Screening and Tracking Report

Version: August 20, 2020

Special Olympics Iowa

REMINDERS:

- All participants to be reminded that they MUST stay home, if they are sick or showing signs and symptoms of COVID-19 or have been exposed to someone who has had COVID-19. They should be encouraged to contact their healthcare provider if they are feeling unwell.
- Before the start of any Special Olympics Iowa event/practice/training/competition (during Phases 1 and 2), a screening of all participants must be conducted to assess if anyone is showing signs or symptoms of COVID-19. All participants at an event, training, or practice, must be documented in case someone in attendance is diagnosed with COVID-19 and contract tracing is needed.

SCREENING PROTOCOL:

1. Must set-up a space for screening that maintains physical distance (6ft/2m) during screening.
2. Must ask the following questions (reinforced through visuals and verbally, such as a poster/paper with icons):
    a. In the last 14 days, have you had contact with someone who has been sick with COVID-19?
    b. Have you had a fever in the last week (temperature of 100.4°F/37.8°C or higher)?
    c. Do you have a cough and/or difficulty breathing?
    d. Do you have any other signs or symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)?

3. Conduct onsite measurement of temperature using thermometer (preferred non-touch thermal scanning thermometer if possible).
    - Fever equals temperature of 100.4°F/37.8°C or higher.
    - If high, may re-test after 5 minutes to ensure temperature is accurate.

4. Must record all names, results, and contact information. Keep for your records in case needed for contact tracing or reporting
    a. If yes to any questions, participants MUST be isolated from the group (at minimum, kept 2m/6ft apart from others and with mask on), be sent home, and instructed to contact their healthcare provider for evaluation.
    b. Participants who are found to have COVID-19 symptoms must wait 7 days after symptoms resolve to return to activity OR must provide written proof of physician clearance to Special Olympics to return earlier.
    c. Participants who test positive for/have COVID-19 must provide written medical clearance before returning to sport and fitness activities.

Throughout the event/practice/training/competition remind participants of infection prevention protocols (e.g. facemasks, physical distancing, hygiene, and disinfection/sanitation).

Name of Event: _____Date of Event/Practice: _____ Location: _____

Participant First and Last Name	**Participant Type** (Athlete, Unified partner, Coach, Volunteer, Staff)	**Contact Information**	**Code of Conduct Signed**	**Screened? (Yes/No)**	**Sign or Symptoms of COVID-19? (Yes/No)**

Name of Event: _____Date of Event/Practice: _____ Location: _____

Participant First and Last Name	**Participant Type** (Athlete, Unified partner, Coach, Volunteer, Staff)	**Contact Information**	**Code of Conduct Signed**	**Screened? (Yes/No)**	**Sign or Symptoms of COVID-19? (Yes/No)**