



COVID POLICY

COVID-19

Coronavirus disease 2019 (COVID-19) is an ongoing Worldwide pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This virus appears to be highly infectious and at present, we do not have an effective treatment for it. Most people (80%) who are infected have mild symptoms and some do not have any symptoms at all. Because this is a new virus, there is much we do not know about it. Like other viral infections however, we know that many individuals who are infected, are infectious for up to 2 days (48hrs) before they have symptoms. This means it is easy to spread this disease before you are aware you have it. While the majority of those who become symptomatic can be managed at home, 15- 20% who contract the virus become unwell and may require hospitalisation. A small number (5%) require intensive care, some of whom require breathing support through ventilation. These patients are more likely to be male, older (>60) and have underlying conditions such as cardiovascular disease, raised blood pressure chronic lung disease, or diabetes. There is also growing evidence that individuals from Black, Asian & Minority Ethnic (BAME) communities and disabled people appear to have higher rates of serious illness from COVID-19

The exact mortality rate associated with COVID-19 infection is unknown, but it may be as high as 1- 2% overall and is higher in vulnerable groups. COVID-19 will likely remain a potentially deadly virus until an effective vaccine is created, but vaccination is unlikely to be available for several months to years.

Younger, healthy people appear to be less likely to develop severe symptoms based on current knowledge. Anyone, however, can spread the disease infecting those they love, their friends, colleagues, and teammates.

Governments and health authorities around the world have instigated social distancing requirements, restrictions on public gatherings, quarantine measures and limited travel to and from other countries to slow the spread of the disease and to enable health care systems to cope with the potential increased demands associated with managing the disease. The Cheerleading community has a responsibility to support these efforts.

We have used The SportCheer England Return to Play Guidance document in its entirety to help us know how to manage the different stages of COVID response.

SIGNS AND SYMPTOMS

In the UK, the National Health Service (NHS) describe common symptoms of COVID-19 to include:

- High temperature over 37.8°C
- New and persistent cough
- Loss of taste or sense of smell

In addition, other symptoms can include:

- Hoarseness
- Runny nose
- Sneezing
- Shortness of breath
- Sore throat
- Wheezing
- Tiredness

Though these are common symptoms of other illnesses, they may be signs an individual has been infected by COVID-19, and it is vital that you do not infect teammates, colleagues, your friends and family or the general public.

WHAT CAN YOU DO TO STAY SAFE?

- Please see the information provided later on in this document on hygiene considerations.
- Wash your hands – regularly and thoroughly clean your hands with soap (for minimum of 20 seconds) and an alcohol-based (minimum 60% ethanol or 70% isopropanol) hand rub. Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain social distancing rules - maintain at least 2 metre distance and where not possible, at 1 metre plus between yourself and others. When someone coughs or sneezes, they spray small

liquid droplets from their nose or mouth, which may contain the virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus, if the person coughing has the disease.

- Avoid touching hands to face, mouth or nose - Hands touch many surfaces and surface to hand transfer can spread the virus. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Catch it, bin it, kill it - Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze.

WHAT HAPPENS IF I HAVE BEEN IN CONTACT WITH AN INFECTED PERSON?

- The NHS currently recommends that close contact (within 1 metre of someone with the virus for 15 minutes or more) with an infected person requires that individual be isolated for 14 days from the last time they were exposed to the infected person. You may have been informed of this via the NHS Test and Trace system.
- If you are worried that this may relate to you, you should follow NHS Isolation Guidelines.
- Further guidance is contained later in the document under 'what to do if someone reports COVID-19 symptoms after a training session'.

BLACK, ASIAN AND MINORITY ETHNIC GROUPS

There is evidence that these communities are affected more by COVID-19 than other sections of society. The Office of National Statistics (ONS) describe black people as being 1.9 times more likely to die from COVID-19 than white people, with Pakistanis and Bangladeshis at 1.8 times and Indians at 1.5 times more likely to die from COVID-19. There appears to be a number of possible reasons for this, but none that have been researched in enough depth by the scientific world to be acted upon specifically.

RECOMMENDATIONS FOR RETURN TO PLAY FOR DISABLED ATHLETES

SCE are keen to ensure that athletes with disabilities, for instance on Adaptive Abilities, Special Abilities teams, and those who are part of classical teams, are not left out of the considerations when planning for a return to play.

Recent statistics from the ONS* show that disabled people are significantly more vulnerable to the effects of COVID-19 than their non-disabled counterparts. We therefore recommend that coaches of these teams take significant extra precautions in planning and managing the return to training for those athletes.

After adjusting for region, population density, socio-demographic and household characteristics, the relative difference in mortality rates from COVID-19 between those classed as "limited a lot", in the latest census, and those without disabilities was 2.4 times higher for females and 1.9 times higher for males. There are a number of socio-economic factors which adjust for these risks to disabled athletes in Cheerleading, for instance many elderly people are disabled and mortality rates in care homes will have had a large impact on the data as represented above.

However Clubs should still take this into consideration. SCE has detailed below further guidance on the additional considerations and recommendations for return to play for teams with disabled athletes to ensure that more vulnerable athletes are kept safe:

- We advise that disabled athletes, especially those who were put onto the government's vulnerable list, contact their GP regarding their return to sport and that they provide the Club with a note to confirm the GP is happy for them to return. (GP notes can incur a cost to the athlete so please bear this in mind when requiring that as part of the athlete's ability to return).

- At the start and end of training sessions and in breaks during longer sessions, we advise that mobility and other disability support equipment is disinfected as a part of the Club's sanitation routines.

- For athletes who use separate mobility equipment for sport and day to day, SCE advise that where possible, athletes transfer to their sports device outside of the training environment and leave their day to day mobility device in a separate area.

- Where possible we highly advise that athletes and staff working in a disability inclusive environment wear masks and other appropriate PPE (for example, face shields to prevent transmission from saliva droplets) when working in close contact with each other.

- Ensure that the Club's accessible routes, which may not be the usual routes in and out of the facility or onto the floor, are also disinfected and cleared between sessions so they are safe

for the athletes to use.

- If an athlete needs a support worker in order to participate in the sport (or to manage day to day activities while participating, for instance as an interpreter, when consuming water, washing their hands, etc) that person should be included in your considerations when calculating the maximum number of people in the facility at one time.
 - o As the level of risk of infection reduces, SCE advises Clubs to relax the inclusion of support workers when calculating the maximum number of people allowed to enable a larger number of athletes to participate together whilst allowing for the support worker to remain in the training space enabling the disabled athletes to participate fully.
- If an athlete has a support worker they are in regular contact with but who is not required to assist them during sporting activity, SCE advises that the support worker is enabled to stay at a reasonable and close distance so that they are available to support the disabled athlete if needed, without being present during the sporting activities. For instance they may be in another room of the facility, waiting just outside, or in a vehicle closeby.
 - o As the level of risk of infection reduces, SCE advise Clubs to relax the distancing of support workers who are not needed by athletes during sporting activity, but may be needed for other types of support and to allow them to be present in the training space even if not needed for direct participation, rather than in a separate space.
- When masks are worn make sure to take extra consideration that athletes with hearing impairments may struggle to understand you. There are masks available that have clear screens in the front, otherwise known as “lipreading masks” which can be used when working with athletes with hearing impairment. If using such a mask please ensure that the design and build ensures it protects against droplet transmission.
- When Clubs enter Level E and above on the Return to Play Roadmap Chart (see Return to Play Roadmap Chart below), they should ensure that they place added emphasis on maintaining physical distance as much as possible whilst utilising Stunt Group Bubbles by having athletes step away from each other as soon as it is safe to do so when a stunt comes down or contact activity has stopped.

• Research carried out by RNIB found that almost two thirds of blind or partially sighted people reported that they have found maintaining a social distance difficult. When working with athletes with visual impairment SCE recommends the following additional considerations:

- o If athletes usually need guiding to find their way around, Clubs should try to implement verbal guiding rather than contact guidance.
 - o Clubs should ensure that visually impaired athletes are made aware of sanitisation stations and any new installations like protective screens and contactless payment terminals.
 - o Tactile floor markers may be helpful to support visually impaired athletes to maintain social distancing.
- Some athletes with disabilities may not feel comfortable returning to play at this stage, or may not get an agreement from their GP to do so. SCE advises that Clubs ensure an opt in ethos is supported and that disabled athletes are not indirectly discriminated against by putting undue pressure on those athletes to return immediately on reopening of the facility. Instead Clubs should ensure there is still a place on the team for these athletes when they feel it is personally safe for them to return and/or they have an agreement from their doctor to do so.

*ONS statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/2marchto15may2020>

RISKS WITHIN CHEERLEADING

COVID-19 is an infectious disease spread primarily through respiratory droplets in the saliva or nasal discharge on coughing or sneezing. COVID-19 has led to a global pandemic with significant mortality. Since March 2020, the UK government strategies have led to reduced rate of spread of COVID-19, with current advice being to ‘Stay alert and safe’.

Since March 21st 2020, leisure facilities and training venues including Cheerleading gyms have been closed. The Government has supported the re-opening of such facilities as of July 25th 2020, if deemed appropriate by the National Governing Body for each Sport. SCE has taken many considerations into account when developing this framework including the physical and psychological benefits of Cheerleading for the 89,000 athletes across the UK, and the economic return of the Cheerleading community.

The key principle underpinning the SCE framework and Return to Play Cheerleading Roadmap Chart is that the resumption of Cheerleading should not compromise the health of individuals whilst enabling participation in all aspects of the sport. The SCE framework is based on the latest data and recommendations published by the UK Government as well as medical advice and expert knowledge of Cheerleading.

It is recognised that the use of music in training sessions, during performances and at competitions is part of the sport of Cheerleading. Clubs should put measures in place to avoid the need for people to unduly raise their voices to each other. This includes refraining from playing loud music that may encourage shouting if played at a volume that makes normal conversation or giving coaching instructions difficult. Athletes should be encouraged not to shout additional instructions or count along to the music, and other common practices associated with Cheerleading that involve raised voices. This is because of the potential for increased risk of transmission.

Cheerleading as a sport involves frequent physical contact between athletes during the stunting elements of training and competitive routines. It also involves a high moisture level where there is potential for sweat, saliva and moisture rich breath to be present during contact between athletes and coaches during training sessions, performances and competitions. As Cheerleading training sessions and competitions most usually take place inside, the risk of high moisture levels is increased versus if these activities were to take place outdoors.

With variations in Club structure and so many different considerations individual to each Club, SCE advises that each Club undertakes a full risk assessment as per Government documentation and adheres to the Return to Play Cheerleading Roadmap Chart when returning to training. If cases are identified, or regional R rates increase, it is critical to re-evaluate the risk of the level you are operating at and move back up the levels as deemed appropriate. This may involve a period of closure.

Good communication between the Club and the athlete is fundamental to ensure any changes in individual athlete risk is continually evaluated e.g. if new medical conditions are diagnosed or they have new contacts with vulnerable individuals. It is important that Clubs do continually risk assess to ensure the safety of the athletes and the community around them.

It is essential that every Club engages fully with the NHS Track and Trace scheme (<https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>). This includes the accurate record keeping of athlete and staff attendance including name, phone number, time of arriving/leaving whilst ensuring GDPR regulations are adhered to. This should be kept for 21 days as per Government advice. If an outbreak is identified within the Club or facility, SCE advises liaising with the local Public Health England team regarding temporary closure. (<https://www.gov.uk/government/organisations/public-health-england>)

COVID-19 can range from asymptomatic, to mild, to severe illness with an incubation period of 5 - 14 days. It is critical that however mild or common the symptom is reported, isolation guidelines are followed until a test is returned as negative or the individual is symptom free for 7 days (current Government guideline). If a symptom is reported during a training session, the individual must be isolated in a designated area and collected by a household member as soon as possible with advice to isolate and test the household as per current government advice. The most common symptoms include; fever (37.8 or above), cough and shortness of breath. Other symptoms include but not limited to; sore throat, conjunctivitis, headache, fatigue, muscle aches, diarrhoea, nasal congestion, loss of smell or taste, rash, discolouration of fingers or toes, chest pain.

CLUB CONSIDERATIONS

SCE acknowledges that while all Clubs share the common ground of Cheerleading as their sport, every Club faces its own specific set of circumstances that pertain to them, based on a number of variables. These variables should be considered carefully by Clubs and form the basis of any decisions on which level on the RTP Roadmap Chart they should operate at and other important factors surrounding their return to Cheerleading.

Variables that Clubs may want to consider include, but are not limited to: regional variation in R rates, any localised lockdowns, population density in your area of operation, the demographic make-up of your participants (for example: BAME and disabled athletes have increased associated risks), local public transport links, training space and facility provision (for example; number of toilets, entry/exits, walkways, fire safety policies, floor space, ventilation, ability to social distance), and coaching capacity. Above all the priority of each Club must be the safety of their athletes.

RETURN TO PLAY CHEERLEADING ROADMAP CHART

SportCheer England's Return to Play Cheerleading Roadmap Chart will be used as a tool to help guide Clubs through the process of safe reopening and has been created based on government guidance, medical advice and expert knowledge of Cheerleading. However, it is important to note that your Club's circumstances and the government risk levels are subject to change at any time. The alert levels described in SportCheer England's Return to Play Cheerleading Roadmap Chart allow for flexibility and variances in individual Club's circumstances.

When deciding your Club's level on the RTP Cheerleading Roadmap Chart, it is important to use not only the chart but to also factor in all considerations specific to your Club and to make decisions accordingly.

Once you have selected your level and completed a full Risk Assessment (see links to template Risk Assessments for Cheerleading) SCE advises that Clubs communicate with their insurance company to check that they will be covered for the activity level proposed. Whenever you plan to move up or down a level on the Return to Play Roadmap Chart you should review and adjust your Risk Assessment.

Individuals must remember that there can never be risk free Cheerleading and any Cheerleading activity will come with inherent COVID-19 risks until there is a proven vaccine or treatment and a significant reduction of the disease in the population.

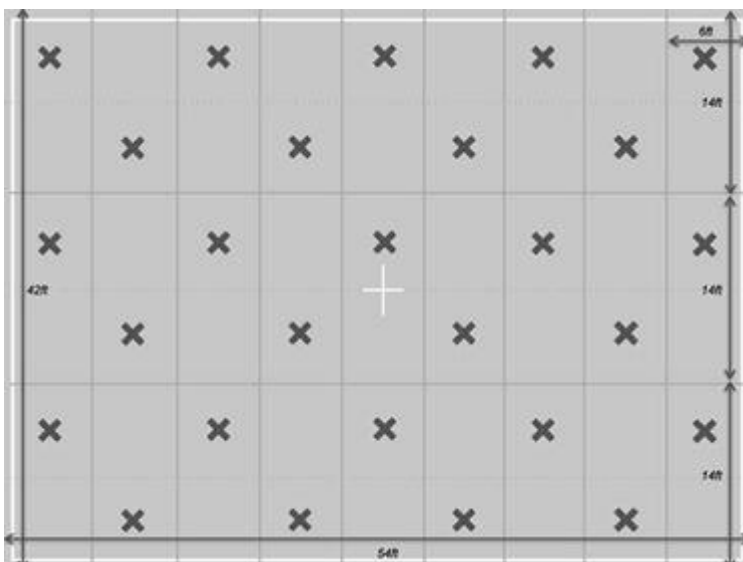
HOW TO CALCULATE YOUR AVAILABLE FLOOR SPACE & NUMBER OF ATHLETES

As discussed earlier in this document, the government announced that athlete numbers for indoor training should be calculated in relation to the amount of floor space and ventilation available. It is however important to remember the square footage of the facility will be net; including space for toilets, corridors, reception areas etc. and so additional considerations should be made before deciding on the maximum number of people who can safely be in a building at any one time.

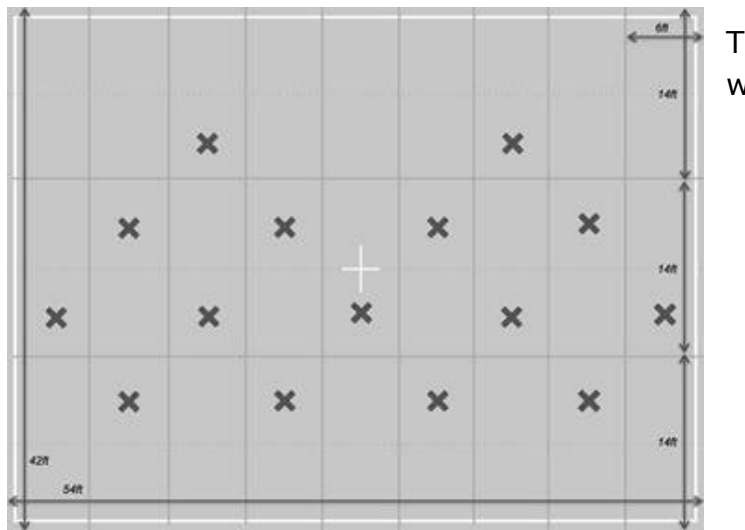
To further assist Clubs in calculating this number SCE have created a simple system using cheer floor panels for Clubs to use to calculate the maximum number of athletes who should be on the floor whilst ensuring social distancing. Provided the facility has adequate ventilation this calculation can be used. If ventilation is not adequate for the total given by the calculation then the maximum number of people in the facility should be reduced to reflect this variable.

Calculation Based on Cheer Floor Panels: SCE recommends 3 athletes to a 42' x 6' panel, spaced out in windows, staggered with the alternative strip.

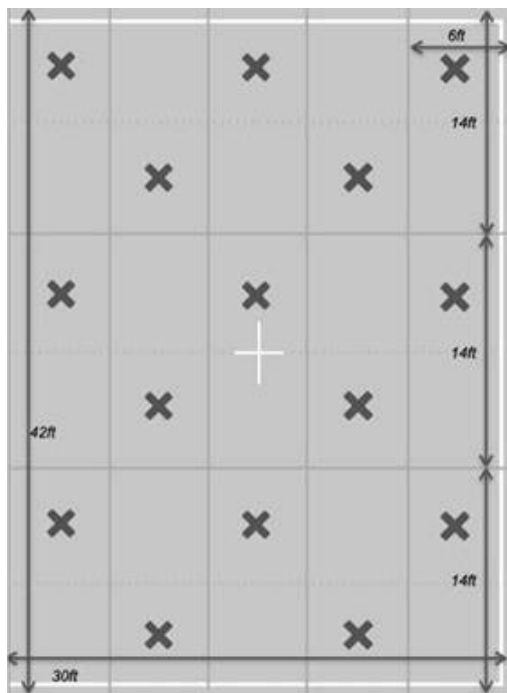
This image depicts a full size cheer floor, which would allow for 27 athletes.



This image depicts a full size cheer floor with 15 athletes.



This image depicts an example of a smaller size cheer floor with 15 athletes.



SAFEGUARDING

The COVID-19 outbreak has caused significant mental health and wellbeing difficulties for some children, young people and adults. It is therefore important that all facility staff/volunteers are aware of the safeguarding issues that can put children at risk, such as abuse and neglect and be able to identify the signs. A robust safeguarding policy must be in use before a facility opens. It is important that continuous and effective communication with parents and guardians is part of the safeguarding policy.

Below are a few simple steps Clubs can take to support children at this time:

- Follow the process outlined in SCE's Safeguarding Policy for reporting concerns.

- Staff and volunteers should be reminded how to respond if a child or adult at risk talks about a concern. The link below from the NSPCC includes information, advice and posters which can be shared with staff and volunteers.

- Continue to share contact details of key support services through the Club's social media and other channels:

Childline Tel: 0844 892 0220 (9am-Midnight) Web: www.childline.org.uk NSPCC Tel: 0808 800

5000 (9-6 Mon-Fri) Email: help@nspcc.org.uk Web: <https://www.nspcc.org.uk/keeping-children-safe/our-services/>

For more information please visit: <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/>

Further details can also be found within the Government guidelines on re-opening extra-curricular activities www.gov.uk/government/publications/protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak/protective-measures-for-out-of-school-settings-during-the-coronavirus-covid-19-outbreak

COVID-19 CLUB OFFICER

Each Club should name an individual as Cheerleading COVID-19 officer. They should have knowledge of Safeguarding, GDPR and should keep up to date with any further SCE updates as the pandemic evolves. Government guidelines for this can be found here: www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation/elite-sport-return-to-training-guidance-step-one--2

The designated COVID-19 officer for The Ministry of Beats is Amy Savile, head coach and principal.

The key roles and responsibilities will include:

- Ensuring the Club is compliant with SCE COVID-19 guidance & current Government guidance

- Responsible for completing appropriate COVID-19 risk assessments

- Keeping up-to-date with developments within the UK and Cheerleading itself to reduce the risk of COVID-19 infection and communicate it to all Club athletes. Sources of information may include:

- The SCE website

- SCE's social media outlets
 - NHS

- UK Government website

- Lead on screening of all athletes and staff for each training session, event or competition in accordance to the guidelines in this document.

- Upskill other staff or coaches to be able to conduct the screening

- Responsible for the collection and appropriate storage of screening forms and attendance forms.

- Responsible for contact tracing in relation to the individuals who have been in contact with a suspected case of COVID-19 within the Cheerleading session once an individual has notified the Club that they have been infected with COVID-19

- Responsible for directing an individual who has been infected by COVID-19 to report this to the NHS and get a test in order to commence NHS led contact tracing.

RISKS WITHIN CHEERLEADING: FURTHER CONSIDERATIONS

PERSONAL RISK

Athletes and coaches should be aware of all signs and symptoms of COVID-19 and should aim to reduce risk of infection as much as possible (see also COVID-19 symptoms and Hygiene Advice).

They should consider that:

- Increased numbers at training will increase risk of exposure to the virus • Cheerleading indoors has a higher risk than training outdoors
- Individuals (or members of their household) suffering from other underlying illnesses may have a higher risk than others if exposed to COVID-19. Underlying medical issues may include:

- Cardiovascular problems
- High blood pressure
- Diabetes
- Chronic kidney or liver disease
- Compromised immunity diseases
- Obesity (BMI 40+)

These individuals have an unquantifiable risk with current research predicting possible risk. Therefore, ALL individuals within the Club need to have been made aware of the risks outlined in this document prior to re-commencing Cheerleading to understand the associated risks of participating. SCE recommends that the Club's COVID-19 Officer send the SCE risk sheet (Appendix 2) to all members. This should help ensure that athletes and their families are aware of the risks of participating in Cheerleading with others and that they consent they are happy to do so, despite the increased risk to their health.

PERSONAL PROTECTION EQUIPMENT - RECOMMENDATIONS FOR ATHLETES AND COACHES

While the evidence is limited, facial coverings may reduce the risk of infection by reducing the water droplet effect from coughing, sneezing and general breathing.

Facial Coverings – Given that coaches are likely to be stood at the front of the training mat, facing their team; coaches, support staff, and First Aiders are recommended to wear facial coverings to reduce infection risk. Gloves and aprons are also recommended for dealing with incidents of First Aid situations where close contact is unavoidable and when cleaning and wiping down equipment.

Athletes are not required to wear facial coverings unless stunting (you can find information on the introduction of stunting in the SCE Return to Play Cheerleading Roadmap Chart).

Athletes who feel more comfortable participating in a mask should be allowed to do so. SCE recommends athletes select a mask that offers both protection and performance.

A number of providers are now marketing the use of “athlete-centred” face coverings; these are masks that feature specific qualifications to address the need to offer both protection and performance.

Links to articles featuring options for athlete masks can be found on the resources page of this document.

It is important Clubs are adequately stocked to supply coaches, support staff, and First Aiders with appropriate PPE.

The Ministry of Health will not require athletes to wear face masks, unless directed by the SCE or government guidance but staff and teachers will wear one at all times.

TEAM RISK

The larger the group participating, the more the risk level is increased. Below is a list of key considerations to take into account when increasing the number of participants in your training sessions.

- Small group sessions will reduce infection risk.
- Outdoor training is likely to reduce infection risk due to the reduction in the virus' ability to travel in that environment – aerosol spread.
- Large gatherings and high numbers within a confined space are likely to increase risk of infection.
- Stunting and Pyramids will increase risk of infection. When planning for these activities you should consider the current government alert level and guidance, the SCE Return to Play Cheerleading Roadmap Chart, your Club specific considerations and conduct a full Risk Assessment.
- We recommend communicating with parents and athletes to request people do not congregate in communal areas or the car park before or after training, but arrive on time and leave immediately after practice has finished to avoid prolonged periods of social interaction.
- When considering how athletes will arrive for training, SCE are advising against carpooling where possible.
- SCE advise that parent viewing areas or waiting areas are closed and that training is limited to athletes only. (Exemption: the provision of carers/support workers for disabled athletes).

The Ministry of Sports will not allow parents to spectate during classes, they will be directed to drop pupils off at the door of the venue and then collect at a designated arrival time. They will not be able to go inside the venue and will be required to wait outside for collection, It is important that parents/carers remain a designated social distance from each other (as recommended by the government).

NATIONAL RISK

SCE and Competition Event Providers will be led by government advice, thorough Risk Assessments and the timelines set out by venues as to the return date for competitions. When competitions are safe to commence, it is highly likely strict hygiene and some social distancing measures will be in place.

When considering travel to competition, SCE recommend Clubs take the following into consideration:

- Increased travel distances increase likelihood of viral spread, coupled with pressure on transport systems.
- At this time the use of minibuses and coaches is also not advised for competition travel due to the close confines of individuals within them. If completely necessary, then spacing between seats is advised and passengers should practice good hand hygiene before and after getting on board.
- Increased movement of people can spread the virus and poses challenges in contact tracing individuals who subsequently are diagnosed with having COVID-19.

CLUBS WILL NEED TO CONDUCT A SEPARATE RISK ASSESSMENT FOR TEAM TRAVEL AND COMPETITION ATTENDANCE

If The Ministry of Sports intends to attend competitions they will carry to individual risk assessments for each event in consideration.

SCREENING OF ATHLETES & STAFF

Due to the close contact nature of Cheerleading, SCE is advocating screening of anyone training or participating in Cheerleading to ascertain whether individuals are able to train safely. SCE are asking both Clubs and all individuals associated with Cheerleading (such as family members) to take responsibility for reducing the risk of COVID-19.

INDIVIDUAL SELF SCREENING

Before leaving the house to participate in Cheerleading and/or dance, athletes should check that:

- They do not have symptoms of a high temperature (feeling hot, feeling cold, shivers, feeling under the weather) or a measured temperature of 37.8 or above.

- They do not have a new persistent cough.

- They do not have a loss of taste or smell.

- They have not been in contact with a person with suspected COVID-19 within the past 48 hours.

- They have not been advised to self-isolate due to a third party from another setting (i.e. school) being infected with COVID-19.

- No one within their household has COVID-19 symptoms as outlined above which would require the whole household to self isolation as guided by the UK Government. Individuals must not attend a Cheerleading session if any of the above are true. Clubs should ensure that:

- There should be no pressure placed upon an athlete to attend a training session or competition if they have symptoms or they feel like the environment is unsafe for them.

- If during a session an individual feels uncomfortable with the management of the session, then there should be no pressure placed on that individual if they decide to opt-out of that session.

- All individuals should have read the SCE COVID-19 Information as set out in this document.

SCREENING INFORMATION FOR CLUBS

Clubs are responsible for maintaining up to date records of athletes' contact details and health, in order to assist in effective Track and Trace. SCE recommends screening at all Amber levels as shown on the Return to Play Cheerleading Roadmap Chart. Clubs should consider the following key considerations:

- The priority is to keep your athletes and staff healthy.

- Any individual coming to training/competition (coaches, athletes, staff) will need to have their attendance documented, and may need to be screened before entering the venue, depending on the risk level.

- Contact details are required in order to help the NHS Test and Trace service if a suspected case of COVID-19 arises.

- The attendance records of all individuals attending training or competition is to be held with the Club's COVID-19 Officer in a secure place and records should be maintained in line with the Club's existing policies and procedures.

- Screening temporary records are to be securely kept for 21 days after a training session before being confidentially destroyed.

- SCE reminds Clubs to be mindful of GDPR regulations. Follow this link to the Information Commissioner's Office (ICO) regarding holding data during this pandemic.

- Clubs are required to provide all staff and athletes with education on COVID-19 and the potential risks associated with Cheerleading.

- If Clubs are taking athletes and staff temperature on arrival at the venue, this should ideally take place outside, socially distanced and readings should be documented.

- Temperature should ideally be taken with a handheld infrared thermometer. Please note: temperature as screening should not be relied on as a sole method of screening. There is no current advice that requires taking temperatures on entering childcare or leisure facilities.

- Any positive answers to questions on the SCE Covid Screening Template will mean that the individual cannot attend the session and they should be advised to return home to self-isolate as per the Government's guidelines.

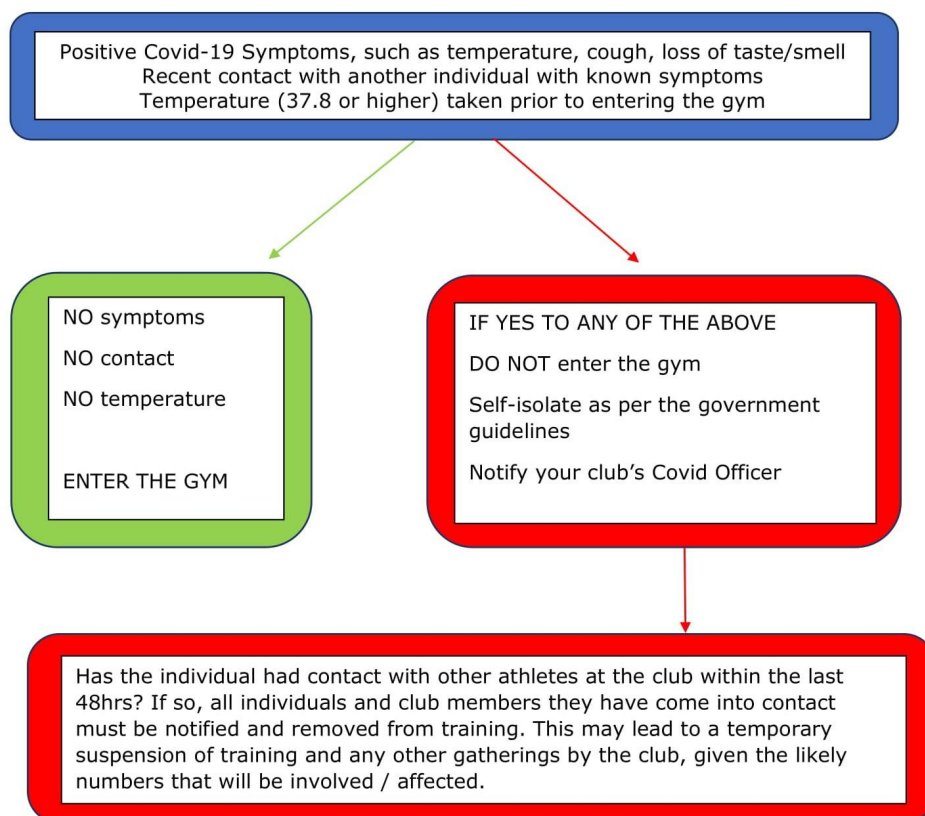
- If screening athletes and coaches see SportCheer England screening template

- Clubs should ensure that where screening takes place it is conducted in a suitable area away from venue entrances, ensuring good social distancing practices.
<https://www.gov.uk/government/news/dont-rely-on-temperature-screening-products-for-detection-of-coronavirus-covid-19-says-mhra>

WHAT TO DO IF SOMEONE REPORTS COVID-19 SYMPTOMS AFTER A TRAINING SESSION

In the event that someone reports symptoms of COVID-19 or a confirmed case of COVID-19 after attending a session the following is advised:

- All participants (athletes, coaches, staff) in the training session have the responsibility to notify the Club COVID-19 Officer should they experience symptoms of COVID-19 within 48 hours of the training session.
- Anyone with symptoms should ask for a test online or call to arrange a test by calling 119. The test should be completed within 5 days of the symptoms starting.
- The Club's COVID-19 Officer should direct any individual who tests positive to the National Government's Test and Trace procedures. In England this will mean that individuals will have a test within 48 hours. Each nation: England, Scotland, Wales and NI, have different procedures currently.
- In addition to the above advice, Club COVID Officer to contact all individuals that attended the training session in question to advise that an individual within that group has reported symptoms. If the individual is a coach, then all participants of all sessions will need to be contacted. Useful print-outs for parents and athletes can be found later in this document in Appendix 3 and Appendix 4.
- If a member of the Club presents with symptoms or reports a confirmed case of COVID-19 within 48 hours of a training and has been in contact with any other athletes, coaches and officials in the interim, then training for that particular class or 'bubble' must be suspended and all those that have had contact with the reporting individual be advised to isolate for 14 days.
- The name of the infected individual is not to be disclosed to protect anonymity
- All attendees of the session should be advised to isolate for 14 days (as per government guidelines) in case symptoms arise.
- Following a suspected case of COVID-19 in your gym, the gym and any equipment used will require a deep clean. See flow chart on the following page:



NHS TRACK AND TRACE ADVICE

Please see information chart below:



HYGIENE CONSIDERATIONS

It is important for Clubs to follow the hygiene guidelines set out below to mitigate the risk of transmission in conjunction with all other guidance outlined in this document. The guidelines relating to hygiene have been prepared to best reduce the risks of virus transmission.

Transmission is possible in a number of ways:

- Person to person
- Equipment to person
- Surfaces to person

Cheerleading involves some elements that SCE deem to be low/medium risk (conditioning, dance, tumbling & jumps) as well as elements that are high risk (stunting and building skills). The level of risk has been determined based on the amount of sustained contact involved in some skills which means it is not possible to socially distance and so increases the risk of transmission.

PREPARATION FOR TRAINING (CAN APPLY TO ATHLETES, COACHES AND OTHER STAFF)

- Asking athletes to arrive at the venue already changed and ready to participate and to only bring what is necessary
- After going to the toilet, thoroughly wash hands for a minimum of 20 seconds with soap or alcohol gel (minimum 60% ethanol or 70% isopropanol)
- Minimal use of changing rooms

- No unnecessary physical contact such as high fives, hugs, rituals involving contact (handshakes etc)
- Social distancing applies at all Amber levels in varying degrees. Please consult the Return to Play Cheerleading Road Map Chart for more specific information
- Use markers on the floor to show direction of travel around the gym. Where possible have separate entrances and exits for teams arriving and leaving, to avoid crossover periods where social distancing is difficult
- Provide suitable and sufficient rubbish bins in these areas with regular removal and disposal
- Strongly advise against athletes and coaches carpooling to venues.
- Avoid touching high-contact surfaces such as door handles, benches, chairs, etc.
- Consider providing boxes/trays for athlete's belongings that can be easily disinfected between uses

Consider shorter training sessions to avoid breaks where athletes are likely to be less mindful of social distancing

HYGIENE DURING TRAINING

- Social distancing markers on the floor will show where athletes must wait to enter and how to move around the mat
- Remain socially distanced from other athletes. Limit physical interaction as much as possible.
- Water bottles to be kept socially distanced, in the space provided by the coach (either individual boxes, floor markers, or kept in the space next to the athlete)
- No sharing of water bottles
- All water bottles clearly labelled with the individuals name on it
- No handshakes, high fives or other physical contact
- No sharing of towels, t-shirts or other items
- Cleaning of shared equipment between each use and again between sessions
- No shouting over music, or yelling / 'mat talk' between athletes that may increase the risk of droplet spray in the air
- Regular handwashing
- Regular cleaning of equipment between use by different athletes

MEDICAL PROVISION

- If you have use of a medical room, size must be factored in when considering number of people allowed in the room to allow appropriate social distancing
- Only essential people should be in the medical room
- First Aiders should strongly consider wearing face coverings/masks and eye protection (glasses/goggles) during examination or treatment (Close contact)
- Keep close contact (within 2 metres) to the absolute minimum. Consider alternatives where appropriate to reduce close contact time.
- First Aid incident reporting should be carried out as usual, to help NHS Test and Trace.

- First Aiders who attend an incident, should fully comply with hand hygiene requirements after treating someone
- Ensure all first aiders are up to date with resus guidelines during COVID-19 pandemic. <https://www.resus.org.uk/covid-19-resources>

HYGIENE AFTER TRAINING

- Wash hands immediately and thoroughly after training
- No congregating at the venue after training
- No handshakes, high fives, hugs or other physical contact
- Carpooling is not recommended from the venue
- Individuals will be required to wash their kit in 60°C high temperature wash in order to kill off any viral load

HYGIENE AT COMPETITION

- Arrive in uniform and do not use the changing rooms
- Avoid arriving at the arena much earlier than your check-in time. If weather permits, plan to meet the team/pass out wristbands/give team talk etc outside, before entering the arena and going straight to check in at warm-up.
- Make sure you have all athletes emergency contact details on your person
- Ensure you carry out a separate Risk Assessment for travel and competition

Consider shorter training sessions to avoid breaks where athletes are likely to be less mindful of social distancing

GUIDANCE FOR VENUES

As acknowledged previously, SCE are aware that there is variance in the types of venues used by Clubs for Cheerleading training. The below information will help Clubs navigate venue specific considerations when returning to training.

- Before returning to training, gym owners must ensure they have carried out a thorough risk assessment, taking into account the size and nature of their venue (a template Risk Assessment for Cheerleading can be used in conjunction with the Return to Play Roadmap)
- If programmes do not own their own venue, they must work with the venue owners to ensure a thorough risk assessment is taken out in partnership. It is also crucial to discuss the nature of other lettings activities if you do not have exclusive use of the building, and create a coordinated response

It is critical to remember in your planning that:

- National Government or Local Government regulations take precedence
- Additional venue requirements/procedures may be required for consideration You must abide by guidelines set out in UK Active Framework
- Normal Operating Procedures to be visible
- Emergency Operating Procedures to be visible
- Robust cleaning procedures must be in place and available on request

GUIDANCE FOR THE RETURN TO COMPETITION

In England (and indeed the whole of the UK), all regional and national competitions, are run by independent, private event providers (EPs). EPs recognise and support SCE as the national governing body, and agree to follow rules and guidelines set out by SCE with regards to competition (such as age grids and available competitive divisions). Upon approval from the DCMS, SCE will issue all EPs a copy of the Return to Play Cheerleading roadmap, and provide additional guidance and support on the return to competition.

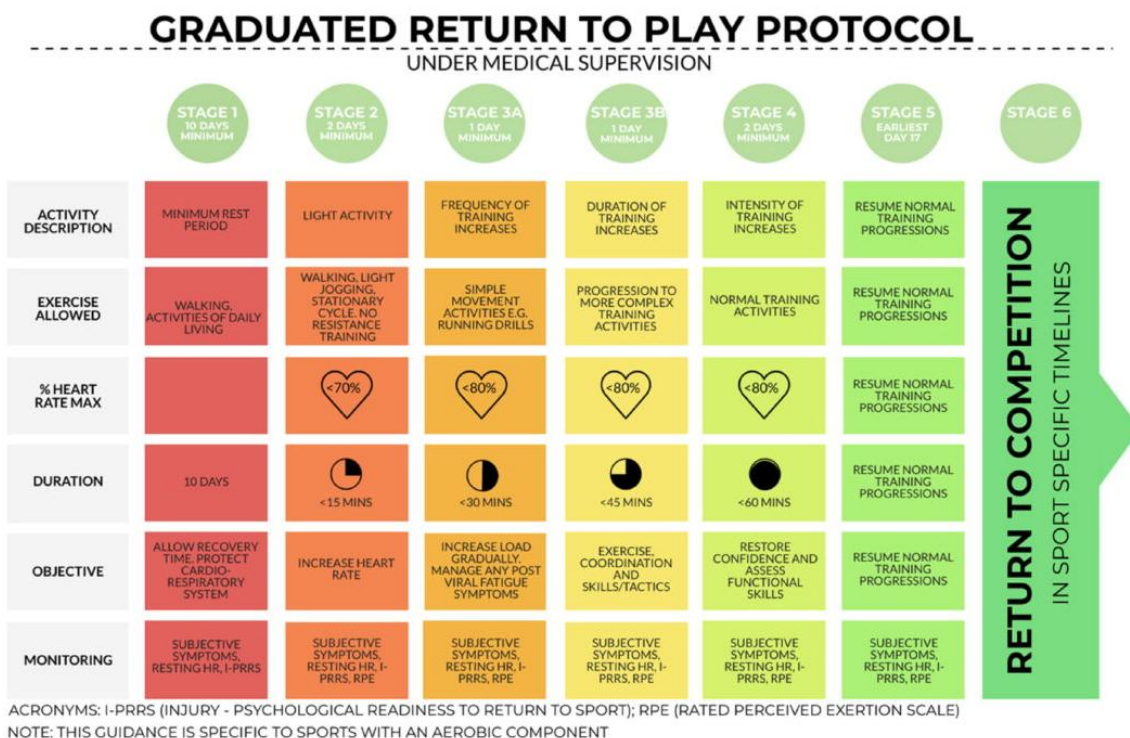
SportCheer England and EPs will be led by government advice, thorough Risk Assessments and the timelines set out by venues as to the return date for competitions.

RETURNING TO CHEERLEADING/DANCE HAVING HAD COVID-19

The severity of COVID-19 symptoms will be different between everyone. The length of time to return to physical activity in individuals that have had moderate to severe symptoms may be much longer than expected. Those with mild symptoms at the time of infection may still feel fatigued after the infection. There is ongoing research into returning to sport and the effects of this.

The Faculty of Sport and Exercise Medicine UK have useful guidelines on the return to sport - www.fsem.ac.uk/infographic-grtp-covid-19/

If athletes or parents/guardians of athletes report symptoms as per the above guideline, they must step back on graduated training. This is similar to the guidelines that Club's should have in place if an athlete has suffered a concussion. If an athlete has been in intensive care, a personalised return to sport plan should be sought from a medical professional.



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