

# Sports and Fitness Guidance during COVID-19

## Introduction

This guidance contains recommendations that are intended to help limit the spread of COVID-19 among people participating in sporting activities or fitness training, any **required** activities are noted as such.

This guidance applies to school, recreational and club youth sports and sporting activities indoor and outdoor, and adult recreational team sports and sporting activities indoor and outdoor, including day and overnight sports camps.

This guidance also applies to staffed indoor fitness studios, individual sports and fitness training, group fitness, gyms, and multi-use indoor fitness facilities providing private instruction and access to personal fitness training and/or specialized equipment; unstaffed indoor fitness facilities in locations such as hotels and apartment buildings; and outdoor group fitness classes.

Sports taking place in a child care program should also follow the Washington State Department of Health (DOH) [Child Care, Youth Development, and Day Camps](#), and sports overnight camps should also follow the Governor's [Overnight Camp Guidance](#). K-12 schools are **required** to follow the [K-12 COVID-19 Requirements for Summer 2021 and the 2021-2022 School Year](#) guidance. **Employers should also refer to the DOH [Non-Health Care Businesses and Organizations](#) guidance, Labor & Industries (L&I) [COVID-19 Safety and Health Requirements and Guidance](#) and Governor Inslee's [Proclamation 20-25.14](#).**

Programs, organizations, or businesses can choose to implement more protective measures, like requiring masks regardless of vaccination status, but they cannot be less protective than the requirements above. This is supported by the [Secretary of Health's Mask Order, L&I directives](#), and Governor's [COVID-19 Facial Covering Guidance for Employers and Businesses](#). Individuals can also choose to wear masks even if fully vaccinated, and this choice should be supported.

## Prevention

### COVID-19 Safety Plan

All sporting activities and fitness centers should adopt a written procedure for employee safety and member interaction that is at least as strict as this guidance.

### COVID-19 Coordinator

Each sports team and fitness center should have a COVID-19 Coordinator. This person should serve as a point of contact within the team or fitness center for COVID-19 policies and practices, as well as a primary point of contact for working with external groups such as local health

jurisdictions. For a sports team, this Coordinator might be an athletic director, manager, coach, or administrator.

## Vaccination

Vaccination is an important tool to prevent COVID-19 infection and severe disease. A person is fully vaccinated against COVID-19 two weeks after they have received a second dose in a two-dose series (Pfizer-BioNTech or Moderna) or two weeks after they have received a single dose vaccine (Johnson and Johnson/Janssen). Some of the guidance below varies by individual vaccination status.

Vaccination status of members or athletes may be verified using an honor system, by engaging with members or athletes to ask about vaccination status, by requiring proof of vaccination status, or by maintaining practices appropriate for unvaccinated persons. Sports teams and fitness centers are encouraged to require documentation of COVID-19 vaccination through an official record, such as a COVID-19 vaccination record card, documentation from a healthcare provider electronic health record or state Immunization Information System. [Verification of vaccination status is not a violation of HIPAA](#). Personal attestations without documentation are not recommended. Employers are **required** to follow [L&I standards](#) for verifying vaccination status of their employees.

## Occupancy

Fitness centers should follow existing fire code occupancy ratings. While there are not occupancy or capacity limits related to COVID-19, physical distancing remains a protective measure, especially among people or groups that are not vaccinated which facilities may employ.

## Sports Classification

Recommendations vary by the level of contact in a sport and whether the sport is indoors or outdoors, as these factors influence the likelihood of COVID-19 transmission.

- **Low contact sports:** individual or small group sports where contact within six feet of other participants can be avoided
- **Moderate contact sports:** team sports that can be played with only incidental or intermittent close contact between participants
- **High contact sports:** team sports with frequent or sustained close contact (and in many cases, face-to-face contact) between participants

The following table classifies sports based on this framework.

	Low contact	Moderate contact	High contact
<b>Indoor</b>	Badminton (singles) Bowling Curling Dance (no contact) Gymnastics Ice skating Physical training	Badminton (doubles) Cheerleading Dance (contact) Dodgeball Kickball Pickleball (doubles) Racquetball	Basketball Boxing Ice hockey Ice skating (pairs) Martial arts Wrestling Roller Derby

	Pickleball (singles) Swimming and diving Tennis (singles) Track and field	Squash Tennis (doubles) Volleyball	Soccer Water polo
<b>Outdoor</b>	Archery Badminton (singles) Biking Bocce ball Corn hole Cross country running Dance (no contact) Disc golf Equestrian events (including rodeos) that involve only a single rider at a time Fencing Golf Ice and roller skating (no contact) Lawn bowling Martial arts (no contact) Pickleball (singles) Rowing/crew (one person) Running Shuffleboard Skeet shooting Skiing and snowboarding Snowshoeing Swimming and diving Tennis (singles) Track and field Walking and hiking	Soccer Badminton (doubles) Baseball Cheerleading Dodgeball Field hockey Gymnastics Kickball Lacrosse (girls/women) Pickleball (doubles) Tennis (doubles) Softball Volleyball	Basketball Football Rugby Ice hockey Lacrosse (boys/men) Rowing/crew (with 2 or more people) Water polo

Adapted from: California Department of Public Health [Outdoor and Indoor Youth and Recreational Adult Sports](#) guidance

### Face Coverings

Washington State has a [Secretary of Health Mask Order](#).

- **Outdoors:**
  - Masks are no longer required outdoors; however, **unvaccinated individuals** should wear face coverings outdoors in crowded public settings, including sporting events, where there is decreased ability to consistently maintain physical distance between non-household members.
  - People are not required to wear face coverings while engaged in outdoor training or competition in any type of sport.
- **Indoors:**
  - **All** individuals are **required** to continue to wear masks, regardless of vaccination status, indoors in K-12 schools, child care facilities, camps, or other youth settings in areas where children are present or expected to be present (unless subject to an exception – see below).
  - **Unvaccinated** persons are **required** to wear face coverings when indoors in a place where people from outside their household are present or in a place that is generally accessible to people from outside their household.

- **All athletes**, including unvaccinated people, are *not* required to wear face coverings while engaged in indoor training or competition for low and moderate contact sports.
  - All youth athletes should resume wearing face coverings when not actively training or competing.
  - Unvaccinated adult athletes should resume wearing face coverings when not actively training or competing. Vaccinated adult athletes should resume wearing face coverings when not actively training or competing if children are present or expected to be present in a youth setting.
- **Unvaccinated** athletes are **required** to wear face coverings indoors for high contact sports and in all indoor setting where children are/may be present.

There are multiple exceptions to this guidance, including but not limited to:

- People are not required to wear face coverings while swimming or engaged in other water sports or recreation.
- People are not required to wear face coverings while engaged in the act of eating or drinking.
- People are not required to wear face coverings while showering, bathing, or engaging in other personal hygiene or grooming activities that require the removal of the face covering.
- People are not required to wear face coverings when outdoors.

Physical distancing should be used in these situations when unvaccinated persons are not using face coverings. Fitness facilities are **required** to follow the [Secretary of Health’s Mask Order](#) for unvaccinated members and guests.

### Physical Distancing

Physical Distancing is not required in most settings (exceptions are [K-12 School Requirements](#), [Child Care, Youth Development, and Day Camps](#)), however, physical distancing is a recommended prevention strategy and is especially important among unvaccinated people. Sports teams, recreational and club youth sports, facilities, and fitness centers may choose to promote physical distance; for example, by creating separate spaces for unvaccinated persons or persons whose vaccination status is unknown that allows for physical distancing.

If promoting physical distancing, facilities are recommended to verify member or athlete vaccination status by reviewing documentation of COVID-19 vaccination through an official record, such as a COVID-19 vaccination record card, documentation from a healthcare provider electronic health record or state Immunization Information System.

### Competitions

At competitions, the following protocols are recommended to maintain physical distancing:

- No handshakes or high fives (e.g., congratulatory team lines) before or after games.
- Player line-ups and introductions are done while physically distanced at all times.
- No team huddles.

- Coaches, trainers, and other team personnel should maintain physical distancing at all times and wear face coverings indoors unless fully vaccinated.
- Unvaccinated athletes should maintain physical distancing except when physical distancing is unfeasible during competition.

### Locker rooms and showers

Locker room and shower usage should be limited to vaccinated persons as much as possible. In locker rooms, maximize ventilation. Ensure that exhaust fans are working at the maximum level. See the [ventilation](#) section for details. Visual cues can be helpful for unvaccinated persons to maintain physical distancing. Stagger entry to the changing area and use these facilities as appropriate with members of the same group/cohort.

### Saunas and steam rooms

Saunas and steam rooms are typically small enclosed spaces which lack ventilation. DOH strongly recommends that sports and fitness facilities require that these areas are used only by vaccinated members or athletes whose vaccination status is verified. Additional recommended mitigation measures include limiting sauna and steam room use to vaccinated single users and/or vaccinated families/households.

### Exercise areas

Fitness centers should modify or adjust cardio equipment, free weight areas, and weight training equipment to enable at least six feet of distance when unvaccinated members are present and/or vaccination status is unknown. This distance should be increased when members are engaged in high-intensity aerobic activities. See the [ventilation](#) section for ventilation recommendations.

### Spectators

All outdoor and indoor sports spectators are **required** to follow the Governor's [Spectator Events Guidance](#).

### Tournaments

Tournament organizers are encouraged to take the following steps to prevent COVID-19 transmission and be prepared to respond if COVID-19 transmission occurs at the event:

- Notify their local health jurisdiction of the time, location, and number of participants for each tournament, and provide the name of a health and safety liaison for contact tracing or medical emergencies.
- Publish a field, complex, facility map that clearly outlines ingress and egress points, team areas, and spectator areas.
- Exclude anyone who is at risk of transmitting COVID-19 from attending (see [Health Screening](#) for criteria).
- Monitor adherence to protocols.
- Outline field of play markings where spectators may watch.
- Sanitize any shared equipment/areas.

- Stagger start times to prevent traffic from arriving and leaving all at the same time.
- Provide at least a 15-minute buffer from the end of one game/match and the start of the next on the same field of play; teams should have vacated the field prior to the next team entering.
- Provide sanitizer stations around the fields, complex, or facility
- Not provide communal hydration stations
- Keep award ceremonies brief and ensure adequate ventilation, e.g., by holding them outdoors. If done indoors, it is strongly recommended to follow the indoor activity [ventilation](#) guidance below.

## Health Screening

Facilities should not allow anyone on-site if they:

- Show [symptoms of COVID-19](#); or
- Are not fully vaccinated and have been in close contact (within six feet for 15 cumulative minutes over a 24-hour period) with someone who has tested positive for COVID-19 with an antigen or molecular test in the past 14 days; or
- Has tested positive for COVID-19 in the past 10 days or are awaiting results of a COVID-19 test due to possible exposure or symptoms and not from routine asymptomatic COVID-19 screening or surveillance testing; or
- Has been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection in the past 14 days.

## Travel

CDC recommends delaying travel until fully vaccinated. When traveling, sports teams should follow [CDC travel guidance](#).

Travel testing should not replace day-of-competition testing, which is strongly recommended.

## Screening Testing

Screening testing is recommended for all unvaccinated participants (e.g., athletes, coaches, trainers) in moderate and high contact sports. The frequency of testing should be based on the level of disease transmission, the contact level, and venue (indoors vs. outdoors).

Vaccinated participants without symptoms do not have to undergo routine screening testing. COVID-19 Coordinators should consult with their local health jurisdiction to identify a testing protocol.

Sport (contact)	Venue	Test frequency	Test type
High	Indoor and outdoor	Twice weekly	Molecular/antigen
Moderate	Outdoor	Once weekly	Molecular/antigen
Moderate	Indoor	Twice weekly	Molecular/antigen

A rapid antigen test should be performed on all unvaccinated athletes the day of competition; testing before entering the physical match venue should be considered. In a multi-day event,

testing should occur before each competition. Testing should be performed the morning of the competition to avoid travel to the competition if an athlete tests positive. If another test is being performed each week (e.g., in high contact sports or moderate contact indoor sports), this test should be performed 3-4 days prior to any competition and may be a molecular or antigen test. If a molecular test is performed, the athlete does not need to isolate while awaiting screening test results.

Any athlete with a positive test should be excluded from the event and removed from the venue. See [Responding to Cases or Suspected Cases of COVID-19](#) for more information. Positive test results should be reported to the local health jurisdiction (see [Reporting](#)). Contact tracing should be performed (see [What to do if someone is a close contact with someone with COVID-19](#)). The team should work with local public health to determine how to approach isolation, quarantine, and further testing.

Unvaccinated athletes identified as close contacts should quarantine immediately, even if they have recently had a negative test, and follow [DOH's guidance on What to do if you were potentially exposed to someone with COVID-19](#).

All point of care test results should be reported to the Department of Health in accordance with guidance available at the [Reporting COVID-19 Test Results for Point-of-Care Testing Facilities](#) site. Teams are **required** to cooperate with case investigation and contact tracing by their local public health agency.

#### Verification of testing

Coaching staff should maintain records with verification of test results. Coaching staff must keep test results confidential. These records may be shared with school nurses, local health jurisdictions, and/or those individuals responsible for case investigation/contact tracing.

#### Transportation

Teams and fitness groups should limit exposure to those outside the household unit during travel. Encourage only those in the same household to travel together, and if not in the same household, travel in separate vehicles if possible unless everyone is fully vaccinated.

For travel groups (groups that include more than one household in the same vehicle whether in a carpool or on a bus), all members of the travel group, including the driver, must wear a face covering and spread out as much as possible within the vehicle unless everyone is fully vaccinated and not using public transportation. Limit travel groups to those who have been in regular contact (e.g. team members). Encourage family members to sit together. Maximize ventilation in the vehicle by opening windows.

Buses should install safety barriers (such as plexiglass shields) between the driver and passengers or close (block off/leave empty) the seats nearest the driver to ensure 6 feet of distance between the driver and passengers. Passengers should board from the rear door when possible. Buses should improve air filtration where possible. Bus windows should be open or partially open to increase ventilation. Buses should be cleaned and disinfected daily after use with attention to frequently touched services (doors, rails, seat backs).

#### Hygiene

Participants (e.g., athletes, coaches, members, any other paid or volunteer staff) should practice good hygiene including washing their hands frequently and covering their sneezes and coughs. Wash hands often with soap (fragrance-free) and water for at least 20 seconds before and after practice, especially after touching shared objects or blowing your nose, coughing, or sneezing. Avoid touching your eyes, nose, and mouth. If soap and water are not readily available, use a hand sanitizer that contains 60-95% alcohol content (fragrance-free). Cover all surfaces of your hands and rub them together until they are dry. Wash hands with soap and water as soon as possible. Athletes should not share water bottles, uniforms, towels, or snacks and should not spit (saliva, sunflower seeds, etc.).

Team administrators and competition organizers should provide handwashing or hand sanitizing stations at training and contest locations.

### Cleaning and Disinfection

Ensure restrooms are cleaned and disinfected regularly. Do not use misting, fogging, fumigation, or wide-area spraying to control the spread of COVID-19. These methods are not effective, do not clean contaminated surfaces, and are hazardous to human health. See [Cleaning and Disinfecting Guidance for Public Spaces](#) for more guidance.

Locker rooms should have appropriate sanitation protocols and should be a part of the facility health and safety plan. High touch surfaces should be prioritized. Ensure restrooms are cleaned and disinfected regularly.

Always thoroughly clean with soap, water, and a microfiber cloth before applying the disinfectant to the surface. Ensure the required wet contact time for the disinfectant and follow all requirements on the label. Current CDC guidance for cleaning and disinfection for COVID-19 states that disinfectants should be registered by the EPA for use against the COVID-19. Find the current list here: [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#). Disinfectants based on hydrogen peroxide or alcohol are safer than harsher chemicals. The University of Washington has a [handout](#) with options for safer cleaning and disinfecting products that work well against COVID-19.

### Ventilation

Outdoors locations are preferred to indoors locations and should be utilized to the greatest extent possible to allow for maximum fresh air movement and physical distancing. Outdoor structures should have no more than two walls; structures can have three walls and be considered open air if another opening exists that is large enough to create cross ventilation.

Indoors, good ventilation and indoor air quality are important in reducing airborne exposure to respiratory pathogens, chemicals, and odors. Ensure that mechanical ventilation systems operate properly and are adjusted to bring in as much outside air as possible. Have the ventilation system professionally evaluated and increase filters to MERV 13 if the HVAC can accommodate. Facilities should provide 4-6 air changes per hour.

Use of fans for cooling is acceptable. Avoid blowing air across the breathing zone of room occupants. See the Washington State Department of Health [Creating Safer Air Movement for Cooling](#) Guidance for more information. Do not use ozone generators, electrostatic



precipitators and ionizers, or negative ion air purifiers because they can produce harmful by-products. Portable HEPA air cleaners, without additive technology, can supplement ventilation and are most critical in rooms with poorer ventilation or in isolation areas.

For more information and options related to ventilation, see DOH's recommendations for [Ventilation and Air Quality for Reducing Transmission of COVID-19](#) or [CDC's guidance for improving ventilation and increasing filtration](#) as well as the Association for Heating, Ventilating and Air-Conditioning Engineers (ASHRAE) guidance on ventilation

### Indoor group classes and sporting activities

Indoor group fitness classes and sporting activities may take place in smaller enclosed rooms and have a high occupancy. To reduce airborne transmission of SARS-CoV-2 in indoor spaces, facilities should target 4 to 6 air exchanges per hour. It is recommended there be a minimum of 15 minutes between class use by different groups. Unvaccinated indoor members are **required** to wear masks and are strongly recommended to maintain physical distancing.

### Records

The COVID-19 Coordinator should keep contact information for all staff and participants to assist with contact tracing in the event of a possible exposure. Contact information should be kept on file for 28 days after each class, use of the facilities, testing, or competition.

### Employees

Employers are **required** to ensure operations follow [L&I COVID-19 requirements to protect workers](#). Additional information for businesses can be found in the [DOH Non-Health Care Businesses and Organizations](#) guidance and [Governor's Proclamation 20-25.14](#).

## Responding to Cases or Suspected Cases of COVID-19

### What to do if someone has symptoms of COVID-19

If anyone develops [symptoms of COVID-19](#), they should stay home and not participate in sports or fitness activities. Any athlete, participant (e.g., coach, trainer), member, or staff who develops symptoms of COVID-19 should immediately wear a cloth face covering or mask (if not already doing so), separate from others, leave the event or fitness facility, isolate at home, and be tested for SARS-CoV-2. Fully vaccinated persons should be clinically evaluated for COVID-19 prior to testing and notify their medical provider of their vaccination status. If an athlete or participant is away from home (e.g., at a competition) and cannot return home that day without using public transportation, they should isolate in a space with their own sleeping quarters and bathroom so that they do not interact with others. Staff caring for ill persons should use appropriate [medical grade PPE](#). If a person has signs or symptoms of COVID-19 at a facility, immediately shut down areas occupied by the ill person to keep others away and follow [CDC cleaning and disinfection recommendations](#). The ill person should follow [CDC guidance for what to do when sick](#).

### Returning to sports and fitness

If someone has symptoms of COVID-19, they should isolate and get tested for COVID-19.

Ill persons **without known exposure** to a confirmed or laboratory probable COVID-19 case should follow DOH guidance for [what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19](#) and the [symptom evaluation and management flow chart](#).

People who are ill **and had known exposure** to COVID-19 should follow [DOH guidance for what to do if you have confirmed or suspected COVID-19 infection](#). They must stay home until at least 10 days after symptom onset, and at least 24 hours after their fever has resolved and symptoms have improved. [People with severe disease or who are immunocompromised may need to be isolated at home for longer](#).

Any fully vaccinated person who experiences symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and be tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care. This guidance for symptomatic fully vaccinated persons applies regardless of whether or not they have a known exposure to COVID-19.

### What to do if someone participated in sports or fitness while contagious with COVID-19

If someone participated in sports or fitness activities while contagious with COVID-19, it is possible that sports participants, fitness members, and/or staff may have been exposed and are considered close contacts. A person is contagious with COVID-19 starting two days before they have symptoms (or if asymptomatic, two days before they test positive for COVID-19) and through the end of their isolation period.

Athletes and other sport participants should notify their COVID-19 Coordinator if they have COVID-19 and participated in sports while contagious. Staff should inform their workplace COVID-19 Point of Contact if they have COVID-19 and worked while contagious (see DOH [Non-Health Care Businesses and Organizations](#)).

If an athlete or participant tests positive for COVID-19 with an antigen or molecular test, close contacts of the COVID-19 positive person during their infectious period should be identified. The team and any affiliated school or child care center, if applicable, is **required** to cooperate with public health in identifying close contacts and providing testing and quarantine recommendations.

See [Reporting Cases and Outbreaks and Working with Public Health](#) for information on contact tracing, notifications, and reporting cases and outbreaks to public health.

If there has been a sick person or someone who tested positive for COVID-19 at a facility within the previous 24 hours, the facility should follow [CDC guidance](#) to clean and disinfect the spaces they occupied.

### Returning to sports and fitness

A person who had confirmed or laboratory probable COVID-19 (had a positive molecular or antigen SARS-CoV-2 test) should isolate until the following criteria are met:

- 10 days since symptom onset or positive test specimen collection date if no symptoms are present ([up to 20 days for those who are severely ill or severely immunocompromised](#)), AND
- 24 hours after fever resolves without use of fever-reducing medications, AND
- Symptoms have improved

This isolation guidance applies regardless of vaccination status. For more information, review DOH's [symptom evaluation management flow chart](#), which outlines recommendations following a positive COVID-19 symptom screen. COVID-19 Coordinators should refer people with COVID-19 to DOH guidance for [what to do if you have confirmed or suspected COVID-19 infection](#).

If an athlete has tested positive and symptoms have resolved, they should consider consulting with a medical professional and follow a [gradual return to play](#).

### What to do if someone is a close contact of someone with COVID-19

A close contact is someone who was within six feet of a person with COVID-19 for at least 15 cumulative minutes over a 24-hour period during the time the athlete or participant with COVID-19 was infectious. A person is a close contact even if they were wearing a mask. A close contact may vary in some situations (e.g., less time spent in close proximity to an unmasked person who is coughing). The infectious period of someone with COVID-19 starts two days before the onset of symptoms or is estimated as two days before the positive test date if someone with COVID-19 is asymptomatic. The ultimate determination of close contact is made by the local health jurisdiction during their investigation; they may delegate this determination if appropriate, e.g., to school nurses.

Identifying close contacts among sports participants (athletes, coaches, and trainers)

Factors that might be considered in identifying close contacts include the sport contact level, indoor vs. outdoor practice and competition, interactions between team members outside practice and competition (e.g., carpooling, events), and cohorting.

In low contact sports, individual close contacts should be individually identified using the close contact definition. Given the low level of contact anticipated during competition and practice, close contacts might be expected to include training partners (athletes or participants) and individuals interacted with in any setting without masking and six feet of distance (e.g., carpooling).

In moderate and high contact sports, the entire team and individuals against whom the team competed might be considered close contacts. One way to minimize the number of close contacts within a team is to create cohorts of athletes and participants. Individuals within a cohort should train, practice, and compete with only the members of their cohort; during competition, they may compete against another team, of course, and that team might be considered close contacts. There should be no sharing of spaces at the same time during practice between cohorts. Examples of cohorts include creating athlete pods based on weight classes in wrestling or restricting interactions between varsity and junior varsity teams. With cohorting, if someone tests positive for COVID-19 and cohorting was practiced appropriately,

contact tracing might be limited to members of the cohort and close contacts from outside practice/competition, instead of including the entire team. If an individual moves between two cohorts (e.g., plays in a varsity game one day and a junior varsity game several days later), then both cohorts may be considered exposed.

In certain circumstances, the local health jurisdiction might pursue enhanced contact tracing with a moderate or high-risk sports team and use a testing protocol to allow team members who are not identified as close contacts to not quarantine. Consult your local public health jurisdiction for testing protocol options.

#### Identifying close contacts in a fitness activity

Rosters and attendance records may assist fitness centers in identifying possible close contacts exposed to an individual during a fitness activity. Fitness centers are recommended to keep records of gym, personal training, exercise class, etc. participation in order to identify possible close contacts. This list can then be narrowed down by collaborating with a local health jurisdiction during case investigation to identify individuals who were truly close contacts of someone with COVID-19.

If close contact is fully vaccinated or had confirmed COVID-19 in the past 3 months

If a fully vaccinated person has [COVID-19 symptoms](#) and has had close contact with someone with COVID-19 or is identified as a close contact during contact tracing, they should isolate from others, be clinically evaluated for COVID-19, and get tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care. They should follow the steps under [What to do if someone has symptoms of COVID-19](#).

People who are fully vaccinated against COVID-19 or who had confirmed COVID-19 in the past 3 months and do not have [symptoms of COVID-19](#) do not need to quarantine or be tested post-exposure and may continue practices, competitions, and fitness participation. They should still monitor for [symptoms of COVID-19](#) for 14 days following an exposure.

Businesses and local or state health authorities may still recommend post-exposure testing and/or quarantine of asymptomatic fully vaccinated persons under certain circumstances, such as for outbreak response.

If close contact is not fully vaccinated and did not have confirmed COVID-19 in the past 3 months

All close contacts who are not fully vaccinated or did not have COVID-19 in the past 3 months should immediately separate from others. This includes unvaccinated athletes identified as close contacts at the time of screening testing; these athletes should quarantine immediately, even if they recently had a negative test.

If someone who is not fully vaccinated has [COVID-19 symptoms](#) and has had close contact with someone with COVID-19 or is identified as a close contact during contact tracing, they should follow the steps under [What to do if someone has symptoms of COVID-19](#).

If someone who is not fully vaccinated *does not* have [COVID-19 symptoms](#) and has had close contact with someone with COVID-19 or is identified as a close contact during contact tracing, they should [get tested for COVID-19](#), [quarantine](#) at home and away from others, and monitor their health for COVID-19 symptoms. Refer to DOH guidance on [what to do if you were potentially exposed to someone with COVID-19](#) for more information.

## Quarantine

When someone is a close contact of a person with COVID-19, they should quarantine by staying home and away from others for the recommended period of time in case they were infected and are contagious. Fully vaccinated persons with a close contact to someone with COVID-19 are not required to quarantine if they have not had symptoms of COVID-19. If they experience symptoms they should see the above section for more information [If close contact is fully vaccinated or had confirmed COVID-19 in the past 3 months](#).

Current quarantine recommendations are to stay in quarantine at home away from others and not participate in sports or fitness activities for 14 days after your last contact with a person with COVID-19. This is the safest option. Monitor your symptoms during this time, and if you have any COVID-19 symptoms during the 14 days, get tested. Certain high-risk settings or groups should use the 14-day quarantine option:

- People who work or stay in an acute or long-term healthcare setting.
- People who work or stay in a correctional facility.
- People who work or stay in a shelter or transitional housing.
- People who live in communal housing such as dormitories, fraternities, or sororities.
- People who work in crowded work situations where physical distancing is impossible due to the nature of the work such as in a warehouse or factory.
- People who work on fishing or seafood processing vessels.

If this is not possible, stay in quarantine for 10 days after your last contact, without additional testing. If you have any COVID-19 symptoms during the 10 days, stay in quarantine the full 14 days and get tested. Keep watching for symptoms until day 14.

At the discretion of local public health agencies, it may be possible to end quarantine after 7 full days beginning after your last contact if you have been without symptoms and after receiving a negative result from a test (get tested no sooner than 48 hours before ending quarantine.) This will depend on availability of testing resources. Keep watching for symptoms until day 14.

Consult your local health jurisdiction to find the best option for your individual circumstances. The local health jurisdiction has the authority to determine which quarantine option should be followed.

## Get tested for COVID-19

Individuals who should be tested for COVID-19 per the above guidance should contact their health care provider for testing. If a person is getting tested in accordance with the above guidance and has potentially been exposed to COVID-19 but is not sick, it is best to get tested at least 5 days after the last possible exposure. If somebody does not have a doctor or health care

provider, many locations have free or low-cost testing, regardless of immigration status. See the [DOH's Testing FAQ](#) or call the [WA State COVID-19 Assistance Hotline](#).

Athletes and other sport participants should notify their COVID-19 Coordinator if they have COVID-19 and participated in sports while contagious. Staff should inform their workplace COVID-19 Point of Contact if they have COVID-19 and worked while contagious (see DOH [Non-Health Care Businesses and Organizations](#)).

## Reporting cases and outbreaks and working with public health

### Reporting

Within a sports team or fitness center, individuals should notify the COVID-19 Coordinator if there is a confirmed or laboratory probable case of COVID-19 who was present at a sporting activity or fitness center during their contagious period. The COVID-19 Coordinator should immediately report cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19 amongst sports participants (athletes, coaches, trainers) to the local health jurisdiction.

Businesses have reporting **requirements** for COVID-19 cases and outbreaks. Review reporting requirements for businesses in the DOH [Non-Health Care Businesses and Organizations](#).

Sports associated with a K-12 school or a licensed child care provider are **required** to report cases, suspected cases, outbreaks, and suspected outbreaks to the local health jurisdiction per WAC [246-101-415](#) and [246-101-420](#).

If using Point-of-Care testing, teams and facilities should report all positive Point-of-Care test results to the DOH's [Reporting COVID-19 Test Results for Point-of-Care Testing Facilities](#) site. If contacted by the local public health agency, teams and facilities are **required** to cooperate with their local public health agency regarding case investigation and contact tracing.

### Working with public health authorities

Public health authorities, most often the local health jurisdiction (LHJ), can assist a workplace in responding to a COVID-19 case or outbreak. Everyone is **required** to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks ([WAC 246-101](#), [Governor's Proclamation 20-25.14](#)). Local health jurisdictions maintain confidentiality of reporting. COVID-19 Coordinators should be prepared to provide public health authorities with information on individuals with COVID-19, as sports organizations and fitness centers are **required** to release information about COVID-19 cases to public health authorities as part of a case or outbreak investigation. This information may include, but is not limited to:

- Name
- Date of birth
- Role (staff, athlete, etc.)
- Home phone number, or home phone number of parent or guardian
- Home address
- Locations visited while participating in sports or fitness activities or employment
- Dates of attendance

- Type of COVID-19 test
- Date of positive test
- Date of symptom onset
- Medical conditions
- Preferred language spoken
- Information about any close contacts of the person with COVID-19

The COVID-19 Coordinator should also gather information about everyone the person with COVID-19 may have been in close contact with during the sports or fitness participation during their infectious period. See [What to do if someone is a close contact of someone with COVID-19](#) for information on identifying close contacts. The ultimate determination of close contact is made by the local health jurisdiction.

Sports or fitness closure in response to COVID-19 cases

There may be instances where temporarily ceasing sports participation or closing of a fitness center is warranted to stop transmission of COVID-19. The time period on such closures can vary, from initial short-term closures to allow time for health officials to gain a better understanding of the COVID-19 situation and help your organization determine appropriate next steps, to extended closure to interrupt COVID-19 transmission. Sports organizers and fitness centers should work with their local health jurisdiction to determine when it is necessary to cease operations and when operations can resume.

### Notify close contacts

COVID-19 Coordinators can play an important role in identifying close contacts and communicating with staff, members, and participants.

- Employers are **required** to inform staff who may have been exposed to COVID-19 about the potential exposure while maintaining confidentiality of the person who tested positive, as required by the [Americans with Disabilities Act \(ADA\)](#). An employer is **required** to provide written notice to all employees, and the employers of subcontracted employees, who were on the premises at the same worksite as the person with COVID-19 that they may have been exposed to COVID-19.
- COVID-19 Coordinators should advise close contacts to self-monitor for COVID-19 symptoms and follow the recommendations under [What to do if someone is a close contact with someone with COVID-19](#). If a sports participant tests positive for COVID-19, the COVID-19 Coordinator should advise unvaccinated participants identified as close contacts to quarantine immediately, even if they recently tested negative.

### More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted



by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share only accurate information to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

**Have more questions?** Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).