



U.S. SOCCER
PLAY ON

PHASE II
GRASSROOTS SOCCER
RECOMMENDATIONS GUIDE



U.S. Soccer PLAY ON Phase II Grassroots Soccer Recommendations Guide

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Note: these resources mirror recommendations also shared in the Phase I Grassroots Recommendations Guide.

 - A. Return-To-Play Phases Overview
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The information in this document is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. All content, including text, graphics, images and information, are provided for general informational purposes only. The knowledge and circumstances around COVID-19 are changing constantly and, as such, U.S. Soccer makes no representation and assumes no responsibility for the accuracy or completeness of this information. Further, you should seek advice from medical professionals and/or public health officials if you have specific questions about your return to training and competition.

I. Introduction to Phase II

In June 2020, U.S. Soccer launched PLAY ON, a broad educational campaign to unite and support the soccer community as it safely returns to play, following restrictions designed to slow the spread of COVID-19.

U.S. Soccer's approach to return to play is divided into five phases, representing the different stages of progress required to achieve the ultimate goal of playing with no restrictions or recommendations related to COVID-19. Phases are outlined in detail in the "resources" section of this document.

This guide provides comprehensive recommendations for Phase II of U.S. Soccer's return-to-play campaign. Phase II is an exciting opportunity that brings full teams back together again on the training field.

These guidelines and best practices are intended for use WHEN AND IF your local authorities have deemed it safe to gather in groups of more than 10 individuals. U.S. Soccer is in no way endorsing holding practices or games in violation of any federal, state or local mandates.

The core features of Phase II include:

- Full team training allowed, provided Phase I compliance and protocols met
- Social distancing should be maintained, with limited exceptions as part of training activities outlined
- COVID-19 prevention and response protocols are in place and followed
- A minimum of three (3) weeks are allowed for tracing and tracking purposes
- All policies and decisions are guided by local and state recommendations

Phase II should only follow a successful Phase I reintegration, progressing from small groups of a maximum nine (9) players and one (1) coach to full team training in Phase II. Recommendations for Phase III will be provided in a subsequent guide, at later date, to ensure clarity between phases.

While trainings may begin to look more "normal" during Phase II, in consideration of how COVID-19 is transmitted, it is vitally important that everyone involved in the process of return-to-play does so with extreme diligence and attention to the widely-agreed-upon standards and guidelines.

Regardless of which phase a Club is operating in, it should be prepared to step back and revert to an earlier phase as a response to increased risk, cluster outbreaks, updates to public health guidelines, or an inability to safely maintain COVID-19 prevention and response protocols.



At the outset and throughout the return-to-play process, please remember each participant and their families should stay informed and make educated choices about when they are ready to play. No one should feel pressured - or pressure others - into a decision.

U.S. Soccer thanks our entire soccer community, as it continues to prioritize the health and safety of all those involved in the sport. Together, we will move forward and thrive. We are, and will remain, "One Nation and One Team."



II. **Preparing for Training**

What's new in Phase II?

Many recommendations in this guide are continuations of recommendations outlined in Phase I. The notes below capture some key updates for your easy reference regarding Preparing for Training. Please read the full guide to ensure you understand all details and context for safe decision-making.

- As Phase II includes increased activities and exposure risks, any individuals with pre-existing conditions are encouraged to provide UPDATED written clearance from their physician.
- PPE (masks or face covering) should continue to be worn by all participants when not participating in physically exertional activities; however, coaches should especially plan ahead for "PPE breaks" to avoid the discomfort or respiratory challenges that heat and humidity may cause during the summer months.
- Clubs may consider creating socially distance "Family Zones" for members of the same household to watch training, clearly marked and spaced at least six feet from the next family's zone.
- All Phase I recommendations regarding daily medical clearance, training prep, facilities cleanings, check ins and individual stations should continue to be followed in Phase II.

Medical Clearance

1. As Phase II includes increased activities and exposure risks, any individuals with a pre-existing medical condition is recommended to provide UPDATED written clearance from a physician for return to full participation
2. For individuals who have tested positive for COVID-19, provide written confirmation of COVID-19 negative status and/or clearance from your physician following the most up-to-date CDC guidelines for return to full participation in sport & activity.
3. For individuals who have experienced known COVID-19 exposure in the past 14 days, the following is recommended:
 - a. Home quarantine for 14 days
 - b. Written confirmation of COVID-19 clearance from your physician following the most up-to-date CDC guidelines
4. For individuals who experienced any illness during shelter-in-place, written clearance from your physician that you are COVID-free is recommended.
5. Be prepared to report the onset of any new symptoms immediately. Contact your physician and follow the recommendations above for return to play.
6. Individuals who may be at increased risk of COVID-19 (including but not limited to age >65y/o, chronic cardiac or respiratory conditions including hypertension or diabetes, or have an immunocompromised state) should seek guidance by their physician as to their participation.



Daily Training Medical Considerations

1. The participant should conduct a daily temperature check for low grade fever (>100.4.) at home before training. If you have a fever, do not go to training.
 - a. If thermometers are not available, conduct a daily health questionnaire online with the “Coronavirus Self-Checker,” made available by the CDC.
2. Do not participate in activities if you have any of the symptoms listed below.
 - a. COVID-19 exposure in past 14 days
 - b. Sore throat
 - c. Shortness of breath/difficulty breathing
 - d. Fever >100.4 F
 - e. Chills
 - f. Headache
 - g. Sinus congestion
 - h. Cough persistent and/or productive
 - i. Joint aches and soreness
 - j. Vomiting or diarrhoea
 - k. Rash
3. Do not go to training facilities or fields with any of the above symptoms. Remotely communicate your health status to coaches, instructors, team administrators, or medical staff within 24 hours of your training session. Parents (and not the minor player) should communicate with the club or coach, in accordance with the Safe Soccer Framework and the U.S. Center for SafeSport policies and guidance. Speak to a physician and follow CDC guidelines on self-quarantine.
4. Should a member of your household be experiencing the symptoms above, the family member should consult a physician. Follow the recommendations listed for medical clearance outlined in this document. Maintain all recommended hygiene habits outlined by the CDC.

Preparing to Host A Training

1. All trainings should be hosted outdoors.
2. Limit coaches, referees, administrators, instructors and staff attendance to allow for social distancing.
 - a. Limit movements around the facility/environment to minimize unnecessary exposure and risk.
 - b. Maintain the same groupings/team for activities to limit unnecessary exposure.
 - c. Ensure the same coach leads the same team consistently.
3. Create a staff plan based on levels of interactions with players. Consider:
 - a. Staff with significant/high interactions - direct interactions while participating (ex: coach, referee, instructor)
 - d. Staff with moderate interactions - may have interaction before or after training (ex: parents, front desk worker)
4. Ensure your facility and fields have extensive signage and information available regarding safety precautions to prevent the spread of COVID-19.
5. Maintain your schedule for increased, routine cleaning and disinfection that had previously been established in Phase I.



- a. Clean and disinfect your facilities according to CDC hygiene standards, paying particular care to high-traffic areas.
6. Clean and disinfect restrooms according to CDC hygiene standards.
 - a. Maintain a queuing system that ensures all participants waiting for the restroom can maintain social distancing.
7. Clean and disinfect all locker rooms and changing rooms.
 - a. The use of locker rooms can be considered in Phase II if necessary, but as possible, should be avoided.
 - b. Consider providing signage encouraging participants to maintain “social distancing” of at least six feet.
8. Clean and disinfect all equipment according to CDC hygiene standards.
 - a. Determine what equipment may need to be “off limits” to ensure:
 - i. Effective cleaning
 - ii. Safety and social distancing
 - b. Consider organizing activities around limited equipment usage (ex: only balls and cones during training).
9. Communicate your UPDATED health & safety guidelines to all participants.
 - a. Share your UPDATED plan or playbook to coordinate actions on site.
10. Adhere to all state/local regulations.
11. For contact tracing purposes, maintain a list of all facility users, participants at trainings, and attendees, etc.
 - a. For privacy purposes, the list should be securely stored and not shared publicly.
 - b. In the event that someone participating in your activities becomes ill, refer to this list for “tracking or tracing” to determine who at your Club may have been directly exposed to illness, and advise them accordingly.
 - c. It is recommended that lists should be available for a minimum of 21 days to account for the period of time of COVID-19 presentation of symptoms and illness.
 - d. Include the items below in your contact tracing list. For minors, use a parent’s contact information.
 - i. Date
 - ii. Venue
 - iii. Name
 - iv. Phone
 - v. Email Address of participants
 - vi. Specific training session i.e. time/field/coach etc.

Getting Ready for Training

Mirrors Phase I Recommendations

1. Prepare and pack your water bottles for training.
 - a. Each player is recommended to bring at least two bottles of water to training, to limit the need for refills. You should not share water bottles and are not recommended to use public water fountains.
 - b. Clearly mark your name on your water bottle.
2. Get dressed at home in your training gear so that you can arrive to the training site ready to play, without needing to use locker rooms or changing areas.



3. Participants are recommended to pack and bring to training personal sanitizing supplies, including hand sanitizers. Sanitizing materials should be clearly marked and not shared.
4. Follow PPE (face mask) procedures outlined below.
5. Wash your hands before departing for training.
6. Conduct a daily temperature check for low grade fever (>100.4.) at home before training. If you have a fever, do not go to training. Consult your physician.

Travel to Training

1. Travel with as few people as possible to training. It is recommended to only travel with members of your immediate family or household.
2. Should carpooling or ride sharing be necessary, consider the following:
 - a. Only rideshare with a family or individual who has practiced appropriate distancing and sheltering requirements established by their local government or public health officials.
 - b. Rideshare with the same individuals each training.
 - c. Ensure that all passengers have passed both the preliminary and daily clearance requirements outlined in this section.
 - d. Maintain safe distancing within the vehicle during loading, transport and unloading.
 - e. Limit the number of stops between departure site and training destination.
 - f. Wear your PPE in the vehicle.
3. In accordance with the Safe Soccer Framework and the U.S. Center for SafeSport policies and guidance, minor and an adult who is not the minor player's parent/legal guardian should not be alone in the vehicle together.

Arrival & Check In

1. Assign staggered arrival times for participants to arrive to training, to limit congestion during check in and accessing the field.
2. Participants should wait in their cars until their specific time to enter the facility or field.
 - a. It is recommended that only the participant departs the vehicle.
 - b. It is recommended that the driver either leaves the training facility or stays in the parking lot, remaining in the vehicle and observing all social distancing guidelines.
3. Create a Check-In Station adhering to social distancing guidelines.
 - a. Participants should move through check in one-at-a-time, maintaining social distance.
 - b. Upon arrival, the participant should be asked a series of health screening questions, aligned with the CDC's "Coronavirus Self-Checker", to affirm medical clearance to participate. The coach, a staff member or a designated "Safety Officer" can be responsible for asking health screening questions.
 - c. The station should provide appropriate products to sanitize your hands, which the participants should use upon arrival.
 - d. As an alternative to Check-In Stations, consider creating a virtual check-in process, including a daily symptoms questionnaire. Ensure the Club follows privacy laws if gathering and storing this information electronically.
4. Confirm that players have brought adequate hydration from home to manage higher-intensity full-team trainings in Phase II



- a. Players may consider providing their own individualized snacks or post training nutrition.

Individual Prep Areas

1. Plan ahead to prepare the field to best accommodate social distancing.
2. Consider creating “personal prep stations.”
 - a. Set up a line of cones 6-feet apart in an area to the side of the training field.
 - b. Arrange one cone per participant (player, coach, referee, administrators, etc.)
3. When a participant arrives, designate a cone as their “personal prep station” for the duration of the training session. The individual should place their bags, water bottles, towels, etc. at this cone.

Personal Protective Equipment (PPE, Masks, Face Covers) Recommendations

1. All participants (coaches, players, referees, instructors, administrators) are recommended to wear new or clean PPE upon arrival, departure and when not physically active during activities.
2. PPE should cover the nose and mouth, be breathable, consist of cotton or wick-type material and follow CDC guidelines.
3. PPE should be new or clean for each training session; and disposed or thoroughly cleaned after each training session.
4. Provided all screening, hygiene and social distancing measures are followed, masks are not mandatory for players/coaches/referees/instructors/participants during exertional moments of training (i.e. when physically active). PPE may obscure vision, increase respiratory challenges, or increase other injury risk while being physically active.
5. For players and team/club staff that choose to wear PPE while physically exerting themselves, the following should be considered:
 - a. Discuss with your primary care physician if any medical conditions pre-dispose you to avoid the use of a face cover while participating in physical activity.
 - b. PPE should be breathable and not prevent or disrupt ventilation.
 - c. PPE should not obscure the individual's vision.
 - d. PPE should not pose a risk to another participant.
 - e. PPE should be in good maintenance, at the responsibility of the individual.
6. As we head into summer, heat and humidity may lead to increased discomfort or respiratory challenges for coaches wearing masks. Coaches are recommended to take “PPE breaks” throughout training.
 - a. To take a PPE break, simply ensure you are more than 10 feet away from another participant and remove your mask.
 - i. Should a player move within 10 feet, return your mask to covering your nose and mouth.
7. Guidelines may change based on evolving medical and health information, as well as local, state or federal guidelines.



For Parents and Guardians

1. Parents and guardians should be thoroughly aware of all safety recommendations, and ensure their family follows them.
2. Parents and guardians should support the coach and organization in adhering to all safety recommendations.
3. Accompanying parents and guardians are encouraged to stay in their cars or depart the area while their child is training. Note that anytime there is one coach alone with players, there should be one adult (designated parent or club staff) observing from a distance, in accordance with the Safe Soccer Framework and the U.S. Center for SafeSport policies and guidance.
4. If necessary, the hosting organization may consider arranging a designated "Family Zone."
 - a. Each family zone should be clearly marked and spaced at least six feet from the next family's zone.
 - b. If the zone includes chairs or other items, those items should be carefully sanitized between trainings and use by different families.
 - c. Allow the club to maintain accurate contact tracing lists by minimizing family presence close to the field.
4. Parents and guardians should not congregate together and should follow social distancing guidelines.
5. Parents or guardians should have the contact information of relevant staff.



III. **Equipment Management**

What's new in Phase II?

Recommendations in this Equipment Management section are a direct continuation of recommendations outlined in Phase I.

- Please continue to be vigilant in cleaning shared and personal equipment and apparel before and after each training.

Shared Equipment

1. Field set-up should aim to use minimal equipment to limit exposure and transmission of COVID-19.
2. With increased equipment usage anticipated in Phase II, be mindful of sterilization procedures. All field equipment (e.g. flags, balls and cones) should be disinfected prior to the start of the session with anti-bacterial of at least 60% ethanol or 70% isopropanol.
3. Participants should not pick-up field equipment, move goals or handle other training equipment.
4. Where able, clubs are recommended to provide soccer balls for training.
 - a. The club or coach should ensure that the balls are sanitized before and after each training.
 - b. Players are not recommended to bring their own balls. Should the training be structured whereby players bring their own balls, a parent or adult should ensure it is sanitized before and after training.
5. Players are not required to have an individual designated ball for training.
 - a. The use of shared balls between players is allowed in foot drills with avoidance of the use of hands.
 - b. Field players should not handle soccer balls with their hands unless wearing gloves.
 - c. A notable exception to this recommendation is for goalkeepers. For goalkeeper training, soccer balls should not be shared. Plan for one soccer ball per goalkeeper.
 - d. If the goalkeeper is involved in an activity with field players and using his or her hands, use the goalkeeper's designated ball(s).
6. Where possible, general team bibs should not be used.
 - a. The coach/instructor is recommended to make a plan in advance of training and as necessary suggest a specific training gear color for players to arrive in.
 - b. Alternatively, clubs/organizers could temporarily issue team bibs to players through the duration of Phase II. Participants would be responsible for bringing these bibs to training and washing them after training. Issued bibs should be clearly labeled and not shared or rotated amongst participants during training.
 - c. If team bibs are used, they should only be used by one participant and not shared or rotated amongst participants.
 - d. If team bibs are used, they should be placed at personal station ahead of participant arrivals, instead of handed out by coaches/staff.
 - e. Any team bibs used should be washed by the club/organizers afterwards in order to decrease the transmission of COVID-19.



7. It is not recommended to use cold tubs for recovery sessions. Instead consider using bathtubs at home for cold tub soak.

Individual Equipment

1. All individual training gear should be cleaned and disinfected after every session.
2. Where possible, players are not recommended to bring their own balls.
 - a. If balls are brought by the individual player, the player should ensure it is sanitized before and after training.
3. All participants should arrive in their training gear.
 - a. All personal apparel should be cleaned, disinfected and properly stored after every session. This includes cleats, shin guards and headbands (if re-usable).
4. For players who use mouthguards, once the mouthguard is placed in mouth, it should never be taken out during practice to limit the transmission of virus.
 - a. If for some reason the mouth guard has been in contact with hands or the floor/ground, the mouthguard should not be re-used until it has been washed thoroughly. Wash your hands thoroughly after washing the mouthguard.
5. Upon arrival home, players should immediately wash hands, bathe including washing hair, and launder/clean items used.



IV. **Training Session Management**

What's new in Phase II?

Many recommendations in this guide are continuations of recommendations outlined in Phase I. The notes below capture some key updates for your easy reference regarding Training Sessions Management. Please read the full guide to ensure you understand all details and context for safe decision-making.

- Full team trainings are allowed in Phase II. Avoid mixing separate teams or age groups. Full scrimmages (inter-squad, across the club or outside the club) are not recommended.
- Training can extend to 90 minutes, and it should build to full intensity in moderate week-to-week increases during the three (3) to six (6) week period recommended for Phase II.
- Small-sided games and set-play activities may be slowly and carefully incorporated to increase intensity and sharpen game-play skills. Excepting these select training activities, social distancing should be observed, and participants should be vigilant about following the general hygiene code of conduct outlined below to promote the safety of all those involved in the activity.
- U.S. Soccer reminds all organizations, clubs, teams, coaches and players that as we head into summer, they should be familiar with and follow the heat policy outlined by Recognize to Recover [here](#).

Training Sessions Considerations

1. During Phase II, full team trainings are allowed.
 - a. One full-team per regulation sized field is recommended.
 - b. To minimize exposure risks, separate teams/age groups should not mix
 - c. Full scrimmages (inter-squad, across the club or outside the club) are not recommended.
2. Coaches should not be within six feet of any player.
 - a. Any coach who manages multiple teams should be especially vigilant to maintain social distancing.
 - i. Between training sessions with different teams, the coach should sanitize their hands and consider using clean PPE.
3. Progressions between activities should be set up prior to players arriving to enable smooth transition and negate the need for players to move equipment. The players should not move or set up equipment.
4. Whenever possible, and if space allows, assign areas for warm up and cooldown.
5. Throw-ins can be considered during Phase II but are recommended to be included only as part of a necessary training activity. The player should wear gloves for the throw-in activities.
6. Heading the ball can be considered during Phase II.
 - a. In accordance with U.S. Soccer Concussion Initiatives, deliberate heading should not take place for players in U11 and below.



7. Participants should avoid intentionally touching each other before, during or after training, excepting small-side games and set-play activities outlined below. This includes hugs, high-fives, or huddles.

Physical Considerations

1. While players and coaches may be excited to return to more “normal” training set-ups, it is critical to remember that players have been operating at a reduced training load during Phase I – playing in smaller groups and likely in smaller spaces. To limit injury risks, ensure your players are physically prepared to enter Phase II, where they will training in larger groups and likely across larger spaces.
 - a. Trainings should gradually build in time duration and intensity from 60 minutes (recommended in Phase I) to 90 minutes (recommended in Phase II).
 - b. Training should build to full intensity in moderate week-to-week increases during the three (3) to six (6) week period recommended for Phase II.
2. As the full team can participate in training together during Phase II, coaches will have more training activity options as they create their session plans.
 - a. Exercises can begin to more closely resemble match play and game scenarios, to build towards Phase III. See Small Sided Games & Set Plays section below.
3. Coaches should consider integrating an injury-mitigation program, such as [FIFA 11+](#) and [FIFA 11+ Kids](#).
4. Consider providing recovery strategies to implement at home to minimize the effect of delayed-onset muscle soreness. Review methods of recovery at U.S. Soccer’s Recognize to Recover website [here](#). Methods may include active recovery in a pool or on a bike, use of a foam roll, stretching and more.
 - a. Pay particular attention to any participant reporting pain, swelling, or decreased function to limit potential injury risk. These may be signs of increasing the training load too rapidly.
5. If, due to COVID-19 restrictions, a team has a have lessened or limited weekly training sessions, the coach may consider supplementing group training with individual strength and training programs for the player to incorporate on his or her own.
6. At all times, pay close attention to your players to avoid over-training. Overreaching is a temporary condition that occurs in response to heavy or intense loads. The symptoms of overreaching are generally feeling unwell, disrupted sleep, and mood fluctuations.
 - a. Over-training does not have any significant impact on athletic performance. If a player recognizes the condition of overreaching in the early stages and allows their body to regenerate properly, their condition will return to normal. If an athlete does not allow their body to recover completely, and continues to train hard, that would lead to overtraining. Sign may include:
 - i. Fatigue
 - ii. Loss of appetite
 - iii. Weight loss
 - iv. Irritability
 - v. Injury
 - vi. Persistent soreness
 - vii. Unrestful sleep and low sleep quality
 - viii. Low interest in training



Considering Players with Physical Disabilities

1. While planning and delivering sessions, it is essential to remember that each player's disability can impact them differently and that, in some cases, their level of impairment can even fluctuate throughout the day.
2. Coaches and parents of players should follow ALL the recommendations provided in this guide as they prepare to #PlayON.
3. Coaches and parents of players should collaborate to understand the impact of each player's disability on the player at this time, and plan ahead to manage safety protocols and health considerations.

Small-sided Games & Set Plays

1. To best prepare for Phase III (which will allow match play), players need to properly progress and rebuild their readiness in Phase II. With this, small-sided games and set plays may be used to increase intensity and sharpen game-play skills.
2. Acknowledge that small-sided games and set plays are not socially distanced. Players may come in contact with one another and should be vigilant about following the general hygiene code of conduct outlined below to promote the safety of all those involved in the activity.
3. If a player does not feel comfortable participating in a small-sided game or set play, do not pressure the player to join. Allow the player to watch from a socially distanced vantage point where he or she can still learn from the training activity.
4. As much as possible until the small-sided game or set play begins, players should remain socially distanced. (i.e. during explanation of the activity, they should remain a minimum of six feet apart). During any break in play, the players should again revert to socially distance themselves.
5. Coaches should carefully arrange their small-sided games to progress to full intensity across Phase II. Consider starting with three minutes of play, followed by a rest & reset, repeating two more times (3x3min).
 - a. Increase the number of players, time and duration as conditioning improves. For example, implement four sets of three-minute play (4x3min), four sets of four-minute play (4x4min), as the team moves to fuller fitness.
 - b. Avoid group celebrations as part of small-sided games or consider socially distanced celebrations.
6. Practicing set plays is an important part of game-readiness. Focus on efficiency in your set play training exercises.
 - a. Set-play activities should be completed with minimal delays or standing around.
 - b. Consider using technology or props to provide initial overviews or reinforcements of player locations and movements during a set play, to avoid extensive modelling that may bring players into extended contact with one another.

Communication During Trainings

1. Where possible, avoid holding team meetings in confined spaces and/or closed environments.
 - a. If a team talk must take place indoors:
 - i. Maintain social distancing at all times.



- ii. All participants should wear PPE.
2. Consider providing tactical discussions in digital format, if possible.
 - a. During on-field set-play tactics discussions (minimal movement / not live play), participating players may consider wearing PPE.

Heat Considerations

1. As we head into summer, all organizations, clubs, teams, coaches and players should follow the heat policy outlined by Recognize to Recover [here](#).
 - a. Heat-related illnesses, such as heat exhaustion and exertional heat stroke (EHS), can be serious and potentially life-threatening conditions which can be brought on or intensified by physical activity.
 - b. Recognizing the signs and symptoms as early as possible allows for treatment and rapid recovery with hydration and onsite immediate cooling down the individual.
 - c. Educate staff on the signs and symptoms of heat-related illness and early management.
 - d. Follow heat acclimatization guidelines during practices and conditioning. Acclimatization is the body's natural adaptation to exercising in the heat. This process typically takes 10-14 days.
 - e. Avoid the hottest part of the day for training sessions (11am-4pm)
 - f. Ensure appropriate hydration policies are in place with all participants having unlimited access to water, especially in warm climates.
 - i. Players should plan to bring two personally labeled bottles to training. Players should not share their personal water bottles.
 - ii. If the player does not bring water, or runs out of water, the Club should carefully consider and plan how it can safely make water available.
 1. Consider pre-poured individual disposal cups, or disposable water bottles, arranged by an adult wearing gloves. Set up the cups or bottles on a table or at individual prep stations. Avoid passing the cups or bottles by hand.
 2. Water fountains are recommended only to fill up a cup or bottle. Participants should avoid directly drinking out of the water fountain, their mouth may inadvertently come into direct contact with the communal fountain. Hand sanitizer should be available and used before and after using the water fountain.
 - g. Be conscientious about how PPE impacts breathing or causes heat and discomfort. Players are not encouraged to wear PPE during active training and coaches should consider taking a "PPE break" by moving safely 10 feet away from other participants. Follow PPE recommendations provided above.

Gym and Strength Workouts

1. The use of gyms and confined indoor training spaces should be limited in Phase II.
 - a. Strength and conditioning work that may normally be carried out in a gym could be adapted and conducted on the field.
 - b. Body-weight exercises are encouraged in order to avoid using equipment.
2. Minimal equipment should be used whenever possible.



3. Equipment should be sanitized after every use.
 - a. A 10 to 15-minute break between indoor gym work-out sessions is recommended to allow time for cleaning equipment and the room.
4. If indoor gym workouts must take place, all participants should follow social distancing guidelines.
 - a. Participants should wear PPE throughout indoor training, except in moments of significant exertion whereby a face covering might increase respiratory challenges, obscure vision or increase other injury risk.
5. Evaluate the available space to determine maximum number of participants capable of utilizing facility at one time in advance.
6. Accessible hand sanitizer should be available in the gym for use.



V. **Wellness: Hydration & Nutrition Resources**

What's new in Phase II?

Recommendations in this Wellness section are a direct continuation of recommendations outlined in Phase I.

Parents, guardians, coaches, referees and players are encouraged to refer to U.S. Soccer's 'Recognize to Recover Nutrition and Hydration Guidelines' for a full overview on nutritional and hydration practices. Learn more about the 3 R's of recovery from play (rehydrate, refuel and rebuild). <http://www.recognizetorecover.org/nutrition-hydration#supplements>

Hydration

1. Participants should clearly label their water bottles with their own name.
 - a. Participants should not touch anyone else's bottle.
 - b. It is recommended that each participant brings at least two drink bottles to training (e.g. 2 x 32oz bottles). This will limit the need to refill bottles onsite.
2. IF the club provides fluids, establish protocol to limit multiple "touching" of hydration source.
 - a. If a refill station is necessary, ensure there is a handwashing station nearby or provide hand sanitizer to use before refilling.
3. Single-use bottles should be discarded of immediately on site
4. Fluid breaks are recommended at least once every 15 minutes but will largely be dictated by the duration/intensity of the session. Breaks should be planned in advance and communicated to players.
5. Water breaks should adhere to social distancing guidelines. When there is a water break during training, participants should make their way to their personal station, and drink only from their own bottle.
6. As we head into summer, all organizations, clubs, teams, coaches and players should follow the heat policy outlined by Recognize to Recover [here](#) and emphasized in the "Training Sessions Management" section.

Nutrition Strategies to Support Activities & Immune Function

1. Consume enough calories to meet training/daily life needs
 - a. Show up for training adequately fueled
 - b. If a player brings a snack, he or she are not recommended to share.
 - i. If you must share, any food should packaged individually.
 - ii. Protein: maintain adequate intake throughout the day (main meals and snacks).
 - iii. Carbohydrate: adjust intake to training duration/intensity and prevent low carbohydrate situations.
2. After strenuous exercise, athletes enter a brief period of time in which they experience weakened immune resistance and may be more susceptible to viral and bacterial infections.
3. Vitamin D is one of the most important markers in immune health and Vitamin C has been found to support immune health during intense/lengthy training periods. Daily consumption of food



sources that are high in Vitamin C and Vitamin D are encouraged to further support immune health.

- a. Foods high in Vitamin C include: kiwi fruit, bell peppers, strawberries, oranges, broccoli, tomatoes, kale.
- b. Foods high in Vitamin D include: salmon, mackerel, eggs, mushrooms, cow's milk, yoghurt, fortified cereals, fortified orange juice.



VI. PLAY ON ADDITIONAL INFORMATION & RESOURCES

A. Return-To-Play Phases Overview

This phases overview provides structure for a gradual approach to return to play during this unprecedented time of the COVID-19 pandemic. Included within, and between, the phases are specific steps to be considered and implemented.

U.S. Soccer recommends approaching your return-to-play activities sequentially through five phases. It is critical to assure processes, habits and strict compliance to your current phase, before advancing to the next.

It needs to be recognized that across the country at any given time, teams, clubs and organizations in different regions will be operating under differing state and local regulations – and thus will be operating in different phases. All phases must be first based on, and compliant, with your region’s regulations.

Lastly, a minimum amount of time is suggested to remain within each phase. This time provides the opportunity to build up the physical strength necessary for each phase. Clubs should carefully consider the conditions necessary to advance to the next phase and be prepared, if necessary, to stay in the current phase for longer than the timeline indicated or revert to an earlier phase to ensure the safety of all participants. Do not proceed to the next phase if it is not compliant with your region’s social distancing policies.

Five Phases of “PLAY ON”

Phase 0: Stay and Shelter

- No recreational organized activities
- Follow local, state and federal guidelines

Phase I: Individual and Small Group Training

- Maximum of nine (9) players and one (1) coach allowed (or less, based on state/local social distancing guidelines)
- Maintain COVID-19 mitigation and incident action plans

Phase II: Full Team Training

- Maintain COVID-19 mitigation and incident action plans

Phase III: Full Team Competitions

- Maintain COVID-19 mitigation and incident action plans

Phase IV: No Restrictions

- No restrictions related to COVID-19



PHASES DETAILS

Phase 0: Stay and Shelter

Duration: Based on state and local regulations

Core features

- Stay and shelter in place via CDC, state and local regulations and guidelines
- No organized trainings or competitions
- Virtual options can be considered

During this phase, since there is no ability to host in-person trainings or competitions, virtual communications are a good option to use to keep in touch with coaches, players, parents and others.

Phase I: Individual and Small Group Training

Suggested Duration: 4-6 weeks

Core features

- State and/or local stay and shelter regulations lifted
- Only small group trainings with maximum of nine (9) players and one (1) coach allowed (or less, based on state/local social distancing guidelines)
- Maintain social distancing during training
- COVID-19 prevention and response protocols in place and followed
- Allow adequate time for good habits and compliance with Covid-19 protocol
- No competitions or tournaments
- Injury risk prevention strategy

During this phase, small group trainings can begin with a maximum of nine (9) players and one (1) coach (or less, based on state/local social distancing guidelines). Group sizes based on age and assurance of social distancing measures should be considered to avoid any cluster outbreaks.

With this first step back on the field, COVID-19 prevention and response protocols need to be implemented prior to when trainings begin. Keep in mind that implementing these new COVID-19 habits and processes for players, parents, coaches and clubs will require adequate time for understanding and compliance.

During this time, it is also important to consider injury risk strategies as endurance, strength and soccer skills come back into focus.

Phase II: Full Team Training

Suggested Duration: 3-6 weeks

Core features

- Full team training allowed only if Phase I compliance and protocols met
- Continue to maintain social distancing
- COVID-19 prevention and response protocols in place and followed
- Allow three (3) weeks for tracing and tracking purposes
- Guided by local and state recommendations



During this phase, full team trainings are allowed, but COVID-19 prevention and response protocols should continue to be maintained. A minimum three-week duration during this stage allows for the ability to isolate and/or track any possible symptoms in individuals, and also assures continued compliance in following the regulations and processes in place.

In the build-up to competitive play in the next phase (Phase III), there should be a continued acclimatization process strategy to reduce possible injury risk.

Phase III: Full Team Competitions

Duration: Indefinite

Core features

- Full team competitions can occur
- Continue with COVID-19 mitigation strategies
- Consider local and single day competitions
- Large events should be guided by local and/or state public health authorities

During this phase, full team competitions, such as tournaments, may take place, as long as mitigation strategies and processes for COVID-19 are being implemented. Teams are recommended to only participate in local events and resist the urge to participate in events in other regions that may require travel or overnight stays. As always, all events should follow local and/or state public health authority recommendations.

Phase IV: No Restrictions

COVID-19 is no longer a public health matter and there are no restrictions directed by federal, state and local authorities. Please refer to www.recognizetorecover.org for general health and safety recommendations from U.S. Soccer.

Reverting to Earlier Phases

Regardless of which phase you are in, you should be prepared to step back and revert to an earlier phase if any of the following occur. Follow local public health official guidelines at all times.

- Cluster of infections occur
- Inability to maintain COVID-19 prevention and response protocols
- Inability to track and/or isolate players or staff
- External factor exposes a COVID-19 risk to your team or club
- Changes to local public health official guidelines regarding group gatherings

B. General Hygiene Code of Conduct

The following recommendations should guide decision-making in Phase II. As a reminder, returning to play is a personal choice, and you should feel comfortable determining for yourself if you would like to resume activities in a full-team environment.



We recommend all participants (coaches, parents, players, administrators, etc.) communicate with their club or coaches to better understand the safety policies in place and work together to protect against the spread of COVID-19.

General Health

1. If you are sick or have symptoms of an illness:
 - a. Stay home. Stay home regardless of what is causing your illness.
 - b. If you are confirmed or suspected to have COVID-19, practice self-quarantine measures as guided by the CDC and contact your physician.
 - c. To discontinue quarantine and return to sport, obtain appropriate clearance to return to soccer and sport from your physician.
2. If you have been in close contact (within 6 feet) with someone who is suspected or confirmed to have COVID 19:
 - a. Begin self-quarantine for 14 days and follow the most up to date [CDC guidelines](#).
3. Advise your instructor, club or coach immediately if any possible exposures have occurred in your team, training or club environment. Parents (and not the minor player) should communicate with the club, coach or SRC , in accordance with the Safe Soccer Framework and the U.S. Center for SafeSport policies and guidance.

Physical Interaction

1. Maintain “social distancing” of at least six feet.
2. Avoid activities involving high levels of group interaction (ex: team huddles).
3. Avoid general physical interaction including hugging, “high fives” or passing objects by hand.
4. Participants and any additional persons on site (employee, volunteer, parent) should avoid close contacts and follow all social-distancing guidelines.
5. Distance yourself from anyone exhibiting signs of sickness.

General Hygiene

1. Avoid touching your eyes/mouth/nose as much as possible.
2. Wash or sanitize your hands often and after close contacts.
 - a. Use soap and water for a minimum of 20 seconds.
 - b. When soap and water is not available, use hand sanitizer.
3. Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze.
 - a. Follow with washing or sanitizing your hands.
 - b. Dispose of tissues in a sealed trash can.
4. Avoid spitting and coughing.
5. Follow recommendations on wearing PPE (Personal Protective Equipment - masks or face covers) outlined above.

Equipment & Training Gear

1. Where possible, use individual equipment.



- a. Do not share personal equipment or gear (e.g. water bottles, towels, flags, etc.).
 - b. Soccer balls may be shared.
 - c. See Equipment & Gear section of this document for details.
2. Sanitize sports or exercise equipment after each training session.
3. Wash all training gear after each training session.

Communal Areas

1. Clean and disinfect high-trafficked areas of your facility regularly.
2. If doors and/or gates are used to access the training field, plan to prop them open during usage hours.
 - a. If doors cannot be propped open, use a sleeve/covered hand or elbow to open.
 - b. Sanitize hands following contact with door handles/gates.

C. Mental Wellness

1. During this unprecedented time, our lives have been disrupted. Training, playing and even watching sports is different in our current landscape. This crisis can cause negative impacts on our mental and emotional wellbeing. It is important to be aware of the impact this can have on our health so we can help ourselves. Self-care and knowledge of resources that are available are helpful in times of crisis. You may be experiencing a range of emotions, including:
 - a. Anxiety
 - b. Stress
 - c. Sadness
 - d. Worry or fear
 - e. Loneliness
 - f. Or other uncomfortable emotions
2. Social distancing can feel like you have to be socially isolated, but it's important to remember that this is not the case.
 - a. You can still safely talk and interact with teammates and colleagues while following simple safety guidelines:
 - i. Staying 6ft apart where possible
 - ii. Maintaining good hygiene
 - iii. Avoid physical contact (ex: use Air-high fives as opposed to regular contact high fives)
 - iv. Stay home when you are sick
3. You can find additional resources for mental health during COVID 19 at [U.S. Soccer's Recognize to Recover web page](#).

D. Additional Resources

- [USOPC Coronavirus Resources](#)
- [USOPC - Coping with the Impact of Coronavirus for Athletes](#)
- [CDC Coronavirus Updates](#)
- [CDC Advice - How to Protect Yourself and Others](#)
- [CDC - Consideration for Youth Sports](#)



- [CDC - Workplace Decision Tree](#)
- [CDC - Camp Decision Tree](#)
- [CDC - Community Mitigation Strategies](#)
- [CDC - Deciding to Go Out](#)
- [FIFA COVID-19 Resources](#)
- [WHO Hand Washing Steps \(Video\)](#)
- [WHO Mass Gathering Guidelines Worksheet](#)
- [WHO Advice for Public](#)
- [US Center for Safe Sport Digital Safety](#)
- [US Soccer Recognize to Recover - COVID-19 and Mental Health](#)

Contributions Recognition

This document was created through the broad collaboration of U.S. Soccer departments, including: High Performance - Sports Science & Sports Medicine, Youth National Teams, Coaching Education, Referee Education, Sport Development, Member Programs, Commercial, Brand, Events, Communications, Legal, and Development.