

Ready to Return. Reconnect. Learn.

COVID-19 Guidance for Athletics



As of July 30, 2021

Hawai'i State
Department of Education



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Introduction

The Hawai'i State Department of Education (DOE) is committed to supporting our students as they pursue their goals for their future through their interests and passion. To ensure safe athletic seasons for our student-athletes, we must do what we can to limit exposure to COVID-19 for those who represent their schools in athletic competition as well as those who support student-athletes. The season includes all activities associated with each sport – practice, workouts, competition, and travel.

We believe it is in the best interest of the athlete and team to do what is possible to keep everyone healthy and safe. The HIDOE COVID-19 guidance for schools is intentionally layered, flexible, and aligned with guidance from the Centers for Disease Control and Prevention (CDC) guidance. Each school is different, and not every strategy outlined in this guidance can be practically implemented at every school. Therefore, multiple mitigation strategies are described. The HIDOE has identified some mitigation strategies as **core essential strategies**. Core essential strategies are so effective that in-person education requires these strategies be implemented in every situation.

Requirements for Student-Athletes, Athletic Staff and Volunteers

Effective September 24, 2021, all student-athletes and athletic staff and volunteers are required to provide proof of vaccination prior to participation in all school-sanctioned athletic activities. For the Fall 2021 season, student-athletes, athletic staff and volunteers participating in all school-sanctioned athletic activities shall need to be vaccinated by September 24, 2021.

By August 20, 2021, proof of full vaccination¹ or receipt of the first and/or second vaccination dose must be submitted to the school in order to initially qualify to participate in all school-sanctioned athletic activities. In addition, while unvaccinated or in the process of becoming fully vaccinated, the individual must undergo COVID-19 testing twice a week to qualify to participate or staff sports activities. Individuals who do not meet the COVID-19 testing requirement will not be permitted to participate in school athletics until they complete the testing requirement. Once fully vaccinated, the individual is no longer required to submit to bi-weekly COVID testing.

By September 24, 2021, proof of full vaccination must be submitted to the school. All individuals who are not fully vaccinated, subject to the exemptions described below, by this date will not be allowed to participate in any team activities. An individual may resume participation in team activities after proof of full vaccination is provided to the school.

¹ Full vaccination is defined as two weeks after a second dose in a two-dose series, such as Pfizer-BioNTech, Moderna, and Oxford Uni-AstraZeneca, or two weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine. If you do not meet these requirements, regardless of your age, you are not fully vaccinated.

For Winter 2021 and Spring 2022 seasons, student-athletes, athletic staff, and volunteers interested in athletics will need to provide proof of full vaccination by the first practice date.

Mask wearing will not be required for outdoor activities. Fully vaccinated individuals who have a known exposure to someone with suspected or confirmed COVID-19 shall be required to test three to five days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result. If the state Department of Health (DOH) determines a cluster, teams will follow DOH directions for the case.

Vaccination cards will be scanned by the school and a copy will be kept with other required documents and submitted to the school health aide for input into the student's health records. Copies of vaccination cards shall be treated as confidential health information and protected as such.

Students and adults may seek exemption from COVID-19 vaccination requirements for religious or medical reasons, with proper documentation. For religious reasons, parents are asked to fill out and submit the DOH EPI 7 Form. [Medical exemptions](#) shall be verified in writing by a licensed physician. If an exemption is granted, the individual is allowed to participate in team activities, but is required to submit to bi-weekly COVID-19 tests, with no less than four days between tests.

General Guidance for Athletics

A. Assessing risk

Athletics should consider the available data on levels of local transmission and the capacity to implement appropriate mitigation measures. Specifically, all activities should follow state and local ordinances, including mask wearing and limits on gathering sizes.

B. Risk stratification for sports

Certain sports are more likely to expose players to COVID-19 than others. See [risk stratifications for sports in NCAA](#) for further information.

C. Return to play after COVID-19

- All athletes-testing positive for COVID-19, regardless of symptoms, require a minimum 10-day resting period from date of positive test, medical clearance and must be asymptomatic for 24 hours without medication before returning to exercise and/or competition.
- Athletes who have recovered from COVID-19 must be cleared to return to sports by their physician and undergo further evaluation if they sustained any cardiac symptoms such as chest pain, shortness of breath, fatigue, palpitations or syncope.
- A positive cardiac screen or other concerning findings should prompt an electrocardiogram (ECG) and potential referral to a pediatric cardiologist for clearance.

- Those with severe COVID-19 symptoms (ICU stay and/or intubation) or multisystem inflammatory syndrome in children (MIS-C), should be restricted from exercise for a duration of three to six months. These athletes must be cleared to resume participation by their primary care physician and obtain a cardiology clearance.
- For all athletes, a graduated return-to-play protocol over the course of a seven-day minimum is required. Consideration for extending the progression should be given to athletes who experienced more severe COVID-19 symptoms as outlined below.
 - Review and follow the latest American Academy of Pediatrics (AAP) [COVID-19 Interim Guidance: Return to Sports](#)
 - See [Graduated Return to Play Guidance Following COVID-19 Infection](#), British Journal of Sports Medicine, Oct. 2020, Vol. 54, No. 19.
 - [Cardiopulmonary Considerations for High School Athletes During COVID-19 Pandemic NFHS-ACSSM Guidance Statement](#), Sports Health Journal, July 9, 2020, Vol. 12 issue 5, pages 459-461.
 - Return to play [medical referral form for COVID-19](#).

D. Travel for Athletics

Teams will follow the school transportation guidelines for ground transportation. When flying interisland, the school must consider all routines of travel including overnight stays, possible quarantine at destination if exposed to COVID, and adult supervision at all times. Any individual who is not fully vaccinated must receive approval from the school principal and Complex Area Superintendent to travel. Protocols must be put in place to ensure the individual is healthy and safe to travel with the team, and can meet the learning expectations, if there is a need to quarantine. At this time, no out-of-state travel will be approved if anyone on the team or adults in the traveling group are not vaccinated.

Core Essential Strategies to Reduce the Spread of COVID-19

A. Promoting Vaccination

People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. Evidence shows that people who are fully vaccinated against COVID-19 also are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

- COVID-19 vaccination is the most important core essential strategy.
- Everyone who is eligible should get fully vaccinated for COVID-19.
- All teachers, staff, and families, including extended family members who have frequent contact with students, should get vaccinated as soon as possible.
- People who are fully vaccinated do *not* need to quarantine if they are exposed to COVID-19 and are asymptomatic, which increases in-person education.

- See the [State of Hawai'i COVID-19 Portal](#) for vaccine information, including where to get vaccinated.
- Schools can help increase vaccine uptake among students, families, and staff by providing information about COVID-19 vaccination, promoting vaccination, and establishing supportive policies and practices that make it easy and convenient for eligible students, staff, and others to get vaccinated.
- Students or adults who need exemptions for religious or medical reasons must show a negative test result taken within the last 48 hours, twice a week, between four days. For religious reasons, parents will use DOH EPI 7 Form. Medical exemptions shall be verified by a licensed physician.

B. Stay Home when Sick

Staying home when sick is a core essential strategy to keep COVID-19 infection from spreading in schools and to protect others. All HIDOE staff, contracted service providers, visitors and students should complete a wellness check each morning before going to school or the office. If the answer is “yes” to any of the questions below, stay home and follow the [Return to School/Work Criteria](#) before returning to campus. Please report any illness or COVID-19 exposure to the school.

STEP 1: Check for Symptoms of Illness

Do you or your child have any of these symptoms? If yes, **do not go to school.**

- Fever (higher than 100°F or hot to the touch)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness, weakness)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Students and staff who have symptoms of any infectious illness or symptoms consistent with COVID-19 should **not** attend school and should get [tested](#) as it will help with rapid contact tracing and prevent spread in schools.

STEP 2: Check for Recent COVID-19 Exposure

Do any of the following apply to you or your child? If yes, **do not go to school.**

- Are sick or test positive for COVID-19.

- Are **unvaccinated** and have had recent **close contact** with a person with COVID-19.
- Adult and student close contacts who are fully vaccinated ***and*** asymptomatic do ***not*** have to quarantine and can go to school.
 - An **adult close contact** is defined as within 6 feet of a person with COVID-19 infection for a combined total of 15 minutes or more over a 24-hour period (regardless of mask use).
 - A **student's close contact** in a K-12 indoor classroom setting, where everyone is wearing a mask correctly and consistently, is defined as within 3 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period.

C. Masks

Correct and consistent mask use is a core essential strategy to help prevent and slow the spread of COVID-19 in schools and the community. When people wear a mask correctly and consistently, they protect others as well as themselves.

- Indoor settings
 - Masks must always be worn correctly and consistently by all students and staff when indoors.
 - The only exception is for eating and drinking.
- Outdoor settings
 - Students and staff do not need to wear masks in most outdoor settings.
 - Students and staff should wear masks in crowded outdoor settings or during activities that involve sustained close contact with other people.
 - Schools may elect to require that masks be worn in outdoor settings to simplify procedures for identification of contacts when a person with COVID19 infection is identified. For example, if cohorting or physical distancing will not be maintained during recess, wearing masks can help mitigate exposure and decrease the number of unvaccinated students and staff who must quarantine.
 - Schools should be supportive of students and staff who choose to wear a mask outdoors.
- Suitable cloth masks should have two layers of cloth and should fit snugly, covering both mouth and nose.
- Teach and reinforce the correct and consistent use of masks by students and staff.
- All students should learn about proper mask wearing.
- Students and staff should be frequently reminded not to touch their mask and to wash their hands or use hand sanitizer frequently.

D. Hand Hygiene (Handwashing and Respiratory Etiquette)

Hand hygiene and respiratory etiquette (covering coughs and sneezes) is a core essential strategy to keep from getting and spreading respiratory illnesses including COVID-19.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
 - If soap and water are not readily available, use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer).
 - Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children less than 6 years of age.
- Provide frequent reminders to wash hands and assist young children with handwashing.
- Players, staff, coaches, officials, and all participants should wash or sanitize hands:
 - Before and after practice and games
 - During games and practices with shared equipment or facilities, especially when balls or equipment are touched by more than one person
 - Have hand sanitizer containing at least 60% alcohol, disinfecting wipes, soap and water, or other sanitizing materials readily available at entrances, exits, benches, dugouts, and any other area prone to gathering or high traffic
- Monitor to ensure adherence among students and staff.
- Avoid touching eyes, nose, mouth, and mask.
- Encourage staff and students to cover coughs and sneezes with a tissue.
 - Throw used tissues in the trash and wash hands immediately with soap and water for at least 20 seconds or use hand sanitizer.

Adequate Hygiene Supplies

- Support healthy hygiene behaviors by providing adequate supplies, including masks, soap and water, hand sanitizer with at least 60% alcohol, paper towels, tissues, disinfectant wipes, and no-touch or foot pedal trash cans.

Signs and Messages

- Post signs that promote everyday protective measures in highly visible locations.
- Use simple, clear, and effective language about behaviors that prevent COVID19 spread when communicating with staff and families.
- Translate materials into common languages spoken by students, faculty, and staff in the school community.

Additional Mitigation Strategies to Maintain Healthy Operations and Environments: To be applied in combination to the greatest extent possible.

A. 'Ohana Bubbles or Cohorting

'Ohana bubbles or cohorting means keeping students and staff together in a small group and having each group stay together. 'Ohana bubbles or cohorting can be used to limit the number of students and staff who interact with each other, especially when it is challenging to maintain physical distancing. This is a strategy schools may use to help limit the spread of COVID-19.

B. Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of SARS-CoV-2 virus particles in the air. Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside.

- Prioritize outdoor as opposed to indoor practice and play
- Ensure ventilation systems or fans operate properly
- Circulate air from outside to inside as much as possible.

C. Physical Distancing

Schools should implement physical distancing to the extent possible within their structures.

- Physical Barriers and Guides: Use signage to promote preventative measures (i.e. mask use, physical distancing spacing).
- Communal Spaces: Discourage use of confined shared spaces as much as possible (i.e. locker rooms).
- Food/Meals: Layer mitigation strategies during eating and drinking, such as cohorting, assigning seats, or having students and staff sit facing the same direction.

D. HIDOE-Approved Modes of Transportation

- The CDC issued an order on January 29, 2021, requiring the wearing of masks by people on public transportation conveyances, including school buses, to prevent spread of COVID-19.
- Drivers and passengers must wear a mask on HIDOE-approved modes of transportation.
- Have spare masks available to ensure all students wear masks on HIDOE-approved modes of transportation.
- No eating or drinking.

- Keep vehicle windows open when it does not create a safety or health hazard.
- More open windows are better; opening a few windows even a few inches is better than keeping all windows closed when possible.
- Sanitize hands before students get on the HIDEOE-approved modes of transportation, when possible.
- Have household members sit together, when possible.
- Load HIDEOE-approved modes of transportation back to front, and unload front to back to limit students standing in the aisles next to those seated, as practical.
- Create physical distance between students on HIDEOE-approved modes of transportation, when possible.
- Assign seats in order to facilitate cohorting.
 - Assigned seating will assist in identifying close contacts if there is a person with COVID-19 infection.
 - Only unvaccinated persons identified as close contacts (within 6 feet of a person with COVID-19 infection for 15 minutes or more over a 24-hour period) will be required to quarantine.

E. Screening Testing for Identified Clusters

Screening testing identifies people infected with COVID-19, including those without symptoms or before symptoms develop, early to help prevent the spread of COVID-19.

If clusters of persons infected with COVID-19 are identified through screening testing, DOH will provide support to schools.

F. Cleaning and Disinfecting

Cleaning and disinfection are part of a broad approach to prevent infectious diseases, including COVID-19, in schools.

- In most situations, the risk of infection from touching surfaces is low.
- Cleaning once a day is usually enough to sufficiently remove potential viruses that may be on playing surfaces.
- Prioritize high-touch surfaces for more frequent cleaning.
- The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.
- If there has been a sick person or someone who tested positive for COVID-19 in a space within the last 24 hours, clean and disinfect the space.
- Use a disinfectant product from the Environmental Protection Agency's List N that is effective against COVID-19. (add link)
- All players should bring their own water bottles
- Discourage sharing of items, when possible. Encourage athletes to use their own equipment when possible.

Additional Considerations for Athletics

A. Visitors, Spectators, Fan Attendance

While community sports complexes are utilized primarily for sports competition or recreation, school facilities are used for multi-purposes aligned with the instructional program and school operations. It is difficult to determine universal guidance for all venues for sports activities.

Entrance into sporting events sponsored by the Department schools will be determined by the venue capacity, and the ability to apply the core essential strategies and layering of mitigation strategies safely. In addition, adherence to the current DOH and local county guidance is expected. Therefore, the number of spectators and seating will be determined by the host school. All spectators shall wear masks.

B. Records

Have everyone sign in and keep a roster of everyone present to assist with contact tracing in the event of a possible COVID-19 exposure.

C. Staggered scheduling

When possible stagger arrival and drop off times between sports that share facilities.

D. Communications

- Staff and families should self-report to the school if they or their students have symptoms of COVID-19, a positive COVID-19 test, or were in close contact with someone with COVID-19 within the last 14 days.
- Notify staff, families, and the public of school closures and any restrictions to limit COVID-19 exposure (e.g., limited hours of operation).

E. Screen for potential illness

Overview of the Process to Screen for Potential Illness

- i. DOH recommends screening for potential illness prior to athletic events
- ii. Screening is not specifically for COVID-19 and must be performed in a safe and respectful manner. Designated school staff can perform the screenings.

- Fever (a temperature of 100°F or hot to the touch)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness, weakness)
- Muscle or body aches

- Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting (stomach ache)
 - Diarrhea
- iii. If any of these symptoms are present, the person (staff member or student athlete) should be sent home immediately. If it is a student athlete, their parent/legal guardian will be contacted to pick up the student or the student will be sent home if he/she drove to school. If someone who is ill needs to wait for pick-up, he/she will be isolated in a supervised area away from those who are well.
 - iv. Be sure the school has updated contact information in the event that your student athlete needs to be sent home.

*A [printable Wellness Check visual](#) has been created for awareness to help keep our schools safe.

References

- Preparing for when someone is sick with COVID-19 ([See DOE COVID-19 Health and Safety Guidelines for School Year 2021-22](#))
- Response Procedure for Cases of COVID-19
- [COVID-19 Interim Case Definition](#)
- [COVID-19 Case intake form](#)
- [DOH Close Contact Form](#)
- [Close Contact Notification Form](#)
- [What to do if a person at school has COVID-19](#)
- Students or Staff Who Become Ill During the School Day ([See DOE COVID-19 Health and Safety Guidelines for School Year 2021-22](#))
- [Standard and transmission based precautions](#)
- [Clean and Disinfect your facility](#)
- Home Isolation and quarantine guidance (link under construction at this time)
- Additional information on testing strategies for COVID-19 prevention
[Diagnostic Testing Information](#)
[Testing strategies for COVID-19 in K-12 schools](#)