates that masks are required in the outdoor setting if social distancing (> 6 feet of distance) cannot be maintained.

TIMING CONSIDERATIONS

- Clubs are to, as much as possible, stagger home match start times to avoid mass congregating before or after matches. *For example, if a 11U/12U match typically would be scheduled in a 1.5 hour block, consider using a 2-hour block.*
- Clubs are to, as much as possible, configure field layouts consistent with the goal of avoiding mass congregation and social distancing protocols.

APPENDIX A - SYMPTOMS OF COVID-19 INFECTION:

Individuals with COVID-19 can exhibit symptoms ranging from the following:

The most common symptoms associated with infection include:

- Fever (≥ 100.4 degrees F)
- Cough
- Shortness of breath

Less common symptoms that may still be evidence of COVID-19 infection include:

- Sore throat
- Congestion
- Nausea and vomiting
- Diarrhea
- Headache
- Muscle / joint pain
- Sudden loss of taste or smell
- Chills

Note: Some people do not have symptoms, or have very mild symptoms. Persons with COVID-19 may be infectious two days prior to symptom onset.

What to do if you are waiting for COVID-19 test results

<https://www.health.state.mn.us/diseases/coronavirus/waiting.pdf>

Appendix B - Return to Play Following Confirmed COVID-19 Infection

These recommendations are intended to provide an outline for decision-making as it relates to protocols for navigating a confirmed case of COVID-19.

Persons with a lab-confirmed case of COVID-19 should quarantine immediately, and can leave isolation and return to normal activities 10 days after symptom onset so as long as:

- The individual has not had a fever in the past 24 hours.
- Symptoms are resolving.

Athletes may want to contact their health care provider prior to a return to soccer.

Appendix C - Exposure to a Suspected or Diagnosed Case of COVID-19:

These recommendations are intended to provide an outline for decision-making as it relates to protocols for navigating a possible exposure to a suspected or diagnosed case of COVID-19.

Any player or staff who has been **exposed** to a COVID-19 case shall self-quarantine for 14 days from the last contact with the case.

In this case, **exposure** means any one of the following:

- Caring for a sick person with a suspected or confirmed COVID-19 infection.
OR
- Living in the same household as an individual with a suspected or confirmed COVID-19 infection.
OR
- Individual who has had close contact (> 6 feet) for greater than or equal to 15 minutes with known or suspected COVID-19 or possible COVID-19 infection.*
OR
- Playing in a **game** while infectious (48 hours prior to becoming symptomatic)**

*If you are absolutely sure an individual had 15+ minutes of close (< 6 feet) contact with a lab-confirmed case of COVID-19, please ensure that individual self isolates for 14 days from last contact with the aforementioned case.

In the cases of the first two bullets above, Clubs should consider these quarantine criteria “automatic for the individuals in question.. In the case of the third bullet above, this determination of close contact can either be made by the club/organization or by contact tracers at MDH.

Exposure in Games

To provide clarity, when an individual with a lab-confirmed positive participates in a **game while infectious (48 hours prior to becoming symptomatic) the whole team should be treated as “exposed” and self-isolate for 14 days from the last contact. While there may be exceptions, always contact MDH via health.Sports.Covid19@state.mn.us to confirm the correct approach.

Reference the below process for exposure following **games** that are played:

1. If a game is played with an infectious person taking part, both teams should self-isolate.
2. Confirm with your county health department and/or MDH that a quarantine should in fact take place.
3. Follow the guidance/requirements of the appropriate health authorities.

If you have questions about whether an individual needs to self-isolate, follow the below steps:

1. Have that individual self-isolate (No on-site/in-person team activities)
2. Email health.Sports.Covid19@state.mn.us and explain your exposure story. It's ok to reach out to your local health officials instead, if you prefer.
3. Don't allow that individual return to team activities until you've received a recommendation from a state or local health official.
4. Follow their recommendation.

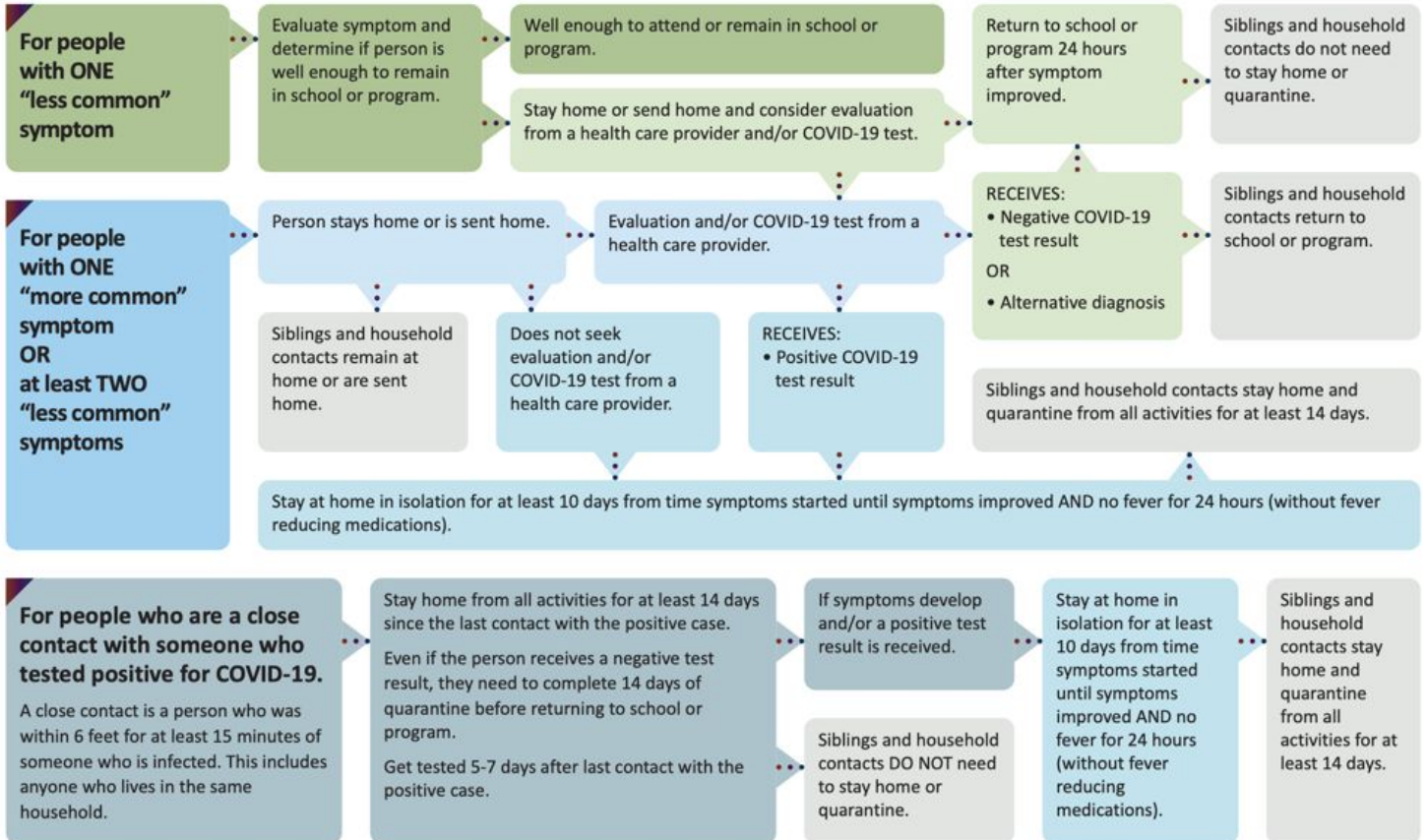
Appendix D - Decision Tree

COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

Follow the appropriate path if a child, student, or staff person is experiencing the following symptoms consistent with COVID-19:

- **More common:** fever greater than or equal to 100.4° F, new onset and/or worsening cough, difficulty breathing, new loss of taste or smell.
- **Less common:** sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new onset of severe headache, new onset of nasal congestion or runny nose.



Sources

[Elite Clubs National League \(ECNL\) Return to Play Recommendations](#)

Reviewed and endorsed by [Minnesota Department of Health](#)

Document input from [Minnesota Amateur Sports Commission](#)