



Healthy Athletes Return to Screening During COVID-19

Version: July 10, 2020

This document is designed to be a supplemental document to the main [Special Olympics Return to Activities Protocol](#) and to build off the guidance included there. As with the main return to activities protocol, these are considered minimum recommendations. **It is intended to supplement – not replace – any state/provincial, local, territorial/national or tribal health and safety laws, rules and regulations with which similar organizations must comply.**

Additional resources and guidance specific to individual disciplines in more detail will be available separately.

Phase 0		
Prevalence: community transmission occurring Stay at home order in place for all individuals.		
Virtual screenings and virtual health education only.		
Phase 1		Phase 2
Prevalence: clusters of cases occurring Stay at home order is lifted, restriction on size of gatherings (≤10 people).		(Prevalence: sporadic cases reported) Size restrictions on gatherings increased to ≤50 people.
HIGH RISK INDIVIDUALS** should continue to remain at home.		
Nature of screening	<input type="checkbox"/> Local health safety measures need to be considered (e.g. approval from the local health authorities to do HA) <input type="checkbox"/> Virtual programming should be made available for those not able to attend in person. <input type="checkbox"/> In-person screenings with scheduled/staggered participation to maintain small groups (10 or less) at a time. Individuals to avoid congregations. <input type="checkbox"/> One family member/ support person may come in with the athlete, if requested.	<input type="checkbox"/> Virtual programming should be made available for those not able to attend in person. <input type="checkbox"/> In-person screenings with scheduled/staggered participation to maintain small groups (50 or less) at a time. Individuals to avoid congregations. <input type="checkbox"/> One family member/support person may come in with the athlete, if necessary.
Disciplines	Disciplines may resume with precautions. Additional Guidance for Special Smiles forthcoming.	
PPE	<input type="checkbox"/> Face masks worn during event by all individuals within venue – athletes may wear cloth facemasks, clinical volunteers should wear surgical masks. Volunteers with direct contact with athletes should also wear disposable gloves. They must change gloves and perform hand hygiene between each patient screened or per standard clinical hand hygiene. More information on hand hygiene for clinical settings. <i>Supplies may be purchased through HA capacity grant for use of PPE at Healthy Athletes.</i> If required, additional recommendations for specific PPE (e.g., gowns, face shields) available in discipline specific guidance	
Planning - Advanced Education and Communication	Prior to attendance, educate all participants on: <ul style="list-style-type: none"> High-risk conditions and the risks of participation. Requirement that anyone who has symptoms must stay home and to contact their own health provider if they are sick for further evaluation. Requirements for in-person gathering, including PPE, hygiene, and physical distancing. ALL Participants must complete the COVID-19 Participant Code of Conduct and Risk Assessment Form.	
COVID-19 screening for ALL PARTICIPANTS	<input type="checkbox"/> On arrival, must ask questions on symptoms and exposure per protocol and template**. <input type="checkbox"/> Should conduct non-contact temperature assessment (<i>costs may be included in HA grant</i>). <input type="checkbox"/> Isolation and referral where necessary.	



	Phase 1 Continued	Phase 2 Continued
Sanitation protocol	<ul style="list-style-type: none"> □ Hand sanitizer with greater than 60% ethanol or 70% isopropanol and disinfectant provided on entry and exit and at all stations throughout venue. □ Equipment, furniture, and contact surfaces cleaned and disinfected between athletes, following CDC, WHO, or local guidance. For equipment follow manufacturer's requirements for cleaning. □ For all disciplines, preferably disposable screening supplies, probes etc. for one time use (e.g. disposable covers for screening beds at FunFitness). 	
Venue set up	<ul style="list-style-type: none"> □ For events with multiple disciplines, try to keep disciplines separated by space or separate rooms to reduce number of participants in any given space. □ Have single entrance and separate exit to manage flow. Have space for checking symptoms and temperature (with appropriate distancing) □ Waiting areas to have markers for physical distancing (2m/6ft). Stations within disciplines each 2m/6ft apart and waiting areas marked for physical distancing. □ Have reminders/signage posted that reinforces appropriate use of PPE relevant to the activity, hygiene and physical distancing. □ Train general volunteers to assist with monitoring rooms for PPE and assist with disinfection. □ Sufficient number of hand washing stations easy accessible for volunteers and athletes (incl. guidelines for correct hand washing routine) 	

Phase 3 Prevalence: No reported cases (<i>in Epidemic or Pandemic stage</i>) No restrictions on size of gatherings and public facilities are open, per local authorities HIGH RISK INDIVIDUALS** can resume public interactions	
Nature of screening	□ In-person screenings. Virtual screenings still available, if needed.
Disciplines	□ All disciplines. For Special Smiles, additional guidance may be forthcoming for oral exam and mouth guard stations.
PPE	□ Face masks as required by local regulations. Gloves and hand hygiene per standard hygiene protocol.
Planning - Advanced Education and Communication	□ Prior to attendance, inform participants showing signs or symptoms of illness to stay home and contact their own health provider for evaluation.
COVID-19 screening for ALL PARTICIPANTS	Not applicable, unless required per local authorities.
Sanitation protocol	□ Recommended to continue recommendations from phase 2 and standard sanitation consideration.
Venue set up	<ul style="list-style-type: none"> □ Local health safety measures need to be reviewed and implemented. Defer to local guidance on additional size restrictions and venue set-up requirements as you enter this phase. □ May return to standard HA venue set-up, but allow for increased distancing and good venue flow, especially at the beginning of Phase 3. □ Proper hand washing facilities easily accessible for volunteers and athletes.

**View materials and guidance on individuals with high risk within main protocol.



APPENDIX:

Healthy Athlete Discipline Specific Venue and Operation Modifications



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July 9, 2020

Fit Feet

All Phases	Follow the General Healthy Athlete Return to Screening guidance. No additional modifications needed.
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Strong Minds

All Phases	Follow the General Healthy Athlete Return to Screening guidance. No additional modifications needed.
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Special Smiles

All Phases	Given the additional precautions of oral exams, guidance coming soon for Special Smiles
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Fun Fitness

FF Phase 1 and 2	Follow the general Healthy Athlete Return to Screening guidance. In addition, as specific testing activities cannot be done in a physically distant way, follow these specific recommendations: <ul style="list-style-type: none"> • All stations should be set up in physically distant way, reducing number of stations. • Limit waiting chairs per station to keep physical distance between participants as they are waiting. Have markers for proper distancing per general guidance. • Volunteers should be paired up at beginning of day and try to move around or remain in teams if possible, so they are only exposed to one other volunteer during the day. • If coach is monitoring team, consider having a specific observation/waiting space.
Phase 3	Follow the general Healthy Athlete Return to Screening Guidance for Phase 3

Healthy Hearing

HH Phase 1 and 2	Follow the general Healthy Athlete Return to Screening guidance as well as standard infection and hygiene protocol for Healthy Hearing. In addition: <ul style="list-style-type: none"> • Use of single-use of tympanometry (and OAE) ear tips instead of disinfecting the tips after usage. • Suggest facemasks with transparent window over the mouth be used so individuals may read lips, especially at Check-in and Check-out where information sharing is critical.
HH Phase 3	Follow the general Healthy Athlete Return to Screening guidance as well as standard infection and hygiene protocol for Healthy Hearing.

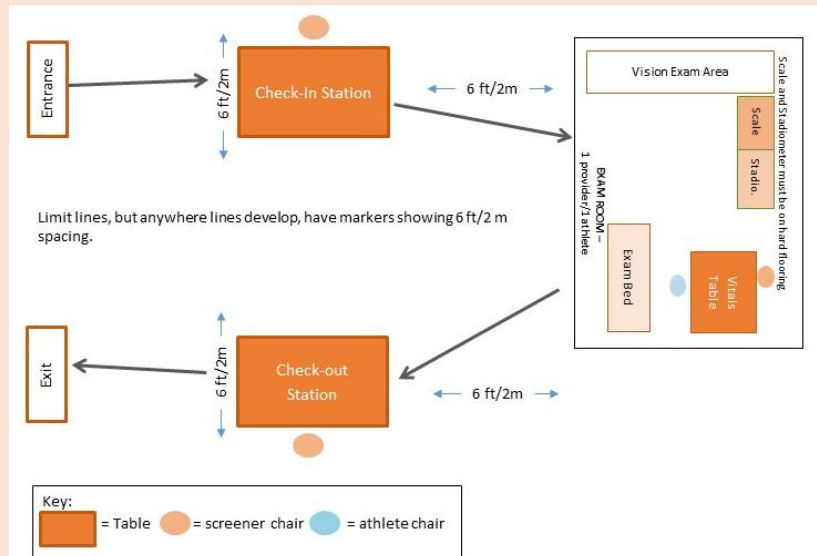
MedFest

MF Phase
1

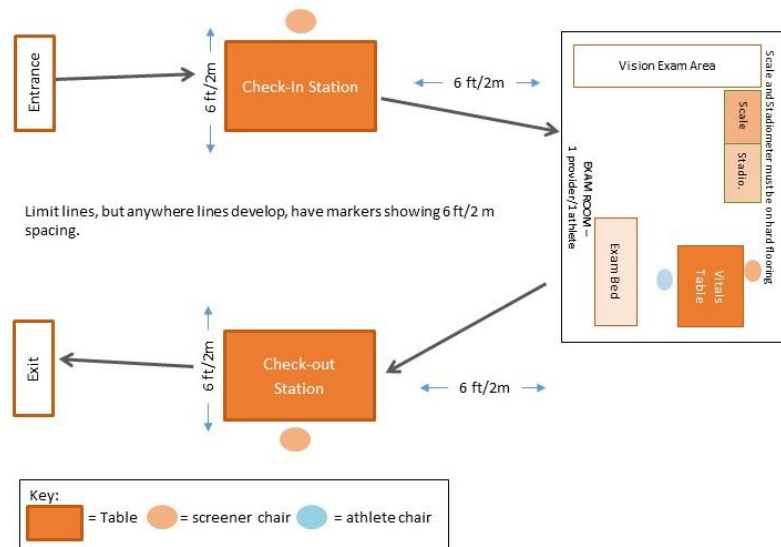
Follow the general Healthy Athlete Return to Screening guidance.

In addition:

- Reduce stations to have one (1) clinical volunteer or a maximum of two (2) engaging with the athlete throughout the entire exam (e.g., combine height and weight station with vision and vitals to be done at one station by one volunteer or have entire exam, including height and weight and vision and vitals done in the exam room by the physician).
- Ensure there is space between stations and physical distance guidance at check-in and check-out, if lines develop.
- Consider hosting MedFest at a clinic setting with scheduled appointments for each athlete, and/or small numbers in a waiting area that is set up for physical distancing and discourages congregation.

MF Phase
2

- Continue to combine stations so to reduce the number of interactions an athlete and volunteer must have. See below venue flow option. As you increase vitals and exam stations, you will need to add 1 healthcare provider per space/exam room. Maintain distances and limit waiting areas.
- Continued schedule appointments, and/or small numbers in a waiting area that is set up for physical distancing and discourages congregation.



MF Phase 3

Follow the general Healthy Athlete Return to Screening Guidance for Phase 3



Health Promotion

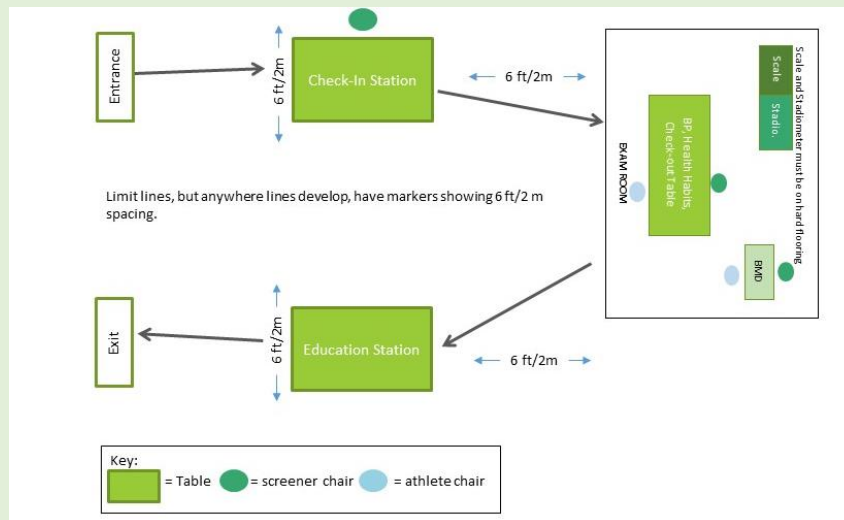
HP Phases
1 and 2

Follow the general Healthy Athlete Return to Screening guidance.

In addition:

- **In person screening should be athlete centered** which will minimize exposure for athletes and volunteers
- All sanitation, cleaning and other required hygiene activities to be completed at the beginning of the Health Promotion session and inside each "exam room" between athletes.
- Limited touching and passing on of HAS Form. If tablets are used, they stay with the clinician.
- Interactive education using objects (fake foods, skeleton, etc.) should not be used unless only the volunteer has a set of the objects and is the only person touching them.
- Any give away items would be behind a table and placed on a table or other surface to offer to the athlete (no baskets of fruit, lip balm, etc sitting out with athletes reaching in.)

Stations:



1. Check in

Table with volunteer, preprinted labels with athlete information. Two (2) general volunteers for **Check In**- 1st to check-in the athlete, the 2nd to take the HAS form and escort athlete to exam room

2. Screening Station and Check-Out

Incorporate all screening tests and Check-Out into one "exam room" setting. Depending on athlete ages/availability of a bone density machine, there would be 1-2 "exam rooms" each with a bone density machine. The athlete centered approach allows the athlete and clinician to develop a relationship and and minimizes exposures. By the time, the clinician is at check-out they have a good understanding of the athlete's health habits as well as the objective data collected. This way only one (1) Clinical volunteer is required to do **the exam (BMI, BP, BMD)** and **checkout**. If you have more than 1 exam room, you will need 1 clinical volunteer per additional exam room.

3. Education Station

To limit the number of volunteers needed and exposures, select 1-3 HP Education topics to offer in venue, either through posters with guided discussion, presentation (demonstration) or videos. At the education stations, facemasks and 6 feet/2 meter distancing is required between participants. One (1) Clinical volunteer or clinical student is required to do the **education offering**.

One (1) general volunteer will be required to **manage flow, assure signage, hygiene stations are stocked and clean**.



HP Phase 3	<p>May return to the more traditional Health Promotion Screening Venue, but must continue to have hand sanitizers and messaging around hygiene, cough, sneeze throughout. Proper hand hygiene for clinicians required, especially for clinical screening with direct contact (e.g. BMD and BP). Gloves must be made available to volunteers at these stations.</p> <p>Even in Phase 3, Clinical Directors and Programs need to have a plan for scheduling and better crowd control for the lines of people waiting to get into a discipline as well as inside the discipline. Additional guidance will be forthcoming in regards to athletes touching educational items (fake foods, skeleton, etc.) and the baskets of giveaways. If used, regular sanitation in between each athlete should be implemented still in this phase.</p>
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Opening Eyes

OE Phase 1	<p>Follow the general Healthy Athlete Return to Screening guidance.</p> <p>In addition:</p> <ul style="list-style-type: none"> • Mirror the process of the Special Olympics Lions Clubs International Opening Young Athlete Program (without dilation). • Combine stations as possible to have one clinician interact with athlete throughout screening to minimize exposure to both the athlete and the clinician and all clinical tools will need to remain at one station. • Ensure that equipment that is used is always cleaned and sanitized for each subsequent athlete. <p>Station 1</p> <ul style="list-style-type: none"> • There are some disposable options for eye covers/occluders that are affordable for the smaller venues when we serve smaller athlete numbers. • Near VA charts will require cleaning between athletes. • Stereo glasses will need to be cleaned between athletes. • If possible, create a clear cover for the color vision test. • The Retinomax, Icare tonometer, and slit lamp can be done with the clinician wearing a face mask and gloves. Each instrument will need to be sanitized between athletes. • Suggest the use of a non-mydratic camera for internal health. <p>Refraction</p> <ul style="list-style-type: none"> • While OE can continue to offer retinoscopy and refraction, phoropters should be used along with commercially available face masks that fit on to the phoropter. • Trial frames and trial lenses can only be used if there are sufficient resources to adhere to a strict sanitation protocol between athletes, including a dedicated volunteer to perform this cleaning. <p>Frame Selection - Create a kit appropriate for a 10 person event</p> <ul style="list-style-type: none"> • Frame selection will need to be controlled by a skilled optician. All frames touched or tried on will need to be sanitized before another individual touches. No frames will be displayed, instead the optician will choose appropriate frames that would fit the athlete with a limited selection.
OE Phase 2	<p>Follow the general Healthy Athlete Return to Screening guidance.</p> <p>In addition:</p> <ul style="list-style-type: none"> • Expand the process as described in Phase 1 to divide up the stations so that there are two primary areas. One that can be manned by a non-eye care provider and the second station is manned by an eyecare provider. In addition, refractions require a licensed optometrist or ophthalmologist and a skilled optician should handle the frame selection. • Try to maintain a limited number of Opening Eyes volunteers (both lay and professional) to interact with any one athlete in an effort to minimize exposure. • All clinical tools for the particular station will need to remain at one station. Depending on the screening hours, shifts should be considered to limit the risk of cross infections. • As some screening protocols do not allow for physical distancing, ensure that the athlete is wearing an appropriate face mask and that the clinician has all appropriate PPE to be able to offer



OE Phase 2	<p>the program safely. Appropriate PPE should include face mask and face shield along with gloves that are disposable.</p> <ul style="list-style-type: none"> • Ensure that equipment is always cleaned and sanitized for each subsequent athlete. • Where possible and cost-effective, use disposable eye covers/occluders. <p>Station 1 – VA – far – monocular, near -binocular, color vision</p> <ul style="list-style-type: none"> • Near VA charts will require cleaning between athletes. • If possible, create a clear cover for the color vision test. <p>Station 2 – Autorefraction, Tonometry, External, Pupils, Internal Combined</p> <ul style="list-style-type: none"> • The Retinomax, Icare tonometer, and slit lamp can be done with the clinician wearing a face mask and gloves. Each instrument will need to be sanitized between athletes. • Suggest the use of a non-mydratic camera for internal health. <p>Refraction</p> <ul style="list-style-type: none"> • While OE can continue to offer retinoscopy and refraction, phoropters should be used along with commercially available face masks that fit on to the phoropter. • Trial frames and trial lenses can only be used if there are sufficient resources to adhere to a strict sanitation protocol between athletes, including a dedicated volunteer to perform this cleaning. <p>Frame Selection - Create a kit appropriate for a 50 person event</p> <ul style="list-style-type: none"> • Frame selection will need to be controlled by a skilled optician. All frames touched or tried on will need to be sanitized. No frames will displayed, instead the optician will choose appropriate frames that would fit the athlete with a limited selection.
OE Phase 3	<p>Follow the general Healthy Athlete Return to Screening Guidance for Phase 3</p> <p>In addition:</p> <ul style="list-style-type: none"> • Recommended breaking down station 2 to the following: <ul style="list-style-type: none"> ○ Station 2a – retinomax, , IOP ○ Station 2b – external, internal, pupils • Athletes should be brought into the venue under controlled numbers in an effort to eliminate long lines. Athletes waiting for refractions will be sent out of the venue and will be called when their turn is up. • Additional volunteers specifically for cleaning and disinfecting the venue are required