



☑ CHECKLIST FOR PROFESSIONAL SPORTS LEAGUES

Each professional sports league that desires to reopen must first submit a plan to the Texas Department of State Health Services ("DSHS"). Spectators are allowed for outdoor events, provided that outdoor venues limit the number of spectators to no more than 50% of the normal operating limits of the venue as determined by the facility owner, and indoor venues limit the number of spectators to no more than 50% of the total listed occupancy of the venue. Each plan must incorporate these minimum health protocols to the greatest extent possible. The plan should be submitted to DSHS via email at: coronavirus@dshs.texas.gov. Include the term "League" in the subject line to ensure proper routing. All employees and spectators must wear a face covering (over the nose and mouth) wherever it is not feasible to maintain six feet of social distancing from another individual not in the same household.

The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

Note: All sports activities that involve close interaction between individuals carry some degree of risk for transmission of SARS-CoV-2, the virus that causes COVID-19. The following considerations can serve to minimize this risk.

The following criteria are subject to change as knowledge about COVID-19 evolves and additional guidance becomes available.

Testing:

Regular testing throughout the professional season is strongly recommended, to the extent testing is available and feasible.

Screening:

- ☐ Screen all employees, players, and contractors before entering the sports venue:
☐ Send home any employee, player, or contractor who has any of the following new or worsening signs or symptoms of possible COVID-19:
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

Safety actions:

- ☐ Maintain at least 6 feet of separation from other individuals not within the same household. If such distancing is not feasible, other measures such as hand hygiene, cough etiquette, cleanliness, and sanitation should be rigorously practiced. Face shields may be considered as additional source control either in addition to face coverings, or where face coverings are not feasible. Considerations must be made regarding safety of face coverings during physical exertion or in hot environments.



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- Individuals actively engaged in the sport are not required to wear a face mask while playing but should use a face mask when not playing, including being on the bench, in the dugout, etc.
- Six feet of distancing should be maintained in all congregate settings including the locker room, break rooms, workout or practice facilities, and showering facilities. Where distancing is not feasible, consider implementing engineered controls such as physical barriers.
- Train all employees and players on appropriate cleaning and disinfection, hand hygiene, social distancing, signs and symptoms of COVID-19, handling of face coverings, and respiratory etiquette. CDC guidance regarding cleaning and disinfection can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.htm>.
- Consider placing [readily visible signage](#) throughout the venue to remind everyone of best hygiene practices.
- Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available to employees, players, and contractors.
- Wash hands with soap for at least 20 seconds, or, if not available, use hand sanitizer with at least 60% alcohol content, upon entering the sports venue and after any interaction with other players or personnel. If hand hygiene is not feasible during play, each athlete should perform hand hygiene when entering or leaving the field of play.
- Regularly and frequently clean and disinfect any frequently touched surfaces, such as doorknobs, tables, chairs, and restrooms using EPA-approved disinfecting products proven to be effective against SARS-CoV-2, the virus that causes COVID-19.
- Disinfect any items that come into contact with employees, players, or contractors.
- All sporting equipment should be cleaned and disinfected both before and after use.
- Avoid sharing drink bottles, personal items (e.g., towels), and any other items that may become contaminated with the virus that causes COVID-19. Any items that must be shared should be cleaned and disinfected between uses.
- If an employer provides a meal for employees, players, or contractors, employers are recommended to have the meal individually packed for each individual, and delivered in a way that avoids or minimizes contact.
- Individuals aged 65 or older, and those with serious underlying medical conditions are at a higher risk of COVID-19. To the extent possible, avoid being within 6 feet of these individuals. Individuals at elevated risk for severe illness due to COVID-19 should stay at home as much as possible.**

Making plans for illness:

- Do not allow employees, players, or contractors with new or worsening signs or symptoms listed above to return to work/play until:
 - In the case of an employee, player, or contractor who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 3 days (72 hours) have passed *since recovery* (resolution of fever without the use of fever-reducing medications); the individual has *improvement* in symptoms (e.g., cough, shortness of breath); and at least 10 days have passed *since symptoms first appeared*; or
 - In the case of an employee, player, or contractor who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed



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to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or

- If the employee, player, or contractor has symptoms that could be COVID-19 and wants to return to work/play before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
- Do not allow an employee, player, or contractor with known close contact to a person who is lab-confirmed to have COVID-19 to return to work/play until the end of the 14-day self-quarantine period from the last date of exposure. Per the CDC, a close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.

Maintaining healthy operations:

Review employee/player benefit policies to ensure that there are no policies that incentivize employees to work when sick, or that penalize those who stay home appropriately when sick.