

**Johnston Recreation Department**  
**COVID-19 Illness Policy for Youth Basketball**  
*(updated 1/21/2021)*

COVID-19 Illness Policy:

Any person(s) exhibiting any sign(s) and/or symptom(s) of COVID-19, as set forth in CDC guidance, when they develop over a period of hours to days and cannot be explained by allergies or other noninfectious disease should not attend or gain access to a group program, per RIDOH document 216-RICR-50-15-7.

Child, Staff, Coach, and Visitor Illness Detected at Arrival:

The Johnston Recreation Department Youth Basketball Program will **collect** completed self-attestation forms for all staff members, coaches, and participants at the time of arrival at the Johnston Indoor Recreation Center. The self-attestation form will include a temperature recording (self-attestation form can be seen on page 4). Should a child, staff, and/or coach be observed upon arrival to have any sign(s) and/or symptom(s) of COVID-19, as set forth in CDC guidance, they will not be allowed to participate in the program.

- CDC symptom guidance includes: fever (temperature reading of 100.4°F or higher) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and/or diarrhea.

Child, Staff, and Visitor Illness Detected at While at Youth Basketball:

- If any player, coach, or staff member is observed at any time during the basketball session to have developed any sign(s) and/or symptom(s) of COVID-19, as set forth in the CDC guidance, they will immediately be sent home.
- The individual will be required to leave the gymnasium immediately.
  - We have asked that one parent/guardian/emergency contact for each child remain at the gymnasium (either on Court #2 or in their vehicle in the parking lot) for the entirety of the session and be available to leave with a sick child immediately.
- An individual, or an individual's parent/guardian, must schedule a COVID-19 test within 48 hours and notify Johnston Recreation of the test results.
  - The Johnston Recreation Department will report all positive cases to the Rhode Island Department of Health.
- Should a child, coach, or staff member be observed to require medical attention per CDC guidelines, 911 will be called as well as the parent/guardian/emergency contact.
  - Emergency medical attention will be triggered upon any of the following emergency warning signs: difficulty breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face.

Clearance Protocol:

According to the RIDOH, the individual's symptoms indicate whether there is a probable case of COVID-19. The RIDOH's chart of symptoms and probable case can be seen on page 3 of this document. A symptomatic child/coach/staff will not be permitted to return to youth basketball until the following requirements are met.

- *If an individual has symptoms of COVID-19 but does not meet the CDC definition of a probable case...*
  - The individual will be sent home (no quarantine recommended for close contacts). It is advised that the symptomatic individual seek medical advice and get a COVID-19 test if recommended by their health care provider.
  - An individual may return to youth basketball if after being sent home as long as the individual or child's parent/guardian has completed the Self-Attestation Form for Returning to Youth Basketball (form can be seen on page 5) and one of the three scenarios occurred.

- a) The individual was not tested but has been fever free for 24 hours without fever-reducing medications and symptoms have improved (back to usual health).
  - b) Individual tested negative for COVID-19 (PCR test), has been fever free for 24 hours without the use of fever-reducing medication and symptoms have improved (back to usual health).
  - c) Individual tested positive for COVID-19 (PCR or Antigen test) and has since met RIDOH guidelines for ending isolation.
- *If an individual has symptoms of COVID-19 that meet the CDC definition of a probable case...*
  - The individual will be sent home (quarantine recommended for household contacts of a pending the probable case COVID-19 test result). It is advised that the symptomatic individual seek medical advice and obtain a COVID-19 diagnostic test.
    - Quarantine of additional close contacts pending probable case test results may be advised by RIDOH. RIDOH may also recommend testing for others in certain situations.
  - An individual may return to youth basketball if after being sent home as long as the individual or child's parent/guardian has completed the Self-Attestation Form for Returning to Youth Basketball (form can be seen on page 5), provides a copy of the COVID-19 test results, and one of the two scenarios occurred:
    - a) The individual tested negative for COVID-19 (with a PCR test), has been fever free for 24 hours without the use of fever-reducing medication and symptoms have improved (back to usual health).
    - b) The individual tested positive for COVID-19 (with a PCR or Antigen test) and has since met CDC/RIDOH criteria for ending isolation.
- *If an individual tests positive for COVID-19 (PCR or Antigen test) regardless if they are symptomatic or asymptomatic...*
  - An individual may return to youth basketball after testing positive for COVID-19 once the individual or child's parent/guardian has completed the Self-Attestation Form for Returning to Youth Basketball (form can be seen on page 5), provides a copy of the COVID-19 test results, and has met the two requirements below:
    - a) The individual must isolate for 10 days (20 days if severely immunocompromised) from symptom onset or 10 days (20 days if severely immunocompromised) from test if individual is asymptomatic.
    - b) The individual must be fever free for 24 hours without the use of fever-reducing medication and symptoms have improved (back to usual health).
- *If a close contact tests positive for COVID-19 with PCR or Antigen test ...*
  - An individual whose close contact tested positive for COVID-19 may return to youth basketball once the individual or child's parent/guardian has completed the Self-Attestation Form for Returning to Youth Basketball (form can be seen on page 5) and had met the RIDOH guidelines for isolation.
    - a) Close contacts of a positive individual are to follow RIDOH guidance for isolation.
      - I. Close contacts are to quarantine for 10 days from their last known exposure to the infected individual.
        - Close contacts may shorten quarantine to seven days if they have a negative PCR or Antigen test result (test taken at least five days after you were exposed).
          - Test results must be turned in if a close contact is shortening their quarantine period.

- II. Close contacts should continue to self-monitor for symptoms for a full 14 days.
  - III. RIDOH recommends all close contacts get tested on day 5 of quarantine or later.
- b) Close contacts that have tested positive in the past 90 days do not have to quarantine.

Symptom	Probable Case / Test Needed?
Cough (new)	**If an individual has any <u>one</u> of these symptoms, there is a probable case of COVID. A test is required and the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Shortness of breath	
Difficulty breathing	
New loss of taste or smell	
Fever (100.4°F or higher) or chills (rigors)	**If an individual has any <u>two</u> of these symptoms, there is a probable case of COVID. A test is required and the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Muscle or body aches (myalgia's)	
Headaches	
Sore throat	**If an individual has only <u>one</u> of these symptoms, there is not a probable case of COVID. A test is not required but the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Fatigue	
Congestion or runny nose (new)	
Nausea or vomiting	
Diarrhea	

Scenario	Type of Test Needed
Probable Case	PCR
Close Contact of a Positive Case (to shorten quarantine period)	Antigen Test or PCR
Travel	Antigen Test or PCR

\*\*Visit <https://covid.ri.gov/testing> in order to schedule a COVID-19 Test



## Johnston Parks and Recreation Self-Attestation Form

### SYMPTOMS

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST 3 DAYS THAT ARE NOT EXPLAINED BY ALLERGIES OR A NON-INFECTIOUS CAUSE?	YES	NO
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		
RUNNY NOSE OR STUFFY NOSE		
FATIGUE		
RECENT LOSS OF TASTE OR SMELL		

Temperature: \_\_\_\_\_

### RISK FACTORS

	YES	NO
Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?		
Have you traveled anywhere outside the 50 United States in the past days?		
Have you been directed to quarantine or isolate by the RI Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end?		

**IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, THEN YOU CANNOT BE AT THE GYMNASIUM FOR THE SAFETY OF OTHERS.**

\_\_\_\_\_  
Participant/Attendee's Name (Printed)

\_\_\_\_\_  
Participant/Attendee's Phone Number

*\*Required for contact tracing purposes*

\_\_\_\_\_  
Associated Basketball Team

\_\_\_\_\_  
Parent/Guardian/Attendee's Signature

\_\_\_\_\_  
Date & Time



## Johnston Parks and Recreation Self-Attestation Form for Return to Youth Basketball

Individual's name: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Check all symptoms that you/your child had:

Symptom	Qualifications to Return
Cough (new)	**If an individual has any <u>one</u> of these symptoms, there is a probable case of COVID. A test is required and the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Shortness of breath	
Difficulty breathing	
New loss of taste or smell	
Fever (100.4°F or higher) or chills (rigors)	**If an individual has any <u>two</u> of these symptoms, there is a probable case of COVID. A test is required and the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Muscle or body aches (myalgia's)	
Headaches	
Sore throat	**If an individual has only <u>one</u> of these symptoms, there is not a probable case of COVID. A test is not required but the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Fatigue	
Congestion or runny nose (new)	
Nausea or vomiting	
Diarrhea	

Date of first symptom(s): \_\_\_\_\_ Date symptom(s) ended: \_\_\_\_\_

Did you or your child have a COVID-19 test during this absence?

No

If no, why not? \_\_\_\_\_

Yes

Date of test: \_\_\_\_\_ Location of test: \_\_\_\_\_

Test result: \_\_\_\_\_

If positive result, isolation end date: \_\_\_\_\_

I attest that I am/my child is ready to return to JRD's Youth Basketball Program and has:

Not had a fever (temperature higher than 100.4°F) in the last 24 hours;

Not taken any medicine for fever in the last 24 hours; AND

Improved symptoms and is back to usual health

\_\_\_\_\_  
Participant/Attendee's Name (Printed)

\_\_\_\_\_  
Associated Basketball Team

\_\_\_\_\_  
Parent/Guardian/Attendee's Signature

\_\_\_\_\_  
Date