

## Protocol for Organized Youth Sports: Appendix S

**Recent updates:** (Any changes are highlighted in yellow)

**3/11/22**

- Beginning March 12, 2022 indoor masking will no longer be required but strongly recommended for all organized youth sports indoor activities.
- Youth sports leagues are required to offer, for voluntary use, well-fitting medical masks and respirators to all employees who work indoors and are in contact with others.
- Routine screening testing is no longer required but strongly recommended for participants in moderate-risk and high-risk sports.

**2/17/22**

- Outdoor masking is no longer required but still recommended at crowded events where distancing is not possible, and for participants in moderate-risk and high-risk sports.
- Attendance thresholds at Mega Events are returned to 1,000 attendees for Indoor Mega Events and 10,000 attendees for Outdoor Mega Events.

The Los Angeles County [Health Officer Order](#) strongly recommends the use of face masks in all indoor public settings. Given the predominance of the more easily spread Omicron variant of the COVID-19 virus, masking indoors, regardless of vaccination status, remains an important mitigation strategy for slowing the spread of COVID-19 in the community. The Omicron variant of the COVID-19 virus spreads more easily than strains of the virus that circulated in Los Angeles County (LAC) in the past.

Per published reports, factors that increase the risk of infection, including transmission to people more than 6 feet away, include:

- **Enclosed spaces with inadequate ventilation or air handling** that allow for build-up of exhaled respiratory fluids, especially very fine droplets, and aerosol particles, in the air.
- **Increased exhalation of respiratory fluids** that can occur when an infectious person is engaged in physical exertion or raises their voice (e.g., exercising, shouting, singing).
- **Prolonged exposure** to these conditions.

It is strongly recommended that all sports activities occur outdoors where the risk of exposure is lower due to the ventilation being better than indoors.

Below is a summary of requirements and best practices for youth sports leagues (including school sports teams) to enhance safety for participants, coaches, referees, and communities and to lower the risk of COVID-19 transmission within youth teams and between teams during competitions. Recommendations below apply to teams and sport activities based in LAC and to teams or players coming to LAC for a competition from other jurisdictions.

Routine screening testing for LA County-based teams or leagues is strongly recommended as described below, presuming adequate COVID-19 diagnostic testing capacity and supplies. The

screening testing **recommendations** below may be modified based on the availability of and access to testing. In addition, these **recommendations** remain in effect as long as the Los Angeles County Department of Public Health (LACDPH) reports high or substantial rates of community transmission and will be re-assessed when community transmission **reaches** a moderate or low level.

In addition to this information, please remember:

- ❑ Youth sports leagues must follow the [Los Angeles County Health Officer Order](#) and the [Los Angeles County COVID-19 Exposure Management Plan Guidance for Youth Recreational Sports Programs](#).
- ❑ Youth sports leagues that employ coaches, referees or other support staff must also adhere to the [Cal/OSHA COVID-19 Prevention Emergency Temporary Standards \(ETS\)](#).
- ❑ Youth sports leagues operating concession stands should review and follow [LACDPH Best Practice Guidance for Food and Beverage Service](#).

**Please be sure to read and follow the [general guidance for employers](#).**  
The best practices are intended to supplement the general guidance.

### Follow mask rules for participants, coaches, staff, and spectators

- ❑ **Mask rules based on the setting.** Wearing face masks reduces the spread of SARS-CoV-2, the virus that causes COVID-19. In all indoor settings, **it is strongly recommended that** coaches, staff, volunteers, referees, officials, and spectators, regardless of vaccination status, wear a mask at all times.
- ❑ **Participants:** When INDOORS, **it is strongly recommended but not required that** all participants, regardless of vaccination status bring and wear masks. Masks are **strongly recommended** to be worn indoors when participants are not actively practicing, conditioning, competing, or performing. Masks are also **recommended** indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms. When actively practicing, conditioning, or competing in indoor sports, masks are **recommended** for participants even during heavy exertion, as practicable. Participants **who choose to continue wearing masks should** bring more than one mask to practice or games in case their mask gets wet or soiled during play. Any face mask that becomes saturated with sweat should be changed immediately.

Per the American Academy of Pediatrics, “Face masks have been shown to be well tolerated by most people who wear them for exercise.” However, the mask **should not be worn** under the following circumstances.

- *For water sports.* Participants who are engaged in water sports such as swimming, water polo, or diving, may remove their face masks while they are in and preparing to dive into the water. **It is strongly recommended that** face masks be worn when participants are not in the water.
- *For gymnastics.* Gymnasts who are actively practicing/performing on an apparatus **may** remove their masks because of the theoretical risk that the mask may get caught on

objects and become a choking hazard or accidentally impair vision. **It is strongly recommended that gymnasts wear masks** when not actively practicing/performing on an apparatus.

- *For competitive cheerleading.* Cheerleaders who are actively performing/practicing routines that involve tumbling, stunting, or flying **may** remove their masks because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidentally impair vision.
- *For wrestling.* During wrestling contact, a face mask could become a choking hazard and is discouraged unless an adult coach or official is closely monitoring for safety purposes.

- ❑ **Spectators:** When indoors, **it is strongly recommended that** all spectators, regardless of vaccination status, **bring and wear masks.** Consider making masks available for those who **request them.**
- ❑ **Coaches:** When indoors, **it is strongly recommended that** all coaches, regardless of vaccination status, **bring and wear masks,** even when engaged in intense physical activity.
- ❑ **Referees and other game officials:** When indoors, **it is strongly recommended that** all referees and officials, regardless of vaccination status, bring and wear masks at all times.

**Employees:** If the youth sports league employs coaches or other support staff, please note that employers **are required to provide for voluntary use,** a well-fitting medical grade mask and respirators such as an N95 or KN95, **to employees in close contact with others** while indoors at the worksite or facility, including in shared vehicles. For more information about free and low-cost Personal Protective Equipment (PPE) for businesses and organizations see <http://publichealth.lacounty.gov/docs/FreeAndLowCostPPE.pdf>.

## Vaccinate

- ❑ It is strongly recommended that all athletes ages 5 and older, coaches and team staff are fully vaccinated and, if eligible, boosted against COVID-19. Vaccination against the virus that causes COVID-19 is available for everyone 5 years of age and older. Booster doses are available for everyone 12 years and older. Vaccination is the primary strategy to reduce the burden of COVID-19 disease and protect all members of the community. Having all athletes and staff in your youth sports league fully vaccinated and receive booster doses as soon as they are eligible will greatly decrease the risk of transmission of the virus among teammates and between teams, and will provide excellent protection against severe illness, hospitalization, and death. It will also decrease disruption in team activities, because adults whose vaccination status is up-to-date<sup>1</sup> and youth who are fully vaccinated are not required to quarantine if they are close contacts to a case of COVID-19, as long as they remain asymptomatic and continue to test negative.
- ❑ Youth sports leagues, team organizers, or coaches should maintain records of all athletes' and staff/coaches'/volunteers' vaccination status. They do not need to keep a copy of the proof of full vaccination shown.

<sup>1</sup> Up-to-date vaccination status refers to having received a booster dose of a COVID-19 vaccine when eligible or having completed a primary COVID-19 vaccine series if not yet eligible for booster. See [Vaccine eligibility summary](#).

## Screen for symptoms and isolate

- Ask participants and families to self-screen for COVID-19 symptoms prior to attending youth sports activities.
- Post [signage](#) to remind everyone who enters your establishment that they should NOT enter if they have symptoms of COVID-19 or if they are under isolation or quarantine orders.
- Youth sports programs must exclude or isolate any participant, coach, or spectator that is showing symptoms of COVID-19.
  - Take action to isolate participants who begin to have COVID-19 symptoms during youth sports activities, from other participants, coaches, and spectators.
  - [Notify LACDPH officials](#), staff, and families immediately of any confirmed case of COVID-19.
  - A 7-day suspension of all team activities and DPH approval before resuming activity will be required of any youth sports team in which there has been an outbreak of four or more epidemiologically linked cases over a 14-day period. Individual conditioning and skill building may continue during the suspension period as long as everyone on the team complies fully with any individual isolation or quarantine orders that apply.

## Reduce crowding, especially indoors

- If possible, hold youth sports activities outdoors where the risk of COVID-19 transmission is much lower.
- If youth sports activities must be held indoors, take steps to reduce the number of participants, coaches, and spectators in any indoor area.
- Physical distancing is an infection control best practice that may be implemented as an additional safety layer to reduce the spread of COVID-19. During practices, encourage activities that do not involve sustained person-to-person contact between participants and/or coaching staff and limit such activities in indoor settings. Instead, consider focusing on skill-building activities.
- Limit the number of participants who visit the restroom or locker room at any given time.
- Non-athletic team events, such as team dinners or other social activities, should only happen if they can be held outdoors with distancing.

## Routine Screening Testing for COVID-19

The virus that causes COVID-19 may infect any member of the youth sports league, even fully vaccinated<sup>2</sup> members, although it is more likely to infect unvaccinated persons. Any infected person can potentially transmit the virus to others. One strategy to accurately identify infected individuals and then quickly isolate them is routine periodic screening testing for COVID-19 with a Nucleic Acid

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<sup>2</sup>The following are acceptable as proof of “full vaccination”: 1) A photo identification of the attendee and 2) their vaccination card (which includes name of person vaccinated, type of COVID-19 vaccine provided and the date the last dose was administered) OR a photo of the attendee’s vaccination card as a separate document OR a photo of the attendee’s vaccine card stored on a phone or electronic device OR documentation of full vaccination from a healthcare provider (which includes name of person vaccinated and confirms that the attendee is fully vaccinated against COVID-19). For the purposes of this Protocol, people are considered “fully vaccinated” against COVID-19: 2 weeks or more after their second dose in a 2-dose COVID-19 vaccine series, such as the Pfizer or Moderna, or 2 weeks or more after a single-dose COVID-19 vaccine, such as Johnson & Johnson (J&J)/Janssen, or 2 weeks or more after completion of COVID-19 vaccine series listed for emergency use by the World Health Organization (e.g., AstraZeneca/Oxford). See WHO’s [website](#) for more information about WHO-authorized COVID-19 vaccines.

Amplification Test (NAAT) such as PCR, or an Antigen (Ag) test. General guidance and recommendations about testing including the types of tests available can be accessed at our [Testing Information for Patients](#) page.

- ❑ Persons who have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days should not be included in periodic COVID-19 screening testing if the person is asymptomatic. Screening for not fully vaccinated persons who were previously infected with COVID-19<sup>3</sup> should start 90 days after the first day of symptoms or from the day of collection of first positive test (if they were asymptomatic).
- ❑ Whenever a confirmed case is identified on any of your youth sports teams, follow instructions listed in the [Exposure Management Plan for Youth Sports](#) and ensure that all unvaccinated close contacts [quarantine](#) along with any symptomatic vaccinated close contacts.
- ❑ Youth sports leagues, team organizers, or coaches should maintain records of all athletes' and staff/coaches'/referees'/volunteers' vaccination status and any testing done after having exposure to a COVID-19 case. They do not need to keep a copy of the proof of full vaccination shown nor copies of test results.

At the current time, with high or substantial community transmission occurring in Los Angeles County, the following testing **guidelines are strongly recommended for** all participating athletes and staff/coaches/ referees/volunteers. Youth participants who show proof that they are fully vaccinated against COVID-19 and are not playing unmasked nor with unmasked teammates indoors, or have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days, should not be included in routine COVID-19 screening testing if the person is asymptomatic. Adult participants (e.g., coaches, support staff, officials, volunteers) who show proof that their vaccination status is fully up-to-date against COVID-19, or have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days, should not be included in routine COVID-19 screening testing if the person is asymptomatic. Screening for persons whose vaccine status does not meet the above requirements for their respective age category and who were previously infected with COVID-19 should **not have** screening testing **until** 90 days after the first day of symptoms or from the day of collection of first positive test (if they were asymptomatic). See Table below for examples of sports in different risk categories.

1. **Indoor Moderate-Risk or High-Risk Sports for children of all ages and staff/coaches/ volunteers.** A weekly negative test result is **strongly recommended** for all youth participants who are not fully vaccinated and all adult participants whose vaccine status is not up-to-date, including children who are playing and staff/coaches/volunteer. Results from over-the-counter test kits, including self-administered, self-read tests performed at home, verified or not, are acceptable for youth athletes and adult non-employees. Under current Cal/OSHA Emergency Temporary Standards for Prevention of COVID-19 in the Workplace (Cal/OSHA ETS), testing required to be offered to employees may only include self-administered, self-read over-the-counter tests if the procedure is proctored or observed by the employer

<sup>3</sup> The following is acceptable as proof of previous COVID-19 infection (previous positive viral test result) and completion of isolation within the last 90 days: a photo identification and a paper copy or digital copy on their phone or electronic device of their positive COVID-19 antigen or PCR test taken within the last 90 days, but not within the last 10 days. Person must have completed their [isolation requirement](#) prior to participating.



or a certified telehealth provider. If players are permitted and elect to participate without wearing masks, **it is strongly recommended that** all team members, regardless of vaccination status, have screening tests for COVID-19 performed at least weekly.

**2. Outdoor Moderate-Risk or High-Risk Sports for youth ages 12 and older and staff/coaches/volunteers.** A weekly negative test result is **strongly recommended** for all youth participants who are not fully vaccinated and for all adult participants whose vaccination status is not up-to-date, including youth ages 12 and older who are playing and staff/coaches/ volunteers. Results from over-the-counter test kits, including self-administered, self-read tests performed at home, verified or not, are also acceptable for youth athletes and adult non-employees. Under current Cal/OSHA ETS, testing required to be offered to employees may only include self-administered, self-read over-the-counter tests if the procedure is proctored or observed by the employer or a certified telehealth provider.

- ❑ For players on moderate-risk and high-risk sports teams who are under age 12, and are regularly transported together via buses/vans, a weekly negative test result is recommended.
- ❑ If players under age 12 are participating in multi-county, multi-day competitions of Moderate-risk or High-risk Outdoor sports, a negative test within a 3-day window period<sup>4</sup> prior to their first game at the competition is recommended.
- ❑ If there is a positive case **among players, coaches, and/or staff on an outdoor sports team, it is strongly recommended that** all players, staff/coaches/volunteers (regardless of vaccination status) have a weekly test for two weeks from exposure.
- ❑ Team staff/volunteers whose role or functions do not include any direct interaction with athletes, coaches, or other staff (e.g., lending administrative support to the team or league but not working directly with youth or other team members) are exempt from **these testing recommendations**.
- ❑ Occasional volunteers who have very limited direct interaction with athletes, coaches, or other staff (e.g., a volunteer referee or umpire who officiates only once or twice during the season) **do not need** to perform weekly screening testing, but **it is strongly recommended they** produce proof of fully up-to-date vaccination status against COVID-19 or proof of a negative test performed within the 3 days prior to their volunteer activity.

## Ventilate

- ❑ If youth sports activities are taking place indoors, make sure your building's Heating, Ventilation, and Air Conditioning (HVAC) system is in good, working order.
- ❑ Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- ❑ When weather and playing conditions allow, increase fresh outdoor air by opening windows and doors. Consider using fans to increase the effectiveness of open windows-position window fans

<sup>4</sup> The 3-day window period is the 3 days before the inter-team competition. A 3-day timeframe instead of 72 hours provides more flexibility to the athlete or staff member. By using a 3-day window period, test validity does not depend on the time of the competition or the time of day that the test was administered. For example, if the competition is at 1pm on a Friday, the athlete or staff member could participate in the competition with a negative test that was taken any time on the prior Tuesday or after.

to blow air outward, not inward.

- When indoor activities do occur, improved ventilation in gymnasiums is a critical strategy to lower risk of viral transmission and outbreaks occurring as a result of high-risk competitive play. Strategic use of fans to improve air exchange at floor level may have significant impact at mitigating this risk. See [Best Practices for Gymnasium Ventilation](#) for further guidance.
- Decrease occupancy in areas where outdoor ventilation cannot be increased.
- If your team or youth sports league utilizes transport vehicles, such as buses or vans, it is recommended to open windows to increase airflow from outside when it is safe to do so. See [State Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#) and [CDC Ventilation in Schools and Child Care Programs](#) page.

## Support handwashing

- Place handwashing stations or hand sanitizer at entry and outside communal bathrooms with signage promoting use.
- Encourage frequent handwashing.

## Communicate

- Consider posting [signage](#) so that visitors who are entering your facility are aware of your policies, including the [strong recommendation](#) that everyone wear a face mask while indoors.
- Use your online platforms to communicate your COVID-19 safety policies to the public.

## Take additional precautions around team travel and multi-team tournaments

- When traveling in vehicles with other members of the youth sports team not from the same household, wearing masks [is strongly recommended](#) during the entire trip and keeping windows open. This includes when carpooling in family vehicles.
- If traveling outside Los Angeles County for an event, adhere to the [Travel Advisory and Guidance](#).
- When traveling overnight, it is recommended that team members not from the same household sleep in separate rooms and [wear](#) masks whenever visiting other members' hotel rooms.
- Socializing with other teams is discouraged.

## Understanding the Risks Associated with Sports during the Pandemic

Sports and physical activities that allow for 6-8 feet between other competitors, like golf or singles tennis, are going to be less risky than sports that involve frequent close contact, like basketball or wrestling. Those where athletes do not share equipment, like cross country, will likely be less risky than which have shared equipment, such as football. Those with limited exposure to other players may be a safer option. A sprint in a track race, for example, may be less risky than sports that put someone in close contact with another player for an extended period of time, like an entire half of a game.

The specific location where athletes train, practice and compete also impacts risk. Choose outdoor venues for sports and classes whenever possible. COVID-19 is more likely to spread in indoor spaces with poor ventilation. Indoor sports and activities will likely present an increased risk of transmission, especially if the sport or physical activity also involves close contact, shared equipment, and more exposure to other players, such as basketball.

The more people someone interacts with, the greater the chance of COVID-19 exposure. So small teams, practice pods or classes that stay together, rather than mixing with other teams, coaches, or teachers, will be a safer option. This will also make it easier to contact individuals if there is an exposure to COVID-19.

Staying within your community will be safer than participating on travel teams. Traveling to an area with more COVID-19 cases could increase the chance of transmission and spread. Travel sports also include intermixing of players, so athletes are generally exposed to more people.



**Table 1. Examples of Sports Stratified by Risk Level**

Low Risk	Moderate Risk	High Risk
<ul style="list-style-type: none"> <li>• Archery</li> <li>• Badminton (singles)</li> <li>• Band</li> <li>• Biking</li> <li>• Bocce</li> <li>• Bowling</li> <li>• Corn hole</li> <li>• Cross country</li> <li>• Curling</li> <li>• Dance (no contact)</li> <li>• Disc golf</li> <li>• Drumline</li> <li>• Equestrian events (including rodeos) that involve only a single rider at a time</li> <li>• Golf</li> <li>• Gymnastics</li> <li>• Ice and roller skating (no contact)</li> <li>• Lawn bowling</li> <li>• Martial arts (no contact)</li> <li>• Physical training (e.g., yoga, Zumba, Taichi)</li> <li>• Pickleball (singles)</li> <li>• Rowing/crew (with 1 person)</li> <li>• Running</li> <li>• Shuffleboard</li> <li>• Skeet shooting</li> <li>• Skiing and snowboarding</li> <li>• Snowshoeing</li> <li>• Swimming and diving</li> <li>• Tennis (singles)</li> <li>• Track and Field</li> <li>• Walking and Hiking</li> </ul>	<ul style="list-style-type: none"> <li>• Badminton (doubles)</li> <li>• Baseball</li> <li>• Cheerleading</li> <li>• Dance (intermittent contact)</li> <li>• Dodgeball</li> <li>• Field hockey</li> <li>• Flag Football</li> <li>• Kickball</li> <li>• Lacrosse (girls/women)</li> <li>• Pickleball (doubles)</li> <li>• Squash</li> <li>• Softball</li> <li>• Tennis (doubles)</li> <li>• Volleyball</li> </ul>	<ul style="list-style-type: none"> <li>• Basketball</li> <li>• Boxing</li> <li>• Football</li> <li>• Ice hockey</li> <li>• Ice Skating (pairs)</li> <li>• Lacrosse (boys/men)</li> <li>• Martial Arts</li> <li>• Roller Derby</li> <li>• Rugby</li> <li>• Rowing/crew (with 2 or more people)</li> <li>• Soccer</li> <li>• Water polo</li> <li>• Wrestling</li> </ul>