



SWM Kickers Soccer Club

COVID-19 Testing Procedures

Plan for compliance to Michigan Executive Order MI Youth Athlete COVID Testing program pursuant to the MDHHS Epidemic Order on 3/19 for Gatherings and Face Mask Order including the Interim Guidance for Athletics for 13-19 year old athletes.

March 29, 2021

MI Safer Sports Testing Program

Steps to participate

Step 1

Engage important community members

- Attend, share, and view recordings of the MDHHS webinars
- Send emails to important stakeholders
- Send letters to community members
- Connect with your School District and Intermediate School District (ISDs)

Step 2

Identify points of contact

- For each district
- For each school building

Step 3

Training

- Attend or watch the recording of the live MDHHS training sessions
- View the BinaxNOW online training videos [here](#) and [here](#)
- Attend MDHHS office with questions
- Review [MDHHS Interim Guidance for Athletics](#)

Identify “testing team”

- Staff to perform tests
- Staff to complete result reporting

Step 4

Plan for testing

- PPE gathered ([CDC GUIDELINES](#))
- Secure a space
- Have a plan for [waste disposal](#)
- Test result reporting
 - [Report test results](#) after each round of testing
 - [Reorder rapid antigen tests](#) weekly

Step 5

Plan for testing positive and outbreak management

Negative antigen test → OK to play → Continue with testing protocol

Positive antigen test → Cannot compete → Send home ASAP. Follow up with PCR*

Symptoms → Cannot compete → Send home ASAP. Follow up with PCR*

Close contact → Cannot compete → Send home. Follow quarantine guidance

*Schools are not responsible for obtaining PCR tests; Follow up with doctor/urgent care/drive up PCR testing

Step 6

Consent

- Finalize consent forms
- Obtain consent from participants
- Participant code of conduct

Step 7

Enroll

- Each school needs to fill out the [enrollment survey](#).



Step 1 – Engage Important Members of the community

- The club has been in contact with the local health department
- Contact made with the school system (Lakeshore)
- Email sent to the club informing them that testing will begin within one week of participation of soccer activities after April 2nd
- Email sent requesting volunteers with a healthcare background to help with testing.



Step 2 – Identify points of Contact

- Jay Meeth – Testing Protocol, Logistics, PPE Acquisition, Test Acquisition, and Volunteer Training.
- Gil Urban – MSYSA, WMYSA, Premier, Lakeshore School System, and Berrien County Health Department Contact
- Pattie Warren – Program Compliance and Contact Tracing
- Brian Lawrence – Director of Coaching

Step 3 - Training



The image displays a training module overview for the BinaxNOW COVID-19 Ag Card. On the left, a large graphic features the Abbott logo and the text "MODULE 1 GETTING STARTED with BinaxNOW™ COVID-19 Ag Card". In the center, a play button icon is positioned next to a box of the BinaxNOW COVID-19 Ag Card. On the right, a vertical list of five modules is shown, each with a play button icon and a corresponding title: "MODULE 1: GETTING STARTED", "MODULE 2: QUALITY CONTROL", "MODULE 3: SPECIMEN COLLECTION AND HANDLING", "MODULE 4: PATIENT (INDIVIDUAL) TEST", and "MODULE 5: NAVICA ADMIN APP".

Director of Parenting to complete all 5 training modules
All volunteers administering tests to watch Module 3
All volunteers to be submitting results results to be trained on states submission platform



Step 4 – Plan for Testing

Test Program Building Blocks

- CLIA Waiver – Submitted and first two weeks of test ordered from the state
- PPE Plan – Obtained through Amazon
- Biohazard Disposal Plan – Biohazard waste bags obtained through Amazon and to be disposed through health department
- Testers to be trained through BianoxNow Training Videos
- Ability to comply with Reporting Requirements

Step 4 – Plan for Testing (cont.)

PPE Protocol

- Personal collecting specimens or working within 6 feet of patients suspected to be infected with SARS-CoV-2, maintain proper infection control and use recommended personal protective equipment (PPE), which includes facemask, face shield, gloves, and a gown, when collecting specimens.
- For personnel who are handling specimens but are not directly involved in collection (e.g., self-collection) and not working within 6 feet of the patient, follow standard precautions. Personnel are recommended to always wear a face mask while in the testing facility. PPE use can be minimized through patient self-collection while the trained personnel maintains at least 6 feet of separation.
- Facemasks, Face Shields, Gowns, Gloves, and Sanitizer have been obtained by the club for all volunteers.



Step 4 – Plan for Testing (cont.)

Pre-Test Planning

- The club will provide free testing Monday and Tuesday (5:00-6:45) at Lakeshore Youth Soccer Complex at the concession stand.
- All players will be expected to test weekly.
- Teams of volunteers will administer tests and report results.
- Coaches will recognize tests from SWM, the school system, or any other testing site that is done within one week of participation.
- Coach will acknowledge weekly on Thursday that all players who are playing/practicing in any organized SWM soccer event have been tested via google survey.
- Any player that has not had a test within the seven-day window of practice/games will not be allowed to participate in SWM events.

Step 4 – Plan for Testing (cont.)

Test Day Procedures

- For players testing through SWM, arrive to Monday or Tuesday Practice fifteen minutes early and go to concession stand.
- Bring the Signed MI Safe Sport Code of Conduct week 1
- Bring the Consent form filled out and signed by parent/guardian to weekly testing.
- Player is administered test and heads to practice where masked social distance is maintained while test results are pending.
- If player test positive that player will be discretely removed from practice through coach notification.
- All results are reported through state of Michigan testing website.

Step 4 – Plan for Testing (cont.)

Testing Procedure

Station 1 : Enrollment Form and Test Acquisition

- 1) Athlete Hands Volunteer Signed Consent Form (1st test); For subsequent tests, athlete provides name and date of birth then SWM retrieves signed consent form.
- 2) Volunteer Applies Unique Numbered Sticker to Form
- 3) Volunteer Applies duplicate Numbered Sticker to Outside of Test
- 4) Athlete Takes test to Station 2

Station 2 : Test Administering

- 1) Volunteer opens test and applies drops to reservoir
- 2) Athlete Self-Administers Nasal Swab in both Nostrils and places in test kit
- 3) Athlete takes test to Station 3

Station 3 : Test Read

- 1) Volunteer reads test
- 2) If Negative, disposes in Biohazard Bag
- 3) If Positive, submit to head of volunteers to match test to consent form via unique number and notifies coach that player cannot participate. Test disposed into Biohazard Bag.

Station 4 : Test Data Entry

- 1) Volunteers enters all data into state website
- 2) Head of volunteers shreds all forms at the end of the clinic

Step 5 – Test Results Plan

Plan for testing positive and outbreak management

Negative antigen test

OK to play

Continue with testing protocol

Positive antigen test

Cannot compete

Send home ASAP. Follow up with PCR*

Symptoms

Cannot compete

Send home ASAP. Follow up with PCR*

Close contact

Cannot compete

Send home. Follow quarantine guidance

*Schools are not responsible for obtaining PCR tests; Follow up with doctor/urgent care/drive up PCR testing

Current contact tracing protocols already in place will be followed by the club.

Step 5 – Test Result Plan (Cont.)

When should I retest*?

	Symptomatic (first seven days) or close contact/known exposure	Asymptomatic and no close contact
Positive Result	<ul style="list-style-type: none"> • COVID-19 Case • Prompt isolation 	<ul style="list-style-type: none"> • Presumptive COVID-19 Case • Prompt isolation • Confirm with a PCR test*
Negative Result	<ul style="list-style-type: none"> • Presume negative • An individual who is a close contact/known exposure must still complete a 14-day quarantine • Confirm result with a PCR test* 	<ul style="list-style-type: none"> • Negative • No additional follow-up necessary • Reinforce prevention measures

*In the appropriate clinical context (see algorithms below)

Step 6 – Consent Forms

- One time Participant Code of Conduct (slide 14)
- Weekly consent form (slide 15)



MI Safer Sports COVID-19 Testing Program: Participant Code of Conduct

The Michigan Department of Health and Human Services, in partnership with Michigan's schools, is pleased to provide COVID-19 rapid antigen tests for school sanctioned athletics.

Where it would be unsafe for participants to remain masked, all participants in those winter contact sports must be tested consistent with MDHHS Guidance for Athletics issued February 7, 2021.

As a participant in the MI Safer Sports program, I understand and agree to the following:

- My participation in the practices and competitions over the course of this program is voluntary.
- I will receive a COVID-19 test (rapid test) in the 24 hours preceding any unmasked practice or competition and must receive negative test results in order to practice or compete.
 - If I test positive, I cannot return to practice or compete unless I receive a negative molecular (PCR) test within 48 hours of the rapid test results and I continue to have no symptoms.
- If I exhibit any symptoms of COVID-19, I will self-isolate and not attend practice or competition, regardless of any negative test result.
- If I test positive for COVID-19, show symptoms, or am exposed in close contact to someone who tests positive, I will cooperate with local and state public health officials in the case investigation and contact tracing process.
- Inside and outside of practice and competition, I will follow all state and local health orders that apply in my area, including wearing a face mask when around others, limitations on gatherings outside my immediate household, including non-team gatherings and social gatherings with my team outside of practice or competition.

I understand that failure to follow the above agreements could result in my removal from competition and practices and may result in disqualification of my entire team.

MDHHS may request documentation at any time necessary to enforce this Code of Conduct.

Participant Signature & Date

Parent/Guardian Signature & Date if Participant is a Minor



Header Consent and Registration Form for Rapid COVID-19 Antigen Test

Testing Facility: Lakeshore Youth Soccer Complex
Address: 6342 Cleveland Ave, Stevensville, MI 49127
Phone: 217.381.3524 Organization: SWM Kickers SC

Testing Date: _____

Personal Information

First Name: _____ Last Name: _____ Middle: _____

Phone Number: () - _____ - _____ Email Address: _____

DOB: (mm/dd/yyyy) ____ / ____ / _____ Biological Sex: * Male * Female * Prefer not to answer

Street Address: _____

City/State/Zip: _____

Race: Please check the box next to the one that best describes your race.

- American Indian/Alaskan Native
- Black/African American
- Asian
- White/Caucasian
- Hawaiian/ Pacific Islander
- Other
- Unknown

Hispanic or Latino: Please check the box next to one of the following that best describes your ethnicity.

- Latino or Hispanic
- Not Latino or Hispanic
- Unknown or Decline to specify

Arab or Middle Eastern: Please check the box next to one of the following that best describes your ethnicity.

- Arab or Middle Eastern
- Not Arab or Middle Eastern
- Unknown or Decline to specify

Do you have symptoms related to COVID-19? Yes No Unknown

If yes, what is the date the symptoms started? _____

**Have your insurance information ready in case antigen test is negative and saliva PCR test is indicated. For those without insurance, no-cost test state-run test sites are available.*



Header Consent and Registration Form for Rapid COVID-19 Antigen Test

First Name: _____ Last Name: _____

DOB: _____

School: _____

Please carefully read the following informed consent:

Please carefully read the following notice and sign the authorization to test for COVID-19.

1. I understand that the COVID-19 testing will be conducted through a BinaxNOW antigen test, or other acceptable test as ordered by an authorized medical provider or a public health official.
2. I understand that my ability to receive testing is limited to the availability of test supplies.
3. I understand that I am not creating a patient relationship with the ordering physician by participating in this testing. I understand the entity performing the test is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results and my medical care. I agree I will seek medical advice, care, and treatment from my medical provider or other health care entity if I have questions or concerns, if I develop symptoms of COVID-19, or if my condition worsens.
4. I understand it is my responsibility to inform my health care provider of a positive test result, and that a copy will not be sent to my health care provider for me.
5. I understand that my antigen test result will be available in 15-30 minutes. If the result is positive, it will need to be confirmed with a PCR test.
6. I understand and acknowledge that a positive antigen test result is an indication that I need to self-isolate to avoid infecting others until I obtain a negative PCR test result.
7. I have been informed of the test purpose, procedures, and potential risks and benefits. I will have the opportunity to ask questions before proceeding with a COVID-19 diagnostic test at the testing site. I understand that if I do not wish to continue with the COVID-19 diagnostic test, I may decline to test. If I decline to test, I may not participate in athletic practice or competition.
8. I understand that to ensure public health and safety and to control the spread of COVID-19, my test results may be shared without my individual authorization.
9. I understand that my test results will be disclosed to the appropriate public health authorities as required by law.
10. I understand that I may withdraw my consent to participate in testing at any time, and that doing so will forfeit my right to participate in the MI Safer Sports program.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

- I agree to undergo the COVID-19 antigen testing for the duration of the testing period/ authorize my child to undergo testing

Patient/Parent/Legal Guardian Signature

Date



Step 7 – Enrollment Reporting



Antigen Testing Results

Please enter Facility Information (and Ordering Provider Information) first. Enter the first tested individual below and then use the "Add Individual" button at the bottom of the screen to add more records. All individuals tested, regardless of result, MUST be entered. When the list is complete, click Submit.

Facility Information

* = Mandatory/Required

Organization Type:* Organization ID # (i.e. District Code): Building ID # (i.e. School Entity Code):

Facility Name:* Facility Street Address:*

City:* Zip Code: 5 digit (XXXXX)*

Phone: (XXX-XXX-XXXX)*

Test Information

Testing Date:* Test Type:*

Ordering Provider Information

Provider First Name: Provider Last Name:

Provider Affiliation (or "Standing Order"):

Individual Information

Individual 1

Individual ID #: (i.e. Employee or Student #)*

First Name:* Middle Name:

Last Name:* Date of Birth:*

Home Address:* City:*

Zip Code: 5 digit (XXXXX)* Phone: (XXX-XXX-XXXX)*

Sex:* Race:*

https://newmibridges.michigan.gov/s/isd-antigen-testing-results?language=en_US