

**USA
ULTIMATE**



Return to Play Guidance

v. 2.0

Updated 2/19/21

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The following considerations are provided for general informational purposes only and are not intended as, and should not be relied upon as, specific medical or legal advice. You are strongly encouraged to consult with qualified medical personnel/public health officials for medical considerations and with local, state and federal orders and/or laws for legal considerations. If you use any considerations provided for herein, you do so at your own risk and you specifically release from any and all liability USA Ultimate and its directors, officers, employees, volunteers and agents in connection with your use of the enclosed considerations.

Summary of v. 2.0 Updates and February 2021 Revisions

This document has been updated as of February 2021, following its initial release in June 2020. This update incorporates new information and guidance about the COVID-19 pandemic and its spread, including both general and sports-specific risk factors and mitigation strategies. Specific areas of update include information about the following topics:

- [Vaccinations \(p.7\)](#)
- [New virus variants \(p.4\)](#)
- [Return to Play after COVID-19 infection \(p.6\)](#)
- [Testing \(p.8\)](#)
- [Updated CDC sport-specific risk factors \(p.8\)](#)
- [Masks \(p.13\)](#)
- [Merged Stages 2a/2b from prior guidelines \(p.15\)](#)
- [Updated screening questionnaire and recommendations \(Appendix D\)](#)
- [Updated Team Activities \(Appendix E\)](#)
- [Updated rules recommendations for mask-wearing \(Appendix F\)](#)
- [Return to Play planning template for team organizers \(Appendix J\)](#)

Overview

This document is intended to assist local disc organizations, teams, coaches, athletes, parents/guardians, event organizers and others with decision-making about returning to ultimate-related activities in an environment that continues to be impacted by the COVID-19 pandemic. Information in this document is drawn from and provides references to guidance and regulations from the U.S. Centers for Disease Control and Prevention (CDC), other public health agencies, medical professionals, other sports organizations and United States government agencies at all levels.

From the time of the initial release of this guidance document in June 2020 through February 2021, many different circumstances - such as population density, environmental conditions, healthcare system capacity, access to healthcare and other resources, and governmental decision-making - have impacted, and continue to impact, different areas of our country. States, counties, cities and towns are approaching their return to activity in a variety of ways, often using phases to incrementally "re-open" while monitoring risk factors along the way. This makes it impossible to provide a one-size-fits-all set of guidelines, and makes it even more important that local organizers and participants pay close attention and adhere to local conditions and regulations.

It is important to note that, as of February 2021, vaccines with demonstrated effectiveness in preventing severe infection with SARS-CoV-2 are becoming available in the United States and worldwide. Nonetheless, consensus guidance on how or when vaccinated individuals can safely return to usual activities is not yet available. As a result, until new guidance is available from CDC and other public health officials, guidelines



for returning to activity should not be interpreted as providing “safe” conditions or avoiding all risk associated with transmission of the COVID-19 virus, even among vaccinated individuals.

It is also worth noting that the benefits of sports, exercise and outdoor activities have become more apparent than ever over the past year. As the world moved to slow the spread of the virus, activity levels for adults and youth had to be severely restricted, with corresponding negative impacts on individuals’ physical and mental health, especially for youth. While continuing to prioritize safety, it is also important that individuals and communities consider ways to engage in or provide opportunities for physical activity, including ultimate-related activity, when possible.

This document and other referenced resources outline actions that can be taken to reduce risk and can serve as a tool to assist with making decisions about organizing or participating in certain activities, until the impact of vaccinations becomes clearer. Local organizers and individuals will need to assess circumstances in their respective areas and in their own personal lives in order to determine when and under what circumstances various activities might be offered based on relevant risk factors, risk tolerance and the ability to institute risk mitigation measures.

Given the pandemic’s global scope and its ability to move quickly through and between communities, it is especially important to consider the impact of contracting or spreading the virus beyond any one individual or small group. Each individual is part of a community and bears a share of the responsibility for helping to protect other members of their community, including those more vulnerable to significant negative health impacts. This means paying special attention to how activities might impact or be connected to members of higher risk populations, including older individuals, those with compromised immune systems or others with underlying health issues.

Ultimate is a sport that emphasizes and highlights character and community, and one that is guided by the ethos of Spirit of the Game, including principles such as personal responsibility, communication and adherence to the rules. This situation provides a unique opportunity for the ultimate community to practice those principles in a new context, both on and off the field of play. Together, as a national ultimate community and as part of various state and local communities, we can be part of the solution to this unprecedented global challenge by making informed decisions that prioritize the health and safety of participants in the coming months and into the future.

Finally, it is critical to understand that the COVID-19 situation remains fluid, particularly in the first half of 2021. Many factors continue to influence the spread of the virus and the ability to mitigate its impact. Most importantly, balanced against the promise of highly effective vaccines rolling out across the country, several new variants of SARS-CoV-2 are now circulating that are more contagious than the dominant variant that circulated in 2020. As scientists and healthcare professionals learn more, and as public health and government officials make new recommendations and decisions, these Return to Play guidelines will continue to evolve. USA Ultimate will continue to monitor these factors and rely on local ultimate organizations and participants to do the same.

Equity, Diversity and Inclusion

The COVID-19 pandemic has highlighted and exacerbated societal inequities that underserved communities endure on a daily basis. These inequities limit or deny access to opportunity and to basic freedoms, rights and services for traditionally marginalized groups of people, including those with diverse racial, ethnic, socio-economic and LGBTQ+ backgrounds. Nowhere is the impact more severe than with accessing support in areas such as employment, healthcare, and educational and childcare options for families.

Sports, including ultimate, are not immune to these inequities. Barriers that prevent people marginalized by society from returning to play equitably are likely to manifest as playing opportunities are reintroduced with special guidelines and requirements put in place to help mitigate the risk of infection and viral spread.

As ultimate organizers, coaches and other decision makers begin reintroducing ultimate activity, based on the recommendations in this document and by following state and local regulations, it is critical they pay special attention to how those procedures may disproportionately affect or marginalize any group or groups of people. Areas where underserved and marginalized communities could face potential challenges include the following:

- Access to transportation
- Safe equipment
- Technology
- Playing space and location
- Adult supervision
- Language barriers
- Childcare options
- Financial assistance
- Healthcare
- Insurance
- Food and housing insecurity
- Vaccination rates

Challenges and strategies to address inequities will differ with each stage of reintroducing playing activities based on local factors, some related to COVID-19 conditions, some related to pre-existing inequalities and some related to the local circumstances of each community. Spend time thinking about how to mitigate those challenges, while still keeping the individuals and the community as safe as possible, and incorporate inclusion strategies into your plans (see [Appendix A](#)).



Injury Prevention, Playing After COVID-19 Infection and Gradual Return to Activity

Many of the recommendations in this document are focused on health and safety related to COVID-19 and mitigating risks associated with infection, both for individuals and the larger community. A phased approach to reintroducing activity is important in this context, but also in the context of general fitness and injury prevention. It is important to recognize that since the spring of 2020, many individuals' level of activity has changed. Even if activity has been maintained at some level, it is unlikely ultimate players will be fully prepared to resume activities at the same level from where they left off.

With that in mind, a phased approach to reintroducing activity is important to not only mitigate risks associated with COVID-19 transmission, but also to decrease the risk of injury with adequate incremental physical training. It is important to follow a gradual plan for reintroducing activity in stages related to the duration and intensity of activity. In general, it is recommended that ultimate training sessions be limited to around **60 minutes** for the first 10-14 days, and that physical exertion be **low-to-moderate** intensity depending on individual fitness levels. After a 10-14 day initial training period, duration and intensity of activity should increase gradually with respect to each individual's level of fitness. In all stages of activity reintroduction, proper warm-up is essential to prevent injury.

Additionally, there will be athletes hoping to return to playing ultimate or other activities who have contracted COVID-19 over the past year. While current data are limited, there is evidence that health risks, including potential cardiac risks, persist even after recovering from the infection. *Health experts recommend that any athlete who has tested positive for COVID-19 or experienced COVID-19 symptoms should consult with and be cleared by a physician before returning to exercise.* Protocols for post-infection, gradual return to exercise and eventual return to competition have been developed and can be referenced at the following links.

- [American Academy for Pediatrics](#)
- [American Medical Society for Sports Medicine \(flowchart\)](#)

State and Local Regulations

USA Ultimate cannot support activities that do not comply with federal, state and local health department mandates. State and local regulations will provide key guidance about if, when and under what conditions sports and other activities may resume. State and local health departments will be important resources and partners in making decisions about returning to ultimate or disc sport-related activities, creating plans for mitigating risks in the local community and dealing with issues as they arise. Local organizers are expected to understand and follow state and local health department guidance and regulations when returning to activity, and should expect to do so in a phased, incremental fashion. Even given this local guidance, it is important to note there will still be risks associated with any activity, and risk tolerances and decisions on whether to host or participate in authorized activities will vary across organizations and individuals.



The CDC provides a [directory for state and territory, city and county, and tribal health departments](#) on its website. Please use this resource to access information from all relevant public health authorities in your area.

Vaccination against SARS-CoV-2

Beginning with the first two vaccines authorized for emergency use by the U.S. Food and Drug Administration (FDA) in December 2020, a number of vaccines have become available with demonstrated effectiveness in reducing the severity and likely in preventing the spread of SARS-CoV-2. While the widespread rollout of vaccines will accelerate safe return to activity across the country, four considerations are noteworthy as of this update, in February 2021:

1. The availability of vaccines has not yet led to any change in public health recommendations regarding safe practices that can prevent SARS-CoV-2 transmission. Use of masks, physical distancing, ventilation, hand washing and disinfecting remain essential practices.
2. Current projections suggest that vaccine rollout across the country will require several months before a significant percentage of the U.S. population is immunized. Thus, we can expect the COVID-19 pandemic to persist, with high levels of transmission and ongoing public health concern in many parts of the country, for at least the first half of 2021, if not longer.
3. In the United States, vaccines have only been authorized for use in people ages 16 and above. Thus, we do not expect youth to be vaccinated until much later. Current estimates are that one of the vaccine manufacturers will seek authorization for vaccinating children ages 5-16 in the middle of 2021. The lack of early vaccination rollout in children and youth will have implications for the way in which they re-engage in group physical activity, including ultimate.
4. Many questions regarding the impact of vaccination in individuals and communities on safe return to activity, including sports activities, remain unanswered. We can expect new data and new recommendations to emerge throughout 2021, and we will update this guidance document regularly in response to new data and new public health guidance on the impact of vaccine programs on safe return to activity.

USA Ultimate and its Medical Advisory Working Group recognize that currently available vaccines are an effective tool to protect individuals and communities from severe infection and illness, and to help end the COVID-19 pandemic. Individuals are encouraged to consult with their healthcare provider to understand their own health situation and their options for getting vaccinated. The following link provides additional information about vaccines, including tools for finding where and when they will become available throughout the country.

- [CDC Vaccine Information and State Health Department Directory](#)



Testing

Tests to detect COVID-19 infection are an important tool to help reduce spread of the virus. Many businesses, including sports organizations, have incorporated testing into their safety protocols, and more are likely to do so as testing becomes faster, more reliable and more accessible. USA Ultimate and its Medical Advisory Working Group encourage the use of testing for individuals showing COVID-19 symptoms or who have been in close contact with infected individuals, as well as prior to engaging in certain interactions or activities, such as travel. Nonetheless, due to a number of factors, including the accessibility of testing, the resources required to conduct adequate testing and the logistics associated with monitoring testing across large groups, USA Ultimate is not planning to use testing as a prerequisite for participation in sanctioned events at this time, nor is USA Ultimate recommending that event organizers do so. It is possible that this may change in the future.

CDC Considerations for Youth Sports

In December 2020, the CDC updated its [Considerations for Youth Sports Administrators](#) guidance document, previously issued in May 2020. Organizers and participants should access the CDC document directly and should read and understand the detailed information that serves as a basis for this document's general and ultimate-specific recommendations. USA Ultimate is using these considerations as a primary guide not only for *youth*-focused sports activities, but also for other ultimate activities offered in a similar environment and under similar conditions (i.e., competitive and recreational ultimate or disc-related activities for both *youth and adult* participants).

Risk Factors

It is important to understand that decisions about offering activities or participating in those activities are not binary choices between what is "safe" and what is "unsafe." Rather, decisions are made along a spectrum of risk, with different conditions creating a higher or lower risk environment and different safety measures helping to reduce risk along that spectrum.

Risk in and around sports increases based on a variety of factors, alone and in combination with other factors. Based on [CDC guidance](#), the following key criteria have been identified to help assess risk for ultimate-related activities:

1. Community levels of COVID-19

- a. Risk increases with high or increasing levels of COVID-19 cases in the local community.
- b. Consult [state and local health department resources](#) for information about local cases and trends.

2. Physical distance between participants, both during play or drills and when not engaged in play or drills

- a. Risk continuously increases the closer participants get to one another.
- b. Modifications to rules and to off-field spaces and interactions should be made to limit physical proximity.

3. Level of intensity of activity

- a. Risk increases continuously with the increasing intensity of activity.
- b. Activities such as “walk-throughs” or throwing a disc are less risky than full competition.

4. Length of time participants, staff and spectators are close to each other

- a. Risk continuously increases the longer participants remain in close proximity.
- b. As of this update, “[close contact](#)” is defined for operational purposes by the CDC as being “within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.”
- c. The 15-minute threshold is not risk-free, as transmissions can still occur between people in close proximity for less than 15 minutes. Please see the [CDC site for more details](#).

5. Setting of activity

- a. Outdoor activities are lower risk than indoor activities. Minimize time spent indoors.
- b. If indoors, better ventilation and air filtration decrease risk.

6. Size of the group

- a. Risk continuously increases with larger groups of participants.
- b. Risk increases with the addition of external visitors, spectators and others.

7. Use of shared equipment

- a. Risk of infection substantially increases when hands or gloves that have contacted shared, unsanitized equipment are brought to the mouth or nose before being washed/disinfected.

8. Age of participants

- a. Risk increases as compliance with safety guidelines decreases. Younger participants may be less able to follow guidelines.
- b. Risk of severe illness [increases with age, especially in older adults](#).

9. Participation by people at high risk of severe COVID-19 illness (or those directly or indirectly connected to the activity).

- a. Risk of severe illness is increased for participants with [underlying health conditions](#).
- b. Risk of severe illness [increases with age, especially in older adults](#).

- c. These same increased risks exist for anyone connected to the participant or activity, including organizers, coaches, parents/guardians, and extended family.

10. Travel, including distance, duration and mode

- a. Risk increases with travel outside of a local community, either for the traveling players, the community to which they travel, or both.
- b. Travel creates logistical challenges with obtaining medical care, complying with isolation or quarantine orders, or adhering to travel restrictions if symptoms develop during a trip.

11. Consistent adherence to prevention behaviors during team activities on and off the field.

- a. Risk increases when participants fail to consistently adhere to prevention behaviors (e.g., staying 6 feet apart, wearing masks, handwashing).
- b. Team activities not directly related to training or competition, such as transportation, lodging, meals and pre- and post-game socializing, present high-risk environments for teams. Minimizing or avoiding these activities decreases risk associated with sports participation. If engaging in these activities, consistent adherence to prevention behaviors decreases the risk of infection.

Risk Categories and Return to Play Stages

Based on the risk categories [outlined by the CDC for youth sports](#), the following Return to Play stages are recommended for ultimate and ultimate-related activities. Additional descriptions and detailed recommendations for each stage are provided later in this document.

- **Stage 1 - Lowest Risk - Individual Skills Training**
- **Stage 2 - Increasing Risk - Small Group Skills Training**
- **Stage 3 - More Risk - Small Group Interactive Drills and Competition**
- **Stage 4 - Even More Risk - Medium Group Local Competition**
- **Stage 5 - Highest Risk - Large Group or Travel Competition**

The conditions under which ultimate activity might resume within each of these risk categories will depend on local conditions as determined by public health officials, as well as on the ability of an organization to implement safety measures and address risk factors in each of these environments. If an organization is not able to mitigate risk at one of these levels through appropriate safety measures, they should consider moving to a less risky level of activity.

General Guidance on Risk Mitigation

The following recommendations should always be followed regardless of Return to Play stage.

Local Regulations

- Be aware of and follow state, local, facility and other applicable regulations.
- Communicate directly with relevant authorities about plans for activities to ensure compliance and authorization.

Communication and Planning

- Designate a coach, organizer or other adult to be the point of contact for COVID-19-related concerns and communications.
 - List this person and their contact information in all team or organization-related communications.
 - Set up a system with local health officials for reporting COVID-19 cases through local organization-designated COVID-19 contacts.
- Ensure effective communication systems to disseminate information about safety measures and compliance with local regulations.
 - Send email and/or text notices to communication lists with reminders about safety measures prior to and between activity dates, including pre-activity screening requirements. The CDC provides a [customizable letter template](#).
 - Provide notification of closures or exposures to participants and staff.
 - Create durable, legible signage to be used and reused at your activity sites (e.g., [laminated notices](#), corrugated plastic “yard” signs, [banners](#)).
 - Post signage in visible areas at your site (e.g., on or near restrooms, washrooms, trash cans, at facility entrances, along sidelines).
 - Make announcements to participants before, during and after activity to remind everyone of safety measures.
- Ensure training on safety protocols and applicable regulations are understood and implemented by all coaches and other relevant staff.
 - Create and distribute written materials outlining regulations and responsibilities.
 - Require written agreement from coaches and staff to implement safety protocols.
 - Hold virtual meetings/training sessions to communicate expectations safely while maintaining physical distancing.
- Ensure effective planning to handle and report a sick participant or a known exposure.
 - If a participant is discovered to have COVID-19 symptoms while at the activity, immediately separate them and send them home or to a healthcare facility, depending on the severity of their symptoms.
 - Any participant, coach, staff member or spectator who had [close contact](#) with a symptomatic person should also be separated from others and sent home.
 - Have a plan for safely transporting a sick individual home or to a healthcare facility.
 - If severe symptoms (e.g. difficulty breathing, lethargy), call 911 and notify the emergency response team of suspected COVID-19 symptoms.

- If mild symptoms (e.g., cough, fatigue, subjective fever), call a parent/guardian for youth, For an adult, allow them to contact a household member for a ride or transport themselves home. While waiting, the sick person and any caregiver should don a mask and be separated from the group.
 - Close off areas used by the sick person and set aside any surfaces or objects - such as discs, chairs, benches, cones, bags, etc. - for disinfection.
 - If possible, wait up to 24 hours before cleaning and disinfecting the area and objects. Ensure safe and correct use and storage of cleaning products.
 - Adhere to local privacy laws and other regulations, and notify health officials, program staff and affected families about any COVID-19 case associated with the activity.
 - Advise those with [close contact](#) to a COVID-19 case to stay home and follow local health department and/or CDC guidance. Do not permit them to return to activity until after they have followed guidelines and been cleared to return by a medical provider.
- Create flexible staffing policies and backup staffing plans to account for sickness, exposure to COVID-19 or other risk factors.
 - Be clear with coaches and other staff about expectations and options to not participate in activities, with allowances for sickness, exposures or other risk factors without reprisal.
 - Develop plans for return to activity/work for anyone who has been sick, exposed or had a positive test.
 - Have backup plans in place to ensure adequate staffing by authorized coaches, chaperones or volunteers to meet supervision requirements.
 - Provide support and coping materials and outlets for participants and staff.
 - Encourage healthy activity, sleep and eating habits outside of ultimate activities.
 - Encourage virtual social connections with friends and teammates.
 - Provide coach or organizer options for people to talk about their concerns.
 - Reference other local or national support programs (e.g., National Disaster Distress Hotline 1-800-985-5990 or text TalkWithUs to 66746 or text HOME to 741741).

Screening and Monitoring

- Educate organizers, volunteers, coaches, participants and families about when to stay home and when it is OK to return to activity [per CDC guidelines](#).
- Establish and communicate a requirement that individuals are prohibited from attending activities if they are sick, have [COVID-19 symptoms](#), have tested positive for COVID-19 or have had contact with a person with COVID-19.
 - Require individuals who meet the above criteria to notify activity's COVID-19 contact.
- Establish and implement screening procedures, in compliance with applicable privacy laws and regulations, which help identify potential risk factors for both staff and participants before interactions occur with others (see [Appendix D](#) for screening template).

- Subject to applicable privacy laws, have participants report any potential exposure to COVID-19, relevant symptoms or positive COVID-19 tests within the last 14 days.

Hygiene

- Perform hand hygiene regularly throughout practice, before and after contacting shared equipment (e.g., after a drill) or if there is concern about contamination from respiratory secretions (e.g., after close proximity between individuals and before bringing hands to the mouth or nose).
- Require hand cleaning, prohibit spitting and encourage coughing/sneezing into one's armor into tissues that are disposed of properly.
 - Teach and reinforce handwashing for 20 seconds with soap and water before and after activities, as well as after any coughing or sneezing.
- Ensure adequate supplies for hygiene are available.
 - Stock facility restrooms, if open, with soap and running water.
 - Ensure portable toilets, if available, are stocked with hand sanitizer with at least 60% alcohol.
 - Encourage staff and participants to bring their own hand sanitizer and tissues.
 - Bring a supply of hand sanitizer and tissues for backup use.
 - Provide trash cans for proper disposal of used tissues.
 - Establish a handwashing station* stocked with water and soap and/or hand sanitizer.
**Likely more relevant for larger events/activities.*

Masks

- USA Ultimate **requires** the [use of masks, per CDC guidelines](#), by all athletes, coaches, staff and spectators during ultimate training, competition and on the sidelines. This requirement is based on clear evidence supporting the efficacy of masks at preventing spread, expert recommendations for sports and an understanding of the nature of on-field interactions during ultimate play, including while guarding and marking opponents.
 - The [CDC recommends requiring](#) the consistent and [correct use of masks](#), ensuring that all staff, athletes and spectators are covering their noses and mouths with their masks.
 - The American Academy of Pediatrics [encourages the use of masks by](#) athletes at all times for group training, competition and on the sidelines.
- The mask requirement pertains directly to all USA Ultimate sanctioned events and activities, and is also recommended for non-sanctioned ultimate activity.
- Consider having additional new masks on hand in case a player forgets one or needs to replace a moist mask with a dry one.

High-Risk Individuals

- Adult participants should make decisions about participation based on their own personal health situation and that of their immediate family, workplace or personal sphere.
- Parents/guardians and coaches should consider and communicate about whether their child's health situation, or that of their immediate family or personal sphere, should impact participation in certain activities or impact the way in which activities are structured.
- [Older participants](#), including some in masters divisions, may have more risk factors that require less risky and more highly-modified activities.
- Create awareness of and flexibility for participants at greater risk.
 - Offer virtual practices or skill-development options for individuals with higher risks or high-risk family members.
 - Communicate and implement flexible attendance policies for individuals with higher risks or high-risk family members.

Stages for Returning to Play Ultimate

The stages described below are laid out based on a continuum of risk. Generally, one or more risk factors are introduced while public health restrictions are eased in the progression from one stage to the next. Decisions about if/when ultimate activities can progress, or possibly regress, from one stage to the next will be dependent on local conditions and regulations, as well as on the ability of the local organizer and participants to adhere to risk mitigation guidelines. Likewise, detailed guidance related to group sizes will be specific to each local area. As a result, the description of group size for each stage is purposefully kept general (e.g., small, medium and large) and specific limits will likely vary across different locations.

Please see [Appendix B](#) and [Appendix C](#) for visual depictions of stage progressions and the spectrum of primary risk factors. Note that these stages do not include detailed best practices for large scale tournament-style events, particularly involving extensive travel. While Stage 5 begins to account for larger groups and travel, comprehensive protocols for large events requiring extensive travel will be developed in the coming months as state and local conditions and regulations evolve.

Stage 1 - Individual Skills Training - Lowest Risk of Transmission

- Stage 1 is characterized by training activities carried out alone or with members of the immediate household, either at home or at an authorized public space.
- Follow all relevant state, local, facility and other applicable regulations.
- Follow all guidance related to screening and monitoring, hygiene, masks, communication and planning, and special considerations for high-risk individuals in the [General Guidelines on Risk Mitigation](#) section of this document.

Group Size and Makeup

- Activities are limited to individuals and immediate household members.

Location

- Activities take place at home or at an authorized public space, separate from anyone other than immediate household members.
 - Recommended that you play outdoors (lower risk).
 - If playing indoors (higher risk), ensure ventilation is working, use fans and open doors and windows.

Distancing

- Only use a public space if authorized AND if physical distancing (i.e., >6 feet) from non-household members can be maintained before, during and after activity.
- Wear a mask or cloth face covering in any situation where physical distancing from non-household members cannot be maintained.

Equipment

- Do not share equipment with non-household members.

Travel

- If using an authorized public space, do not travel outside of your local community.

Activity Recommendations

- See [Appendix E](#)

Stage 2 - Small Group Skills Training - Increasing Risk of Transmission

- Stage 2 is characterized by physically distanced activities within a small, consistent group of local participants.
 - Note that Stages 2a/2b from the prior version of these guidelines have been merged, to reduce confusion about local regulations covering the use of shared sports equipment. Follow local regulations where they exist, as well as equipment sharing and cleaning guidelines in the section below.
- Follow all relevant state, local, facility and any other applicable regulations.
- Follow all guidance related to screening and monitoring, hygiene, masks, communication and planning, and high-risk individuals in the [General Guidelines on Risk Mitigation](#) section of this document.
- Follow all guidance from earlier stages, unless new guidance is provided.

Group Size and Makeup

- Limit the number of players that attend training together, based on the maximum number allowed by local regulations and the minimum number necessary to achieve training goals.



- Split into sub-groups (cohorts) of players and coaches, based on the maximum number allowed by local regulations and the minimum number necessary to achieve training goals.
 - Assign a coach to be with each cohort.
 - Avoid mixing between cohorts.
 - Consider limiting each cohort to using a specific area of the field.
 - Smaller cohorts or sub-cohorts can also be created to further limit interactions (e.g., in Stage 2b, if throwing between players is allowed, pair two players who only throw with each other).
- Adjust to smaller groups for younger participants, since younger participants may be less able to follow guidelines.
 - Establish a ratio of coaches/adults to kids that will ensure oversight appropriate to the age level.
 - Shorten activity times for younger participants.
- Limit spectators and support staff to minimize overall group size.
 - Limit non-essential personnel.
 - Require parents/guardians to drop their kids off and either remain in their cars or disperse to other areas of the facility.
- Limit potential interactions with other groups.
 - Avoid scheduling multiple small groups in your program unless there is adequate space, time and planning to maintain physical distancing.
 - Schedule activities so departing and arriving groups do not overlap.
 - Check with the facility provider (e.g., school, parks department, etc.) to see who else is using the facility, particularly around your activity schedule.
 - Avoid overlapping with other outside groups. Be sure to check scheduling of groups that might be using the same facility.

Location

- Activities take place at a public or private facility, as authorized by state, local and facility regulations.
 - Recommended that you play outdoors (lower risk).
 - If playing indoors (higher risk), ensure ventilation is working, use fans open doors and windows.
- Be aware of other local sports organizations' policies, including local soccer, lacrosse, flag football or other similar field sport clubs and leagues.
- Communicate with other organizations using the field about combined efforts to mitigate risks or concerns about inconsistencies in policies and procedures that might create additional risks for your club or theirs.

Distancing

- Assign a coach or other adult to be responsible for monitoring and maintaining physical distancing. Ensure this person's role is clear.
- Schedule more time between training sessions to reduce interactions with subsequent users and allow for cleaning of discs and other equipment.
- Instruct participants to wait in cars, with household members only, before training sessions.
- Masks
 - Require masks be worn by participants, staff, coaches and other non-participants at all times, [keeping in line with CDC guidance](#).
 - Consider having additional new masks on hand in case a player forgets one or needs to replace a moist mask with a dry one.
- Adjust and control the environment to help maintain physical distancing at or around the activity.
 - Use cones, tape and/or signage to create clear spaces in or around the activity area for participants, coaches, parents/guardians or other additional personnel to guide physical distancing.
 - Space out cones or other markers six (6) feet apart and use them to remind players to stay apart while waiting.
 - Don't use shared benches. Don't allow sharing of chairs. Spread chairs out at least six (6) feet from one other.
 - If using tents or other shade (e.g., trees, shelters, umbrellas) during hot summer months, be aware of increased risk associated with group gathering and sharing equipment. Do not use shade to store equipment/bags. Require physical distancing and encourage mask use when in shade. Consider additional shade tents to spread out use if heat mitigation is a concern. Don't allow sharing of individual umbrellas.
 - Discourage use of locker rooms and maintain physical distance when indoors.
- Modify activities and behaviors to enable physical distancing.
 - Limit activities to drills and training that keep participants physically distanced (i.e., at least six (6) feet apart, further if feasible).
 - Use tape, signage and other physical indicators to guide positioning of players, coaches and spectators (if allowed).
 - Create individual activities - such as sprints, push-ups or crunches - to keep individuals separated, including when not participating in the primary group activities.
 - Prohibit high fives, fist bumps, spirit circles, huddles and other instances of close contact.
 - Host team meetings virtually or via written communications (e.g., with coaches, parents and/or players).

- Local health departments may have regulations that guide the use of shared equipment, which can create a potential risk for transmission. Following existing local regulations and the guidance in the equipment section below, consider some of the following small group training activities*:
 - Exercise or other physical training that will prepare players for game play at a later time.
 - Drills that don't involve passing the disc between players (e.g. throw to space, make cuts without throws, throw to self).
 - Throwing/catching drills limited to predetermined partners or sub-cohorts within a larger group. Don't mix partners.

**Clean and disinfect discs with sanitizing wipes or spray before and regularly during practice (e.g., between drills where one person handles discs that others will later handle, after drills where more than one person handled the same disc prior to it being cleaned and disinfected).*

Equipment

- Survey facility and equipment, and identify frequently touched surfaces (e.g., water fountains, benches), as well as potentially shared equipment (e.g., discs, cones).
- Cleaning and Disinfecting
 - Assign a coach or other adult to be responsible for cleaning and disinfecting related to an activity.
 - Create a schedule for cleaning and disinfecting pre-, during and post-activity.
 - Regularly and safely clean and disinfect frequently touched surfaces and shared objects during or between activities (e.g., use a cleaning bucket or disinfectant spray/wipes).
 - *Recommended for Stage 2 training sessions:* Clean/disinfect before and after each drill, or every 15 minutes (if continuous activity), whichever is more frequent.
 - Ensure safe storage and use of cleaning products, including use of gloves and preventing access by children.
- Equipment
 - Determine whether discs will be supplied by the organizer, brought by participants or both. This may depend on resources available to organizers and participants. Develop and communicate a clear plan for disc tracking, cleaning and disinfecting.
 - Modify disc-sharing activities based on local regulations. If sharing is allowed, keep disc-sharing to pairs or other small cohorted groups.
 - Do not use pinnies or allow other shared clothing. Require participants to bring light and dark shirts if needed for activities.
 - Create preset spaces, at least six (6) feet apart, for bags and personal gear; require that personal gear stay contained in bags.

- Avoid bringing food to share with participants. Participants may bring their own snacks, but they should not be shared with others. Participants should wash their hands before eating snacks. Any trash or waste should be properly disposed of.
 - In special circumstances where food is needed, such as for participants who are unable to provide their own snacks, (see [Appendix A](#)), a single, designated staff person should sanitize their hands and provide pre-packaged, individually wrapped snacks while maintaining physical distancing and preventing the sharing of snacks.
- Require players to bring their own water bottles. Do not allow sharing.
 - In special circumstances where community water is needed, a single, designated staff person should sanitize their hands and disinfect the shared water source before dispensing water as needed to participants, while maintaining physical distancing and preventing contact between water bottles and the water source.

Travel

- Limit activity to local participants.
- Limit travel outside the local area.
- Discourage carpooling with those outside the immediate household.

Activity Recommendations

- [See Appendix C](#)

Stage 3 - Small Group Interactive Drills and Competition - More Risk of Transmission

- Stage 3 is characterized by closer and more frequent interactions between participants who are sharing the same disc on a limited basis but are still within a small, consistent group of local participants. This might include modified intra-group competition or modified drills that simulate competition (e.g., marking, defense).
- Follow all relevant state, local, facility and other applicable regulations.
- Follow all guidance related to screening and monitoring, hygiene, masks, communication and planning, and high-risk individuals in the [General Guidelines on Risk Mitigation](#) section of this document.
- Follow all guidance from earlier stages, unless new guidance is provided.

Group Size and Makeup

- Follow Stage 2 guidance for group size and makeup with the following modifications:
 - Smaller cohorts or sub-cohorts can also be created to further limit interactions (e.g., for drills, pair players who only cover each other; for intra-group competition, create small-sided teams).

Location

- Follow Stage 2 guidance for location.

Distancing

- Follow Stage 2 guidance for distancing with the following modifications:
 - When participating in activities where physical distancing is difficult, modify activities and behaviors to limit close interactions and the duration of those interactions.
 - Spend more time on activities that keep participants physically distanced (i.e., at least six (6) feet apart, further if feasible) and less time on interactive drills or competition.
 - Reduce the number of players engaging in drills or competition (e.g., 4v4, 2v2).

Equipment

- Follow Stage 2 guidance for equipment with the following modifications:
 - Increase cleaning and disinfecting of frequently touched surfaces and shared objects during or between activities (e.g., use a cleaning bucket or disinfectant spray/wipes), based on increased use of discs by more than one person in an activity.
 - Create a schedule for cleaning, monitoring and disinfecting pre-, during and post-activity.
 - *Recommended for Stage 3 training sessions and competition:* Clean/disinfect at the beginning and end of each half, and after every five (5) points during a game.

Travel

- Follow Stage 2 guidance for travel.

Activity Recommendations

- See [Appendix E](#)

Stage 4 - Medium Group Local Competition - Even More Risk of Transmission

- Stage 4 is characterized by the same, potentially modified activities in Stage 3, but expands the small, consistent group of participants to a medium-sized group of local participants. This medium-sized group could result from expanding a small group or from combining two small groups (e.g., competing teams), but the participants must be from the same local area.
- Follow all relevant state, local, facility and other applicable regulations.
- Follow all guidance related to screening and monitoring, hygiene, masks, communication and planning, and high-risk individuals in the [General Guidelines on Risk Mitigation](#) section of this document.
- Follow all guidance from earlier stages, unless new guidance is provided.

Group Size and Makeup

- Follow Stage 3 guidance for group size and makeup, with the following modifications:
 - Ensure a clear understanding of participant protocols to be followed by the new group with whom your group will be interacting, including the maximum allowed number of participants and roles and responsibilities.

Location

- Follow Stage 3 guidance for location.

Distancing

- Follow Stage 3 guidance for distancing with the following modifications:
 - Ensure distancing protocols are consistent between the two groups and are following local regulations.
 - Ensure clarity about roles and responsibilities associated with setup and enforcement of physical distancing requirements for both groups, including modified rules, field setup, masks and on- and off-field interactions.
 - During competition, limit sideline interactions between opposing players by limiting each team to one sideline or one half of one sideline.
 - Prohibit off-field (i.e., sideline) interactions between opposing players before, during and after a competition.
 - Continue to limit off-field (i.e., sideline) interactions between players on the same team.

Equipment

- Follow Stage 3 guidance for equipment with the following modifications:
 - Ensure clarity about roles and responsibilities associated with equipment for both groups, including supplying, monitoring and cleaning and disinfecting equipment.

Travel

- Follow Stage 3 guidance for travel.

Activity Recommendations

- See [Appendix E](#)

Stage 5 - Large Group or Travel Competition - Highest Risk of Transmission

- Stage 5 is characterized by the same, potentially modified activities in Stage 4. It also introduces several factors that increase risk, including travel, interactions with groups outside the local area and larger groups, depending on local regulations. Each of these factors increases risk in different ways beyond that of Stage 4 activities, and mitigation recommendations are provided separately for each factor that increases risk.

- Note that combining all of these increased risks into a larger, travel event (e.g., many traditional ultimate tournaments) increases risk in multiple ways. Stage 5 guidance can be applied to mitigate risk in each of these areas but is not intended to provide a comprehensive set of best practices for returning to large-scale travel tournaments. USA Ultimate will evaluate requests to host such activities in conjunction with local health regulations and will work to develop additional guidance for these highest-risk events in the coming months.
- Follow all relevant state, local, facility and other applicable regulations. Note that this will need to take into account and meet regulations across multiple jurisdictions.
- Follow all guidance related to screening and monitoring, hygiene, masks, communication and planning, and high-risk individuals in the [General Guidelines on Risk Mitigation](#) section of this document.
- Follow all guidance from earlier stages, unless new guidance is provided.

Group Size and Makeup

- Follow Stage 4 guidance for group size and makeup with the following modifications:
 - Ensure a clear understanding of participant protocols being followed by the new group or groups with whom your group will be interacting, including numbers of participants and roles and responsibilities. This may also include an event organizer, in addition to other groups/teams.

Location

- Follow Stage 4 guidance for location with the following modifications:
 - The location may be a local facility where your group is hosting a group or groups from another location, or a facility where your group is traveling.

Distancing

- Follow Stage 4 guidance for distancing.

Equipment

- Follow Stage 4 guidance for equipment.

Travel

- Check state and local guidelines for quarantine or other requirements or restrictions related to travel by individuals into or out of the community.
- Pay attention to the incidence of COVID-19 in your own community and in communities with whom you may consider interacting.
- For any carpooling and/or overnight travel, we recommend people be grouped in pods of no more than four (4), and that these groupings be maintained for the duration of the trip to minimize the total number of close contacts for each individual participant.

Activity Recommendations

- See [Appendix E](#)

Resources

The following resources were used to create the guidance provided in this document or are provided as a way to access more detailed, supplemental information about COVID-19 and related health and safety policies and procedures.

- [Centers for Disease Control and Prevention](#)
 - [Health Department Directories](#)
 - [COVID-19 Cases in the U.S.](#)
 - [Considerations for Youth Sports](#)
 - [Guidance for Administrators in Parks and Recreational Facilities](#)
 - [Examples of Screening Methods](#)
 - [Symptoms of Coronavirus](#)
 - [If You Are Sick or Caring for Someone](#)
 - [Public Health Recommendations for Community-Related Exposure](#)
 - [Quarantine and Isolation](#)
 - [People Who Are at Higher Risk for Severe Illness](#)
 - [When and How to Wash Your Hands](#)
 - [Cleaning, Disinfecting, and Ventilation](#)
 - [Disinfectants for Use Against SARS-CoV-2 \(Environmental Protection Agency\)](#)
 - [Social Distancing](#)
 - [Cloth Face Coverings - Your Guide to Masks](#)
 - [Coronavirus in the United States—Considerations for Travelers](#)
 - [Videos \(English/Spanish\) \(searchable\) - includes presentations on youth programs/sports](#)
 - [Public Service Announcements \(English/Spanish\) \(audio/transcripts\) - includes general COVID-19 info, high risk individuals, travel](#)
 - [Guidance Documents \(searchable\)](#)
 - [Info Graphics and Print Resources \(searchable\)](#)
 - [Events and Gatherings: Readiness and Planning Tool](#)
 - [Youth Programs and Camps Readiness and Planning Tool](#)
 - [Checklist for Coaches](#)
 - [Keep Youth Athletes Safe \(Poster\)](#)
 - [Youth Sports Game Plan \(Assess Your Risk\)](#)
 - [Letter Template for Sports Administrators and Coaches](#)
 - [How to Protect Yourself and Others](#)
 - [Stop the Spread of Germs](#)
 - [Face Covering Do's and Don'ts](#)
- [United States Olympic and Paralympic Committee \(USOPC\)](#)
- [Aspen Institute Project Play](#)

- [National Council of Youth Sports](#)
- [American Academy of Pediatrics - COVID-19 Interim Guidance: Return to Sports](#)
- [Guidance for Daily COVID-19 Screening of Staff and Visitors \(State of Washington\)](#)
- USA Ultimate Staff Contacts
 - Will Deaver - Managing Director, Competition and National Team Programs - will@hq.usultimate.org
 - Questions about USA Ultimate competition divisions and related events, medical working group, rules/SOTG, national teams
 - Stacey Waldrup - Director, Member Services and Community Development - stacey@hq.usultimate.org
 - Questions about USA Ultimate-sanctioned events, state organizations and local affiliates, education and outreach programs, EDI programs and activities
 - [Other USA Ultimate Staff Contacts](#)
- USA Ultimate Medical Advisory Working Group
 - Justine Crowley, D.O. (Chair)
 - Josh Berkowitz, M.D.
 - Cindy Endicott, D.P.T.
 - Kim Hinton, A.T.C.
 - Harris Masket, M.D.
 - Bill Rodriguez, M.D.
 - Alex Senk, M.D.
 - Ravi Ved, D.O.
 - Leslie Yen, M.D.

Appendix A - Equity, Diversity and Inclusion Considerations

- **Access to Transportation**

- Some players may have relied on public transportation to get to and from team activities, but those means of transportation may be unavailable or too risky during this time.
- When coordinating practice sessions and cohort groups, stay conscious of the impact limited access to transportation may have on some of your players' ability to attend and participate in team activities, especially if considering activities in stages 3-5.

- **Playing Space and Location**

- Available space may be limited due to multiple organizations looking to restart playing activities.
- Some of your players may have trouble accessing previously used playing spaces and locations due to limited transportation.

- **Safe Equipment**

- Refrain from making it a *requirement* for players to bring their own disc and cleaning/disinfecting materials (i.e., hand sanitizer) as not everyone may have access to them. Also, be mindful that not every player has access to their own mask or cloth face covering. If possible, provide new or sanitized cloth face coverings or masks that the participant can keep. Do not collect, clean and reuse cloth face coverings or masks for participants.

- While you may make it a requirement for participants to bring their own water bottle, as a general rule, pay attention to participants who may have difficulty meeting that requirement. Consider solutions such as providing a new or sanitized water bottle for them to keep.

- **Technology**

- When sending out communication to your players, don't assume all of them and their families have access to a cell phone or internet. You should be aware of any adjustments players have had to make due to the impact of COVID-19, and be prepared to make accommodations for those whose means of sending and receiving communication have changed.

- **Language Barriers**

- If possible, have a local contact who would be open to the idea of translating documents or assist with lowering the language barrier for any players and their families where English isn't their first language. Possible documents include the screening questionnaire ([Appendix D](#)) and the checklist for players and parents/guardians ([Appendix H](#)).

- **Childcare Options**
 - With many childcare options (schools, daycares, camps, etc.) closed down or limited in their hours and capacity across the country, be mindful of your players' ability to attend and participate in team activities if they have a child, younger sibling or other family member to look after.

- **Adult Supervision**
 - Similar to childcare options, you may face a situation where you have fewer chaperones or adult volunteers to assist with different group activities. Take this into account when deciding what type of activities to offer to your players.

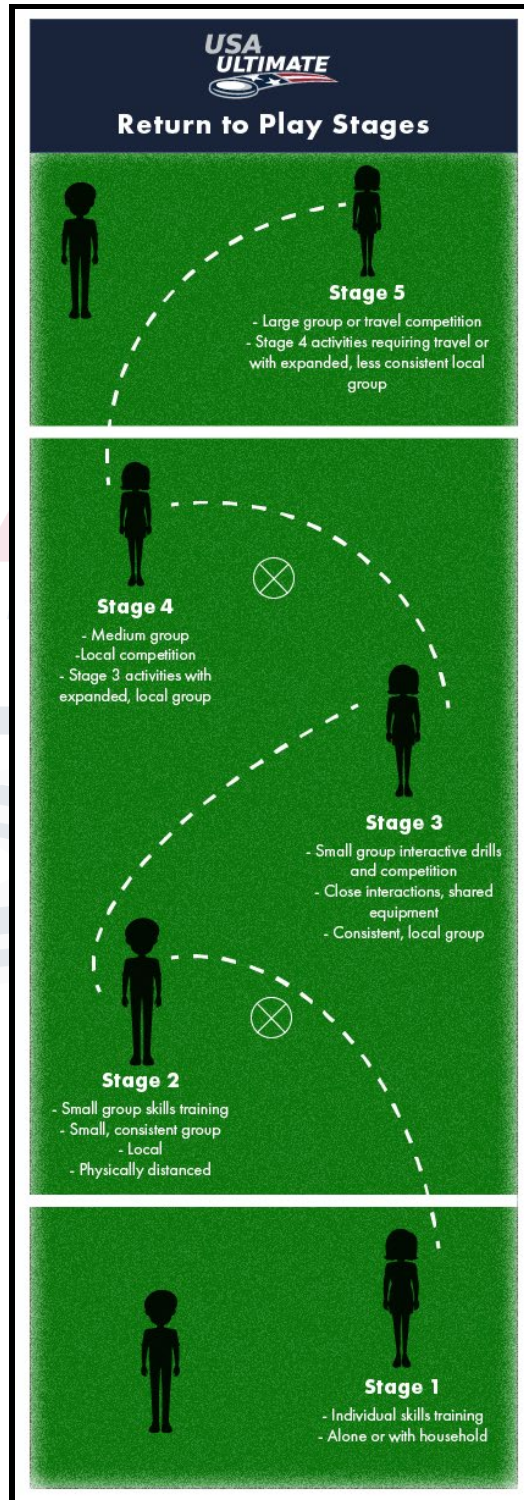
- **Financial Assistance**
 - There is a likelihood some players' and their families' income streams have been impacted by COVID-19. Be sensitive to this reality when asking for team fees to compete in activities.

- **Healthcare and Insurance**
 - Avoid making assumptions about the level of access to healthcare of participants or their families as disparities in access to healthcare, which existed before the pandemic, are now exacerbated. Some families will have lost their employer-sponsored health insurance and may or may not be able to register for Medicaid or other alternative insurance options.
 - In addition, accessible COVID-19 testing isn't available in all communities.
 - This may not impact specific activities or decisions you make for your group, but may impact how you communicate with individuals or families if there is an incident that requires healthcare for a participant.

- **Food and Housing Insecurity**
 - Some players and their families may be experiencing food and/or housing insecurity. Take the time to check in with players to see if major changes are taking place in their home lives. While food should not be shared, consider providing individual wrapped snacks and, if possible, identifying local service organizations that may be able to assist families with food and shelter.

- **Vaccination Rates**
 - The steps required to get vaccinated, including access to information about vaccine availability and safety, as well as the time, technology and transportation resources needed to make a vaccination appointment, present barriers that can and do disproportionately impact marginalized groups. It's important to recognize that differences in access to vaccines and a corresponding difference in risk tolerance may exist within teams and across a broader environment that may cover a school district, city or state.

Appendix B - Ultimate Return to Play Stages Diagram



Appendix C - Assessing Risk Diagram



Appendix D - Screening

It is important to establish a pre-participation process to screen all individuals, including staff and participants, before allowing them to come into contact with a group. The purpose of this screening is to minimize the risk of COVID-19 transmission between sick and healthy individuals*. Screening may help reduce risk by identifying individuals with COVID-19 who may spread the virus through face-to-face interactions with others. As of February 2021, the CDC does not recommend the use of COVID-19 diagnostic tests as a screening tool for return to youth sports, for child care programs or for general business activities, but does recommend regular symptom checks.

**Note: A certain percentage of individuals infected with the COVID-19 coronavirus will have no symptoms or entirely non-respiratory symptoms.*

A screening questionnaire is provided on the following page for use by organizers. It is also available as a [printable download](#).

How to Utilize Screening Questionnaire:

- At least one day prior to any planned activity, inform participants of the need to complete the questionnaire in order to participate and explain its importance to keep the group safe.
- Screening questionnaire should be completed no sooner than the morning of the planned activity and should be completed on each day of a multi-day activity.
 - If possible, implement a no-touch strategy to complete the questionnaire. This may include having participants respond with an email or text including an image of completed, signed and dated questionnaire.
- All participants must complete the questionnaire before being allowed to join a group.
- Set up a screening station at the entrance of the activity area so interaction between non-household members can occur only after being screened.
 - Mark waiting spots, separated by six (6) feet, to maintain physical distancing while awaiting screening.
 - If paper and pens are used for screening, pens should be cleaned between uses and hand sanitizer should be made available for hand cleaning at the screening station.
- All participants should wear masks at all times, including while awaiting screening.
- Be prepared to manage those who screen positive. This may include a designated zone where the next steps are explained. Refer to the [Communication and Planning](#) section of this document, and to the CDC website for information on the relative [prevalence of cases in the U.S.](#)



TEAM NAME:

USAU COVID-19 Screening Questionnaire

1. Have you, anyone in your household, or any close contacts been diagnosed with or suspected to have COVID-19 in the last 14 days?

2. Have you experienced any one (1) of the following symptoms in the last 2 days?
 - Cough (more than usual)
 - Shortness of breath or difficulty breathing
 - Fever (>-100°F) or chills
 - New loss of taste or smell
 - Congestion or runny nose (more than usual)
 - Fatigue that is unusual and more severe than normal
 - Headache (more than usual)
 - Muscle or body aches (not due to exercise)
 - Scratchy or painful sore throat
 - Nausea or vomiting
 - Diarrhea
 - Eyes are unusually red or painful
 - New rash

**If yes to any of the above, further assessment is needed and participation is prohibited until cleared by a medical provider. **

Print Name: _____ Date: _____

Signature: (parent or guardian if under 18 years of age.) _____

Appendix E - Activity and Program Options

The following are some basic activity ideas suited for different Return to Play stages, including:

Individual Training - Stage 1

Team Practices - Stages 2-3

Matches with Other Teams - Stages 4-5

- Stage 1 - Individual Skills Training
 - Create or find and send out online training videos to players.
 - Have virtual team meetings and video watch sessions.
 - Do skills/training work alone or with members of household.
 - [USA Ultimate Skills Challenge](#) will provide further ideas.
 - Play individual disc sports (e.g., disc golf, freestyle)
- Stage 2 - Small Group Skills Training (**Team Practice**)
 - Physical training for endurance, speed, quickness, power, etc.
 - Drills where a thrower throws multiple throws to space. Discs are retrieved and cleaned before given to the next thrower.
 - Drills where cutters make cuts to space for “phantom” throws and practice clearing.
 - Practice walking/running through plays and offensive or defensive sets with physical distancing.
 - Create pairs or small groups in order to do throwing/catching practice or active throwing/cutting drills.
 - Do not introduce marking, stalling, or defense.
 - [USA Ultimate Skills Challenge](#) will provide further ideas.
- Stage 3 - Small Group Interactive Drills and Competition (**Team Practice**)
 - Introduce marking and defense, but in a limited capacity, with modifications to meet local distancing regulations.
 - Consider more zone defense work and related drills.
 - Consider small-sided games (e.g., 4v4).
 - Consider modified rules (see [Appendix F](#)) to help limit close or extended contact, and to allow for regular cleaning of discs and other shared equipment.
- Stage 4 - Medium Group Local Competition (**Matches with Other Teams**)
 - Stage 3 activities with an expanded local group based on local group size regulations.
 - Possibly begin playing full-sided (7v7) games.
- Stage 5 - Large Group or Travel Competition (**Matches with Other Teams**)
 - Stage 4 activities requiring travel or with expanded, less consistent local group.
 - Games between teams from different towns.
 - Possibly begin events/activities involving more than two teams.

Appendix F - Rules Modifications

The following are some suggested ideas for basic rules modifications, which may be appropriate for Return to Play Stages 3-5. If allowed by local regulations to enter into Stage 3 or above, it is recommended that organizers adapt the game in some form to continue to reduce risk by limiting close or extended contact, and by allowing for regular cleaning of discs and other shared equipment. Much of this won't look or feel like the game of ultimate you're used to; however, these suggested modifications may reduce risk and provide opportunities for exercise, skills development and some fun, alternative styles of play. Organizers, coaches, participants and others are encouraged to be flexible in their thinking under these unprecedented circumstances.

- Increase the number of team timeouts and/or incorporate regular technical timeouts to accommodate additional breaks that may be needed while playing with masks or for gradual return to fitness.
- Allow and encourage the use of injury timeouts for players needing a break from active play while wearing a mask.
- Allow and encourage the use of equipment timeouts for players to ensure masks are being worn properly.
- Increase marking (of thrower) distance to 6 feet (two big steps).
- Increase marking (of thrower) distance to 10 feet (same as double team distance).
- Allow stalling from anywhere* on the field.
 - *Note: This is the rule for goaltimate.*
 - Must be audible by thrower.
 - Must be maintained by same "staller;" stall restarts if staller switches.
- Allow stalling from the sidelines*.
 - Designate a person or people on sidelines to audibly count the stall.
 - *Note: Only do this if there is enough space to allow for physical distancing for the sideline staller.*
- Disallow person defense (i.e., require zone defenses, with increased marking distance).
- No bidding on defense (to minimize potential for contact).
- Any contact, even incidental, is a foul (to discourage proximity).
- Change and clean discs at the beginning and end of each half, and after every five (5) points during a game.
 - Treat this stoppage as an equipment timeout.
 - Replace used disc with cleaned/disinfected disc.
 - Restart play with acknowledgment from defense and a ground tap.
- Require set offensive and defensive lines be established before play and remain the same during the duration of any play.
 - Ex: No player can play on both lines. The same offensive and defensive lines will match-up against each other for the duration of play.



- Require same person matchups.
 - No switching on defense.
 - During injury timeouts, substitute both the injured player and the opponent matched up against them.
- Separate teams on sidelines (sideline players and coaches).
 - Two different sidelines, OR
 - Two halves of the same sideline.
- No rushing the field during a celebration after a goal.
- Expand pick rule to allow for a pick to be called if a player's path would not allow for a 6-foot radius to be maintained.

USA
ULTIMATE



Appendix G - Checklist for Organizers and Coaches

[Click here for a printable and editable Word document](#)

- Follow all relevant state, local, facility and other applicable regulations.
- Use USA Ultimate Return to Play guidelines as a decision-making tool for activities.
- Communicate, implement and enforce [mask-wearing requirements](#) for participants, coaches, staff and spectators.
- Make informed decisions that prioritize the health and safety of participants.
- Ensure awareness by participants of CDC guidance, risk factors and behaviors that increase or decrease risk.
- Designate a coach, organizer or other adult to be the point of contact for COVID-19-related concerns and communications.
- Ensure effective communication systems to disseminate information about safety measures and compliance with local regulations.
- Ensure training on safety protocols and applicable regulations are understood and implemented by all coaches and other relevant staff.
- Ensure effective planning to handle and report a sick participant or a known exposure.
- Create flexible staffing policies and backup staffing plans to account for sickness, exposure to COVID-19 or other risk factors.
- Provide support and coping materials and outlets for participants and staff.
- Educate organizers, volunteers, coaches, participants and families about when to stay home and when it is OK to return to activity.
- Establish and implement screening procedures.
- Teach and encourage important hygiene practices, including requiring hand cleaning, prohibiting spitting and encouraging coughing/sneezing into tissues that are properly disposed of.
- Ensure adequate supplies for hygiene are available.
- Create awareness of and flexibility for participants at greater risk.
- Limit group size and makeup based on local regulations.
- Implement physical distancing measures on and off the field based on local regulations.
- Implement equipment management, cleaning and disinfecting protocols based on local regulations.
- Limit travel and interactions outside the local area based on local regulations.
- Modify activities and rules to accomplish goals in each area of risk.
- Use a phased approach to reintroducing activity to decrease the risk of injury.
- Consider how new procedures may disproportionately affect or marginalize any group or groups of people and work to mitigate negative impacts, while maintaining health and safety.
- Review and consider using additional planning tools, such as:
 - [CDC's Events and Gatherings: Readiness and Planning Tool](#)
 - [CDC's Youth Programs and Camps Readiness and Planning Tool](#)



Appendix H - Checklist for Players and Parents/Guardians

[Click here for a printable and editable Word document](#)

- Follow all relevant state, local, facility and other applicable regulations.
- Use USA Ultimate Return to Play guidelines to inform decisions about participation.
- Bring and wear your own cloth face covering at all times during activity, in accordance with [CDC guidelines](#).
- Make informed decisions that prioritize the health and safety of participants.
- Be aware of CDC guidance, risk factors and behaviors that increase or decrease risk.
- Check with your local organization or team about how to reach their point of contact for COVID-19-related concerns and communications.
- Follow screening procedures and provide accurate information about illness and other risk factors.
- Notify activity's COVID-19 contact if you or your child are sick, have COVID-19 symptoms, have tested positive for COVID-19 or have had contact with a person with COVID-19.
- Understand if you or your child are at [higher risk for infection or severe illness](#). Communicate as appropriate with organizers and make informed decisions about participation.
- Follow guidelines set by local activity organizers, in compliance with local regulations.
- Perform hand hygiene regularly throughout activity, especially after contacting shared equipment (e.g., after a drill) or if there is concern about contamination by respiratory secretions (e.g., after close proximity between individuals), and before bringing hands to the mouth or nose. Refrain from spitting. Cough/sneeze into tissue and dispose of properly.
- Bring your own hand sanitizer, if available.
- Bring your own water bottle and other equipment or clothing as directed.
- Follow distancing rules and rules modifications as instructed, on and off the field.
- No high fives, handshakes, fist bumps, hugs, spirit circles, etc.
- Follow rules about sharing and cleaning of equipment.
- Follow rules about pick-up and drop-off for activities, as well as limits on additional spectators, parents or other personnel.
- Communicate with organizers about issues or concerns.
- Limit travel and interactions outside the local area, including any quarantine rules, based on local regulations.
- Use a phased approach to reintroducing activity to decrease the risk of injury.
- Consider how new procedures may disproportionately affect or marginalize any group or groups of people and how you might help to mitigate negative impacts, while maintaining health and safety.



Appendix I - USA Ultimate Sanctioning Requirements

The following steps are required in order to receive approval for sanctioning by USA Ultimate.

1. Organizers must check all applicable national, state, and local health and safety regulations and ensure their event or activity will be in compliance.
2. Organizers must contact the facility and any applicable local authorities to get pre-approval for their event or activity.
3. Organizers must submit a complete sanctioning application to USA Ultimate within the required time frame, along with any relevant sources of state and local health regulations. In their application, organizers must agree to adhere to any and all applicable health and safety regulations in effect at the time their event takes place.
4. Organizers must agree to follow USA Ultimate Return to Play Guidelines, including the [requirement for all participants to wear masks](#).
5. USA Ultimate will review the application and may communicate with organizers to verify plans to adhere to applicable regulations.
6. If the organizer meets all health and safety requirements, as well as other requirements for sanctioning, the event will be approved for sanctioning.
7. All sanctioned event participants are required to sign USA Ultimate's infectious diseases waiver through their member accounts.



Appendix J - Team Return to Practice Plan Template

[Click here for a printable and editable Word document](#)

The following template can be used to help create a plan for teams that wish to stay engaged with each other and to help make and communicate decisions about returning to activity as individual players and as a team. Feel free to adapt as appropriate for your team's needs and your local circumstances.

Introduction

The *[insert year]* season will look different than it has in the past for *[insert team name]*. The ongoing COVID-19 pandemic will continue to impact our team and our opportunities to be together and to train for and play ultimate. The team leadership has developed this plan with the following goals.

Goals

1. Health and Safety - First and foremost, the health and safety of every player in our program is a priority, so our season will align with and adapt to meet all applicable guidelines, including state/local/school and USA Ultimate guidelines.
2. Physical, social, and mental health - We are planning for a season of uncertainty, with no guarantee of a normal competitive season, so our season will be aimed at providing outlets to support the physical, social and mental health of players as we move together through uncertain times.
3. Inclusion - As we develop opportunities to return to some form of team activity, we aim to create an environment where everyone feels welcome and plans are made that address potential barriers to new or returning players, regardless of their individual circumstances, background or experiences.
4. Team building - If we have the opportunity to play this season, we must be prepared, so our season will foster the growth of individual players and a strong, cohesive team.
5. Flexibility - We learn more about COVID-19 every day, and so our season must be flexible and able to adapt quickly to a changing landscape.

General Health and Safety Requirements

- [Centers for Disease Control and Prevention \(CDC\)](#)
- *State Department of Health [insert state DOH link - sports-specific if possible]*
- *County Department of Health [insert county DOH link - sports-specific if possible]*
- *School COVID-19 Regulations [insert school COVID link - sports-specific if possible]*
- [USA Ultimate Return to Play Guidelines](#)

Team-Specific Requirements

Create guidelines for your team in the following areas that either apply generally to all team activities, or that are modified based on the type of activity (training, practices and competition) and local regulations. Examples are provided below as a starting point and should be further developed based on local regulations and USA Ultimate Return to Play guidelines. The examples can be used as is or modified, provided each is consistent with or more restrictive than relevant local regulations.

Screening

- Anyone who has COVID-19, is exhibiting common symptoms of COVID-19, is ill or has had close contact with someone with COVID-19, is prohibited from participating.
- The health screening questionnaire must be completed by all participants prior to each activity session.

Hygiene

- Require regular hand cleaning, prohibit spitting and encourage coughing/sneezing into the arm or into tissues that can be disposed of properly.
- Encourage staff and participants to bring their own hand sanitizer and tissues.
- Extra sanitizer will be provided.

Group Size and Cohorts

- Participation will be limited to ___ athletes, based on local regulations.
- Staff, coaches and officials will be limited to _____.
- Interactions between cohorts of ___ will be limited by _____.

Non-Participants

- Parents, spectators and other non-participants will be limited to ___ (insert number), and will be required to wear masks, stay 6 feet apart and remain in the following designated areas (_____).

Masks and Distancing

- All participants, including athletes, coaches, staff and officials, will be required to wear a mask during activity, including during drills and competition.
- All participants are required to stay 6 feet apart when not engaged in drills or competition.
- Participants must bring their own water bottles and food.

Positive Test Protocol

- Testing - If a participant shows symptoms or becomes ill, they should obtain a COVID-19 test and report results prior to the next activity session.
- If a participant tests positive for COVID-19, the organizer must _____ (insert local reporting and contact tracing procedures), including suspension of activity until quarantine regulations and return to activity standards are met.

Travel

- Insert travel restrictions based on local regulations, or if desired, include more restrictive travel requirements for your team as desired to limit non-household contact.

Individual Training

- Activities and recommendations from Stage 1 of the USA Ultimate Return to Play Guidelines
- *[Insert details related to health and safety guidelines]*
- *[Insert details related to sport-specific activities]*

Team Practices

- Activities and recommendations from Stage 2-3 of the USA Ultimate Return to Play Guidelines
- *[Insert details related to health and safety guidelines]*
- *[Insert details related to sport-specific activities]*

Competition

- Activities and recommendations from Stage 4-5 of the USA Ultimate Return to Play Guidelines
- *[Insert details related to health and safety guidelines]*
- *[Insert details related to sport-specific activities]*

Social Activities

- Off-field team gatherings, such as getting together for group meals, hanging out after practices/games or other social activities, often present the highest risk of virus transmission. It is critical that safety protocols and personal responsibility expected during training, practices and competition be extended to any off-field team activity.
- Virtual activities/meetings
- Pre- and post-practice in-person interactions
- Travel, carpooling, and drop-off
- Meals

Agreement

- Consider creating an agreement that players/parents commit to following in order to participate in team activities.
- Example: In order to participate in team activities, I agree to follow the guidance and requirements outlined in this team plan, including prioritizing the health and safety of myself, my family, my teammates and my community.

-END-

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