

Huron School District
Pandemic Contingency Plan

Updated - April 22, 2024 / Approved by the School Board to begin April 22, 2024

Huron School District Pandemic Contingency Plan

Our survey data shows strong support to do whatever we can to have children in our buildings to receive their education.

We love our students, and believe that children need school! Students thrive in safe, structured and nurturing environments. We will strive to teach students “in the building” through a shared commitment from students, teachers, families, and staff to prevent the spread of COVID-19.

The following guidelines are intended to provide protection for our employees, students, and community.

Definitions:

- **Diagnostic & Screening Testing:** The district is participating in the state-provided BinaxNOW and/or Quidel QuickVue test programs for students and families.
- **Face Covering:** A material that covers the nose and mouth, greatly reducing the projecting of mouth liquids.
- **Hand Washing:** Cleaning hands with either soap & water - or sanitizer.
- **Mask :** A face covering worn over the mouth and nose, including:
 - Medical Mask
 - Cloth Mask
 - Bandanna
 - “Gaiter”
- **Respiratory Etiquette:** To help stop the spread of germs, cover your nose and mouth with a tissue when you cough or sneeze. Throw the used tissues in the trash. If you don’t have a tissue, cough or sneeze into your elbow, not your hands. Remember to wash your hands immediately after blowing your nose, coughing or sneezing.
- **Shields:** Transparent materials that act as a “barrier” between persons when they are in close proximity.
 - Desk Shield - Three-sided transparent shields placed on desks.
 - Counter Shield - Large Plexiglass placed in reception areas and on some desks.
 - Bus seat Shield - highly pliable transparent barriers that are suspended from the ceiling of a bus and attached to the seat of the bus.

- Face Shield - Clear “helmet shield” worn as additional protection in conjunction with wearing a face covering.
- **Social Distancing:** A separation of six feet for prolonged interaction.
- **Social, Emotional, and Mental Health Needs Tips:**
 - · [Student Help](#)
 - · [Staff Help](#)
 - · [Coping with Stress from COVID-19](#)
- **Timed Interactions** Students and staff who are in close classroom interaction are “timed” to move and reset prior to any 15 minute continuous interaction.
- **Vaccinations:** Please contact a local health care provider.

What we will do as a school and district personnel when identified as orange, yellow, or red:

- Huron School Board and attendees will follow social distancing protocol, wear masks while entering and exiting meetings, and use hand sanitizer.
- Mitigate risk/spread by encouraging physical distancing, proper hand hygiene, sanitization, wearing masks, hallway flow adjustments, adjusting lunch times and seating, recess modifications and spacing of students in common areas.
- Be aware of illness/symptoms in the student body and contact a student’s family immediately if a student exhibits symptoms.
- Monitor positive COVID-19 cases and its spread in our schools, and follow the recommendation of state and local health officials and **The Operations Section of the Beadle County Covid 19 Task Force** regarding school closures, modified school schedules or in-school adjustments.
- Improve our digital curriculum to meet the needs of distance learning as it arises.
- Modify our method of delivery, however necessary, to ensure the health and well-being of students and staff.

What families can do when the school has identified as orange, yellow, or red:

- Send your child to school with a clean mask daily.
- Understand that these guidelines are determined by health, educational and community professionals in an effort to care for your child, considering the physical environment, time spent in school, and the potential risk to the health of our students, staff and families.
- Take family members' temperatures twice daily. If temperature reaches 100.0, keep your child home for 48 hours, with 24 hours of no temperature without fever reducing medication.

- Keep your child home if they have a fever, cough, cold or flu symptoms, and have them return only when these symptoms have subsided for 48 hours, with 24 hours of no temperature without aid of fever reducing medication.
- Create a family plan:
 - In case your child is sent home from school/bus due to high temperature or is required to be quarantined or isolated.
 - In the event schools close for a 14-day quarantine.
- Encourage family members to congregate at the bus stop and sit together while riding the bus.
- Talk to your child about changes they may notice at school, reinforcing that these measures are in place to preserve their health, and the health of those around them.
- As always, please reinforce the importance of respecting the responsibility of teachers and staff to maintain order in the classroom, the hallway, and other campus areas.
- Prepare to adapt to change.
 - From March 13, 2020, to today, we know that things evolve quickly, and schedule modifications and/or closures may be unavoidable.
- Recognize **you can choose traditional face-to-face school or Homebound options, and still remain actively enrolled as a student in the Huron School District.**
- Understand that we are here to assist you with your child's educational needs.
- Know that you as a guardian and parent have the right to keep your child home at any time as you assess risk as it relates to your family.

Return to school procedures after being identified as orange, yellow or red.

Students and staff excluded for presumed or diagnosed with COVID-19

- *Follow SD DOH and CDC If You Are Sick Guidance*
- *Follow current federal, state, and local guidance CDC Return after illness.*
 - *Positive or suspected case - Exclude until test result is negative OR if untested, at least 10 days since symptom onset (and 24 hours without fever AND symptoms improved).*

Students and staff who are close contacts:

Individuals identified as close contacts will quarantine for 14 days since last exposure or may return to school and monitor for symptoms using the following guidelines:

- *Any asymptomatic student or staff member who had close contact may return, must wear a mask, and monitor for symptoms in lieu of quarantine at home.*

Parents will continue to receive notification of any close contact and may choose to have students return to school following the guidelines above or follow quarantine recommendations. Students who quarantine will have absences excused. The Huron School District is not participating in the state DOH workbook process.

Students and staff are highly encouraged to continue to mask if there is COVID-19 present in the community. Students and staff can avoid being identified as a close contact by choosing to wear a mask or provide proof of vaccination.

Healthy Children, who have been named close contacts, may choose to remain in school if identified as a Healthy Student Initiative. (HSI)

Staff members identified as close contacts may also choose to return to work if identified as a **Critical Infrastructure Worker (C.I.W.)** following the guidelines above. Staff members choosing to follow recommendations to quarantine will have access to leave in accordance with district leave policies. If symptoms develop within the 14-day quarantine period, the student or staff member will be excluded and must isolate at home. Students should follow isolation instructions, including notifying their healthcare provider and school.

The Superintendent will communicate with the Operations Section of the Beadle County COVID-19 Taskforce, to analyze data and make recommendations regarding Covid Issues.

The “Operations Sections” includes, but are not limited to:

Doug Ramsell	County Commissioner
Rick Benson	County Commissioner
Denis Drake	County Commissioner
Gary Harrington	Mayor
Julie Miller	SD Department of Health
Ron Hines	EMT Ron Hins
Kevin VanDiepen	Chief of Police
Doug Solem	Sherriff
Taylor Jans	Emergency Management
Dr. Joe Carr	Covid Testing Center - Contact Tracing
Scott Winegar	Covid Testing Center
Ashley Kingdon	Covid Care Center Coordination
Rebecca Storm	Family Nurse Practitioner - Quick Care
Erick Larson	HRMC
Terry Nebelsick	Community Member

Thresholds for Decisions on School Status

*Signage will be posted on the front doors of every building showing current threshold status.

THRESHOLD 1 NO SPREAD	THRESHOLD 2 LOW SPREAD	THRESHOLD 3 MODERATE SPREAD	THRESHOLD 4 SUBSTANTIAL SPREAD
PHASE 1 <ul style="list-style-type: none"> ● Schools Open ● Infection rate less than 3% (less than 100 students / staff districtwide) 	PHASE 2 <ul style="list-style-type: none"> ● Schools Open ● Masking recommended ● Shielding in place ● <i>Shielding in the classrooms is at the discretion of the teacher.</i> ● Social Distancing ● Hand Washing 	PHASE 3 <ul style="list-style-type: none"> ● Schools Open (with increased safety measures to Phase 2) ● Masking Required. ● Individual classrooms or departments may be closed ● Inform parents/families of increased safety measures by building. ● Increase distancing measures by building/classroom 	PHASE 4 <ul style="list-style-type: none"> ● Buildings closed to students ● Schools implement 100% distance learning for Option A students ● Schools return to phase 3 after 14 days ● Decisions on all staff reporting vs. closing buildings will be handled by the Superintendent's office case-by-case. ● Staff bringing children under school age into work will be determined by waiver application to the superintendent.

HEALTH PROTOCOLS

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<p style="text-align: center;"><u>STAFF</u></p> <ul style="list-style-type: none"> • No requirements <p style="text-align: center;"><u>STUDENTS</u></p> <ul style="list-style-type: none"> • No requirements 	<p style="text-align: center;"><u>STAFF</u></p> <ul style="list-style-type: none"> • Face-coverings <i>recommended</i>. • Face-coverings <u>required</u> for one-to-one interaction. • Face-coverings <u>required</u> during movement • Face-coverings <u>required</u> during Quarantine - Critical Infrastructure Worker status. • Health screening and temperature check completed at home <p style="text-align: center;"><u>STUDENTS</u></p> <ul style="list-style-type: none"> • Face-coverings <i>recommended</i>. • Face-coverings <u>required</u> for one-to-one interaction. • Face-coverings <u>required</u> during movement. • Face-coverings <u>required</u> during Close Contact Quarantine time • <u>Health screenings must be completed at home</u> • Temperature checks by school personnel when symptoms are observed. • Temperatures greater than 100.0 will be sent home 	<p style="text-align: center;"><u>STAFF</u></p> <ul style="list-style-type: none"> • Face-coverings <u>required</u>. • Health screening and temperature check completed at home • Staff working alone in an area may do so without a face-covering. • Staff working with other staff members with no students present in an area where social distancing is possible may do so without a face-covering. <p style="text-align: center;"><u>STUDENTS</u></p> <ul style="list-style-type: none"> • Face-coverings <u>required</u>. • Face-coverings may be removed while students are outside for recess, social distancing rules apply and face-coverings are put back on to return to the classroom. • <u>Health screenings must be completed at home</u> • Temperature checks by school personnel when symptoms are observed. • Temperatures greater than 100.0 will be sent home <ul style="list-style-type: none"> ○ Students will be isolated for parent pick-up 	<ul style="list-style-type: none"> • Not applicable, schools closed.

	<ul style="list-style-type: none"> ○ Students will be isolated for parent pick-up ○ Students may return when symptoms have subsided for 48 hours, including 24 hours without aid of fever reducing medication. 	<ul style="list-style-type: none"> ○ Students may return when symptoms have subsided for 48 hours, including 24 hours without aid of fever reducing medication. ○ Bus students with symptoms will be taken to school and isolated for parent pick-up. 	
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EDUCATIONAL DELIVERY

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<p><u>OPTION A & B:</u></p> <ul style="list-style-type: none"> ● Traditional face-to-face instruction 	<p><u>OPTION A:</u></p> <ul style="list-style-type: none"> ● Traditional face-to-face instruction <p><u>OPTION B:</u></p> <ul style="list-style-type: none"> ● Actively enrolled <u><i>Huron School District Covid 19 Homebound Digital Instruction</i></u> – will be limited to the following situations on a case-by-case basis: <ul style="list-style-type: none"> ● A school or schools are closed due to staff shortages during Covid 19 outbreak. ● Student is “Covid Positive” and in 10-day isolation. <ul style="list-style-type: none"> ○ Student /family must commit to no activities or contacts outside the home. ● Student is “Covid Close Contact” Quarantine and parent chooses to keep home. <ul style="list-style-type: none"> ○ Student /family must commit to no activities or contacts outside the home. ● Student has fragile health condition as specifically identified by the doctor. <ul style="list-style-type: none"> ○ Student /family must commit to no 	<p><u>OPTION A:</u></p> <ul style="list-style-type: none"> ● Traditional face-to-face instruction <p><u>OPTION B:</u></p> <ul style="list-style-type: none"> ● Actively enrolled <u><i>Huron School District Covid 19 Homebound Digital Instruction</i></u> – will be limited to the following situations on a case-by-case basis: <ul style="list-style-type: none"> ● A school or schools are closed due to staff shortages during Covid 19 outbreak. ● Student is “Covid Positive” and in 10-day isolation. <ul style="list-style-type: none"> ○ Student /family must commit to no activities or contacts outside the home. ● Student is “Covid Close Contact” Quarantine and parent chooses to keep home. <ul style="list-style-type: none"> ○ Student /family must commit to no activities or contacts outside the home. ● Student has fragile health condition as specifically identified by the doctor. <ul style="list-style-type: none"> ○ Student /family must commit to no 	<p><u>OPTION A:</u></p> <ul style="list-style-type: none"> ● Distance learning for designated number of days based on data <p><u>OPTION B:</u></p> <ul style="list-style-type: none"> ● Actively enrolled <u><i>Huron School District Covid 19 Homebound Digital Instruction</i></u> – will be limited to the following situations on a case-by-case basis: <ul style="list-style-type: none"> ● A school or schools are closed due to staff shortages during Covid 19 outbreak. ● Student is “Covid Positive” and in 10-day isolation. <ul style="list-style-type: none"> ○ Student /family must commit to no activities or contacts outside the home. ● Student is “Covid Close Contact” Quarantine and parent chooses to keep home. <ul style="list-style-type: none"> ○ Student /family must commit to no activities or contacts outside the home. ● Student has fragile health condition as specifically identified by the doctor. <ul style="list-style-type: none"> ○ Student /family must commit to no

	<p>activities or contacts outside the home.</p> <ul style="list-style-type: none"> ● Parent/home resident has fragile health condition. <ul style="list-style-type: none"> ○ Student/family must commit to no activities or contacts outside the home. ● Parents apprehensive about children or adults being out of the household during the pandemic & have demonstrated that the entire household has been/continues to be homebound except for medical appointments, groceries, etc. <ul style="list-style-type: none"> ○ Student /family must commit to no activities/ contacts outside the home. ○ Students must have demonstrated high achievement in the homebound setting. 	<p>activities or contacts outside the home.</p> <ul style="list-style-type: none"> ● Parent/home resident has fragile health condition. <ul style="list-style-type: none"> ○ Student/family must commit to no activities or contacts outside the home. ● Parents apprehensive about children or adults being out of the household during the pandemic & have demonstrated that the entire household has been/continues to be homebound except for medical appointments, groceries, etc. <ul style="list-style-type: none"> ○ Student /family must commit to no activities/ contacts outside the home. ○ Students must have demonstrated high achievement in the homebound setting. 	<p>activities or contacts outside the home.</p> <ul style="list-style-type: none"> ● Parent/home resident has fragile health condition. <ul style="list-style-type: none"> ○ Student/family must commit to no activities or contacts outside the home. ● Parents apprehensive about children or adults being out of the household during the pandemic & have demonstrated that the entire household has been/continues to be homebound except for medical appointments, groceries, etc. <ul style="list-style-type: none"> ○ Student /family must commit to no activities/ contacts outside the home. ○ Students must have demonstrated high achievement in the homebound setting.
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INSTRUCTIONAL INFORMATION

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<ul style="list-style-type: none"> • School is in-person • Traditional face-to-face instruction 	<ul style="list-style-type: none"> • School is in-person • Pandemic protocols for safety during instruction are implemented. • Homebound instruction provided for at risk health students if requested and approved. 	<ul style="list-style-type: none"> • School is in-person • Pandemic protocols for safety during instruction are implemented. • Homebound instruction provided for at risk health students if requested and approved • Instruct students on Google Classroom use, schedules, responsibilities etc. should Phase 4 be initiated. • Inform parents that Google Classroom is the distance learning platform. if we go to Phase 4 / Red. 	<ul style="list-style-type: none"> • Inform parents that Google Classroom is the distance learning platform. • Integrate Distance Learning methods into regular instruction • Distribute 1:1 iPad technology for K/1 students • Distribute 1:1 Chromebook technology for 3 - 8 students. • Continued staff development on Google Tools/Classroom

PHYSICAL DISTANCING GROUP SIZE

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Staff will reconfigure classrooms to protect students as space allows. • Social distancing where possible <ul style="list-style-type: none"> ○ Recommend Wearing face-covering • Scheduled movement where possible (classes, hallways, Common areas) • Stagger recess, lunch, specials schedules • All desks are placed for best distancing. • <i>Shielding in the classrooms is at the discretion of the teacher.</i> 	<ul style="list-style-type: none"> • Staff will reconfigure classrooms to protect students as space allows. • Social distancing where possible <ul style="list-style-type: none"> ○ Require face-covering. • Minimized movement where possible (classes, hallways, Common areas) • NO assemblies • NO field trips • Stagger recess, lunch, specials, schedules as possible. • Special Services determined by IEP. • All desks are placed and shielded for best distancing. 	<ul style="list-style-type: none"> • Not applicable, schools closed

CLEANING PROTOCOL

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<ul style="list-style-type: none"> Daily Cleaning at schools as per normal protocol. 	<ul style="list-style-type: none"> Increased cleaning of surfaces Nightly disinfecting of classrooms and common areas. Installation of hand sanitizing stations. Sanitation wipes or sprays provided in every classroom 	<ul style="list-style-type: none"> Increased cleaning of surfaces Nightly disinfecting of classrooms and common areas. Installation of hand sanitizing stations. Sanitation wipes or sprays provided in every classroom 	<ul style="list-style-type: none"> Schools will be thoroughly cleaned, disinfected and secured until reopening.

ACCESS TO BUILDINGS

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<p style="text-align: center;"><u>VISITORS</u></p> <p>No visitors past the entry point without office permission.</p>	<p style="text-align: center;"><u>VISITORS</u></p> <p>No visitors past the entry point.</p> <ul style="list-style-type: none"> Limited visitor access (by appointment; official school business only) face-covering required. Late Arrival: <ul style="list-style-type: none"> Guardian will bring student no further than the vestibule. Early Pick-up: <ul style="list-style-type: none"> Guardian will enter the 	<p style="text-align: center;"><u>VISITORS</u></p> <p>No visitors past the entry point.</p> <ul style="list-style-type: none"> Visitor access by appt. (official school business only) face-covering required. Late Arrival - Guardian will bring student no further than the vestibule. Early Pick-up <ul style="list-style-type: none"> Guardian will enter the vestibule and wait for student. 	<ul style="list-style-type: none"> Not applicable, schools closed <p style="text-align: center;"><u>FACILITY USE AGREEMENTS</u></p> <ul style="list-style-type: none"> Suspended until further notice. Exceptions approved by the school board or superintendent if urgent situation.

	<p>vestibule and wait for the student.</p> <p><u>FACILITY USE AGREEMENTS</u></p> <ul style="list-style-type: none"> • Suspended during Covid. Exceptions must be cleared by the superintendent. 	<p><u>FACILITY USE AGREEMENTS</u></p> <ul style="list-style-type: none"> • Suspended until further notice. Exceptions approved by the school board or supt. in an urgent situation. 	
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TRANSPORTATION

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<ul style="list-style-type: none"> • All district transportation protocols as normal. 	<ul style="list-style-type: none"> • All district transportation with two or more present. • Staff <u>required</u> to wear face coverings • Students <u>required</u> to wear face coverings • Bus Stops <ul style="list-style-type: none"> ○ Socially distanced ○ Wear face coverings • District vehicles will be sanitized after each use 	<ul style="list-style-type: none"> • All district transportation with two or more present. • Staff <u>required</u> to wear face coverings • Students <u>required</u> to wear face coverings • Bus Stops <ul style="list-style-type: none"> ○ Socially distanced ○ Wear face coverings • District vehicles will be sanitized after each use. 	<ul style="list-style-type: none"> • No Student Transport

FOOD SERVICES

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<ul style="list-style-type: none"> ● Staff requirements as per normal protocols. 	<ul style="list-style-type: none"> ● Staff required to wear face-coverings. ● Breakfast and lunch served in Commons ● Extend sneeze guards to counter level and add to the height where necessary. ● Cashiers will wear face shields or positioned behind a plexi shield. ● Barcode readers will replace the PIN pad entry system for students. ● Additional eating space to maintain social distance protocol. ● Extended serving times where possible. 	<ul style="list-style-type: none"> ● Staff required to wear face-coverings. ● Breakfast and lunch served in Commons ● Extend sneeze guards to counter level and add to the height where necessary. ● Cashiers will wear face shields or positioned behind a plexi shield. ● Barcode readers will replace the PIN pad entry system for students. ● Additional eating space to maintain social distance protocol. ● Extended serving times where possible. 	<ul style="list-style-type: none"> ● Grab-n-Go meal delivery reinstated in Middle School / CTE Parking Lot as soon as possible and weather permitting.

ACTIVITIES / FACILITY USE

PHASE 1 SCHOOL OPEN	PHASE 2 SCHOOL OPEN	PHASE 3 SCHOOL OPEN	PHASE 4 SCHOOL CLOSED
<ul style="list-style-type: none"> ● Activities in full session ● Regular spectator attendance 	<ul style="list-style-type: none"> ● Activities in full session ● Regular spectator attendance ● Pre-participation waiver signed by student and guardian ● Pre-participation screening before AM practices/events ● Equipment/surface/room sanitized after each practice or event ● Face-coverings recommended for all coaches and managers ● Face-coverings required on all school vehicles. Transportation to/from events decided by parents with documentation approved by the Activities Director. ● Touchless watering stations. Hand sanitizing by all participants during each water break. 	<ul style="list-style-type: none"> ● Modified participation utilizing CDC/SDDOH/SDHS AA and local guidelines ● <i>If possible - Open attendance at home facilities with student staff masking required and public masking strongly recommended.</i> ● Tiered Attendance: <ul style="list-style-type: none"> ○ 1st Parents ○ Next Siblings ○ Then Student Body ○ Finally Public ● Streaming service provided where applicable. ● Pre-participation waiver signed by student and guardian ● Pre-participation screening before AM practices/events ● Equipment/surface/room sanitized after each practice or event ● Face-coverings required for all coaches and managers ● Face-coverings required on all school vehicles. 	<ul style="list-style-type: none"> ● Activities suspended until further notice if caused by positive cases of students and staff. ● Exception - If schools close due to lack of staffing, the school board may approve continuation of activities.

		<p>Transportation to/from events decided by parents with documentation approved by the Activities Director.</p> <ul style="list-style-type: none">• Touchless watering stations. Hand sanitizing by all participants during each water break	
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PLEASE NOTE: *The following pages record the process of re-opening the schools in August of 2020 - when in “Yellow” for moderate spread. These pages remain in the plan as an example of the process we would follow if this pandemic or a future pandemic were to push us into “Yellow” again. As of June 11, 2021, it is our intent to open in “Green” with full access to our normal beginning of the school year practices - including parents being welcomed to open house activities.*

Overview of Re-opening During a Pandemic

Here is an overview of what we will try to do to make teaching and learning possible.

- Begin school with students in attendance on (**first day of school*).
- Components to the re-opening plan:
 - Medical Safety
 - Three models of learning
 - Food Service
 - Transportation
 - Building Level Plans
 - Elementary Kindergarten through Fifth Grade
 - Middle School
 - High School
 - Assessment
 - ESL Welcome Center
 - Special Education
 - Athletics
- TAP (Tiger After-school Program) will follow all school protocols and guidelines.

Medical Safety

- Operations Section of Beadle Co Covid Task Force - advises superintendent on Threshold Status.
- “Medical Review Committee” - Reviews our health and safety plans and advises.
- Mask and Social Distancing
 - Requirements outlined in the Health Protocol Table.
 - We ask all involved to make the best decisions possible to help us avoid the spread of any virus and give us the best chance at uninterrupted instruction in our schools.
 - We will continue to be in communication with the SD Department of Health and the SD Department of Education, so that we have information to make the best decision on school in session.
- Create "contingency" plans for when students or staff are quarantined.

Teaching and Learning

- Three delivery models for teaching and learning:
 - School in session for all students.
 - Homebound learning for our Huron students who are not ready to return to the school buildings due to health reasons and applied for designation through the building principal.
 - Move to district-wide "distance learning" for short periods of quarantine if there are outbreaks.

- Technology K-12
 - Grades 9-12 full time one to one as in previous years.
 - Grades 3-8 will have "on-campus" access to Chromebooks until school is interrupted and district-wide distance learning periods take place.
 - Grades K - 2 will have "on-campus" access to iPads until school is interrupted and district-wide distance learning periods take place.
 - Huron School District students whose parents apply to have Homebound Instruction that keeps them out of the buildings will work with school officials on "connecting" to the on-campus classroom experiences to whatever extent is possible.
- Promote increased "connectivity" to the internet for all families.

Food Service

- At all of the elementary schools we are going to space out our serving periods and have the students sit so that they can be socially distanced while still in the Commons. The tentative serving times are 11:00-12:30. We will make sure that the children are not touching other children's things by having the milk, silverware, and condiments served to them by either the kitchen staff or by the paras at each elementary school.
- At the Middle School, we will extend the serving periods and change student seating to allow for social distancing. The commons will be equipped with rectangular tables and fixed seating to ensure proper spacing. The tentative lunch times will be from 11:00-1:00. We will not be serving A la carte items or salad bar to prevent cross contamination. Similar to the elementary level, kitchen staff, wearing gloves, will serve all items on a tray. Staff will assist with serving milk. There will be separate tables for student trays and food disposal. The option of serving students outside of the building during appropriate weather will also be considered.
- At the High School, we will continue to have two lunch periods reducing the number of students who are in the Commons at one time. Students will be released to go through the lunch line by table rather than standing in line with everyone else in the Commons. We will further reduce the number of students in the Commons by giving parents of freshmen students the option to give their students "open lunch" while we are under the current COVID-19 procedures. We are going to rely on the students to observe social distancing, refrain from

touching other students' items in the lunch line and milk, silverware, condiments, and a la carte items will be self-serve.

- We have yet to devise a full plan for Holy Trinity. Some of that will have to be determined based on their numbers and how their school is wanting to handle this.
- At every school we will be sanitizing the tables in between each group of students. We already sanitize the serving line in between each group of kids. We will continue to wash our hands and wear gloves when touching any food. We will wear face masks any time we are in the kitchens. We will wear face shields anytime we are near children, or are close to one another.
- Cards will be at every school to eliminate touchpads and the bottleneck of students standing at the cash register.
- For students who are actively enrolled Homebound learners, a plan will be devised to offer meals.

Transportation

- Students will wear masks on buses and at bus stops..
- Students will wear masks and practice social distancing at the bus stop.
- Drivers will wear face shields (non-fog) along with a cloth or plastic mask.
- Drivers may wear gloves.
- The drivers will disinfect the buses with spray each time they come back to the transportation building.
- First students on the bus will go to the back seats of the bus. The next students picked up will continue to seat themselves from the back forward.
- If capacities allow, leave the front seats on each side of the aisle empty.
- The first students off will be the ones seated toward the front of the bus (last students on the bus, first students off of the bus).
- There will be hand sanitizer available toward the front of each bus for students and the driver to use.
- There will be a supply of disinfectant spray, sanitizer wipes, plastic gloves, and individual hand sanitizer on each bus for the drivers to utilize.
- Provisions will be developed for the "seat buckling process" when applicable.

Building Level Plans

**** PPE for staff will be provided by the district***

- **ELEMENTARY KINDERGARTEN THROUGH FIFTH GRADE**
 - We will hold "Virtual Open Houses"
 - A video for each class will be sent out to all.
 - Any "in-person meeting requests" will be scheduled through the building administrator, and must take place out-of-doors.

- No visitors to the building past the entryway. We will use the intercom system as our communication to parents.
- Face-covering requirements outlined in Health Protocol Table.
- Mask and face shields provided for all employees.
- Plexiglass shielding:
 - Reception desks
 - Teacher desks as requested
 - Student desks and study carrels where applicable.
- Sanitizer at Entrance, Commons, every classroom, and other high traffic areas of the building.
- Classrooms arranged to maximize safety and social distancing.
 - Shields at every student desk or study table.
- Music class and special classes, when possible, will go to the classrooms or outside weather permitting. PE outside weather permitting.
- Water fountains are covered and students bring water bottles to school.
- Students will work in assigned seats as directed by teachers/staff.
 - Students will clean their work area prior to leaving with approved sanitizing agents or wipes, under the direction and supervision of the teacher.
 - Students will use their own supplies or those assigned to them.
- Provide visuals for students to abide by (tape markings, signs, etc.)
- Students will follow social distancing protocol when using the Commons.
- Hand hygiene will be carried out to ensure hand washing is done consistently throughout the day..
- Informational packets for parents will be sent home at the start of the year to assist and monitor their child’s health.
- Educate all “actively enrolled Homebound learners”.
 - Registration for Homebound learners 1st week of August.
 - A contract will be signed by participants and parents agreeing to program expectations and guidelines.
- **MIDDLE SCHOOL**
 - We will hold “Virtual Open Houses”
 - A video that will be sent out to all.
 - Information will be provided by STRIPES teachers who will send meeting information to STRIPES members and parents also including information regarding the first day of school.
 - Any “in-person meeting requests” will be scheduled through the building administrator, and must take place out-of-doors.
 - No visitors to the building past the entryway. We will use the intercom system as our communication to parents.
 - Face-covering requirements outlined in Health Protocol Table.

- Mask and face shields provided for all employees.
- Plexiglass shielding:
 - Reception desks
 - Teacher desks as requested
 - Student desks and study carrels where applicable.
- Sanitizer at Entrance, Commons, every classroom, and other high traffic areas of the building.
- Classrooms arranged to maximize safety and social distancing.
 - Shields at every student desk or study table.
- Music class and special classes, when possible, will go to the classrooms or outside weather permitting. PE outside weather permitting.
- Public water fountains available as bottle filling stations only.
- Students will work in assigned seats as directed by teachers/staff.
 - Students will use their own supplies or those assigned to them.
 - Students will clean their work area prior to leaving with approved sanitizing agents or wipes, under the direction and supervision of the teacher.
- 6th grade:
 - Will enter and leave the building through assigned doors into the 6th grade house area.
 - Breakfast will be served from 9:00- 9:30.. Students will follow lunchroom protocols.
- 7th grade:
 - Will enter through the entrance east of the main entrance. Breakfast will be served from 7:50-8:05.
- 8th grade:
 - Will enter the building into the 8th grade house area.
 - Breakfast will be served from 7:50-8:05.
- Educate all “actively enrolled Homebound learners”.
 - Registration for Homebound learners early August.
 - A contract will be signed by participants and parents agreeing to program expectations and guidelines.
- **HIGH SCHOOL**
 - We will hold “Virtual Open Houses”
 - Mr. Radke and Mr. Mittelstedt will create a “Back To School” video to share with the public before school starts.
 - Any “in-person meeting requests” will be scheduled through the building administrator, and must take place out-of-doors.

- No visitors to the building past the entryway. We will use the intercom system as our communication to parents.
- Face-covering requirements outlined in Health Protocol Table.
- Masks and face shields are provided for all employees in the school.
- Plexiglass shielding:
 - Reception desks
 - Teacher desks as requested
 - Student desks and study carrels where applicable.
- Sanitizer at Entrance, Commons, every classroom, and other high traffic areas of the building.
- Classrooms arranged to maximize safety and social distancing.
- Music and physical education classes are encouraged to have class in the auditorium or outside when possible.
- Jr/Sr Study Hall will be encouraged to social distance in the Commons.
- Public water fountains available as bottle filling stations only.
- Educate all “actively enrolled distance learners”.
 - Registration for distance learners in early August.
 - A contract will be signed by participants and parents agreeing to program expectations and guidelines.

Assessment

- NWEA will be given in the first two weeks of school in every building.
 - Completed on individual student-assigned iPad
 - Increased flexibility in scheduling
 - Taken in classrooms allowing for greater social distancing while testing

ESL Welcome Center

- New student registration
 - In hallway outside of office
 - Staff will be wearing face shield or mask
 - Parent & student will be provided a mask
 - Gloves will be available to staff
 - Appointment required
 - **only** new student(s) and parent/guardian attend
 - Hand sanitizer station set up outside the office door
 - Table sanitized after each appointment
 - Family Health Information Orientation
 - Masking, hand washing, temperature checks, social distancing, bus requirements

Special Education

- Clear plastic masks will be used when necessary to provide services.

- Masks provided by the district
- Providers may wear gloves when deemed necessary
- District service providers will disinfect service/evaluation areas between sessions/students.
- IEP and other parent meetings will be conducted virtually, phone conference, or email whenever possible.
- Service areas are arranged to accommodate social distancing guidelines using plexiglass dividers where needed.
- In the event of a quarantine, a plan for each child will be developed for the continuation of special services by the child's IEP team.
- A plan is in place for educating those students who are actively enrolled as distance learners and not prepared to return to school in August.
 - A contract will be signed by participants and parents agreeing to program expectations and guidelines.
- Plexiglass dividers will be used when needed.

Athletics

Testing regimens, specific guidelines regarding mass gatherings, and response to a student or team member testing positive for COVID-19 (including contact tracing) are all currently under review, and guidance will come from CDC and state and local health departments. Limited testing availability, lack of resources for contact tracing, and expanding knowledge of the characteristics of COVID-19 transmission could all result in significant changes to the recommendations below. The NFHS, SDHSAA and ESD expect to disseminate this information as it becomes available.

Phases for All Huron School District Activities and Sports:

Phase 1: All Activities and Sports are open as normal. Practices/ Events/ Travel may resume at all levels and activities.

Phase 2 & 3: Practice with Limited Travel and Limited Events

Phase 4: Activities suspended until further notice if caused by positive cases of students and staff.

Exception - If schools close due to lack of staffing, school board may approve continuation of activities.

Event Attendance Phases:

Phase 1: Regular Spectator Attendance

Phase 2 & 3: Regular Spectator Attendance unless specified by the Superintendent working with the Operations Task Force. Sections of Huron Arena may be blocked off in the event of events on two consecutive nights.

Phase 4: Activities suspended until further notice if caused by positive cases of students and staff.

Exception - If schools close due to lack of staffing, school board may approve continuation of activities.

Travel:

Sports teams and activities should limit travel to only those who will play, particularly when long trips are required by bus or van. If requested in advance, travel may be individual by a coach or athletes with family members. When using a bus, students and staff will sit appropriately spaced within the bus. We will load the bus from back to front and exit from front to back. All who ride the bus will sit in the same seat to and from the activity.

Transportation Considerations:

- Students will wear face coverings while in a school vehicle.
- Transportation staff will clean and disinfect high contact areas between runs/routes.
- Hand sanitizer will be available in each bus/suburban/van.
- Each vehicle will be disinfected thoroughly at the end of each trip.
- Students will be socially/physically distanced as possible – family members may sit multiple to a seat.

Health and Safety Measures for all Conditioning, Practice, and Contests regardless of phase:

A. Screen for signs of COVID-19:

- All rostered individuals will be screened for signs/symptoms of COVID-19 prior to a workout. Screening includes a temperature check.
- Responses to screening questions for each person should be recorded and stored securely and in compliance with privacy laws so that there is a record of everyone present in case a student develops COVID-19.
- Any person with symptoms of COVID-19 should not be allowed to participate and should contact his or her primary care provider or other appropriate health-care professional.
- People at risk for COVID-19 should consult with their medical provider regarding participation in athletic activities.

B. Protocol for Confirmed Close Contact and Positive Cases:

- ALL indications of positive cases and confirmed close contact (within 6 feet for at least 15 minutes of time starting two days prior to symptom onset) must come through the South Dakota Department of Health.

- Any Department of Health verified close contact must follow SDDOH guidelines. Currently, those guidelines require a 14-day quarantine from the date of contact away from school and daily screening of symptoms.
- Any Department of Health verified positive case must follow SDDOH guidelines. Currently, those guidelines require the individual to self-isolate for 10 days from the first onset of symptoms and must be fever free for 72 hours without the use of fever-reducing medications. Trainer must be involved in re-entry prior to participation.
- Schools must notify the SDHSAA of any verified close contact or positive cases of rostered individuals via the SDHSAA School Zone. No personally identifiable information will be contained in the notification to the SDHSAA. All information will be treated in compliance with HIPAA and FERPA from the member school and the SDHSAA.

C. Practice good hygiene

- Athletes, coaches, officials, and staff should wash their hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces. Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating in workouts or contests.
- Avoid touching your face.
- Sneeze or cough into a tissue or the inside of your elbow.
- Disinfect frequently used items and surfaces as much as possible.
- All are encouraged to wear face coverings while in public and when social distancing is not possible.
- Appropriate clothing/shoes should be worn at all times in the weight room to minimize sweat from transmitting onto equipment/surfaces.
- No pre-game and post-game handshakes/high-fives/fist bumps in any activity.
- Students must be encouraged to shower and wash their workout clothing immediately upon returning.

Concessions:

Each district is asked to follow the COVID-19: FOOD CONCESSION STAND FOR SCHOOL AND TEMPORARY EVENTS put out by the SD Department of Health.

Head Table:

Only essential workers will be allowed in this area. Managers, statisticians, trainers, etc must sit in the bleachers to allow for social distancing at the head table.

Bench area or sideline:

Only coaches and athletes in uniform will be allowed on the bench or sideline to allow for social distancing (Medical personnel can be an exception on the sideline). Benches will be spread apart as much as possible. Only team personnel who may play in the contest will

dress to allow for social distancing. If there are not enough chairs in the bench area, the extra players must sit in the bleachers behind the bench. Masks for players not playing are recommended but not required. All athletes should use hand sanitizer, provided at the head table, before entering and exiting the playing court.

Other Guidelines:

- Guidance regarding social distancing and hygiene will be posted at facility entrances and high traffic areas.
- Encourage and support the use of masks by spectators.
- Spectators at the game will be a local decision. The host school **MUST** inform the visiting school in advance if any restrictions are in place as early as possible. If schools want to save sections for social distancing, those should be clearly marked and advertised.
- Facility cleaning guidance for the summer should be continued throughout the school year.
- SDHSAA will determine if a contest is a “no contest” or “forfeit”. This will be outlined in the SDHSAA Fall Sports/Activities Task Force Plan.
- Goals for all schools should be consistent:
 - Do what is best for ALL kids.
 - Do what is best to start and end each season.
- Follow in-season modifications outlined by SDHSAA and let visiting schools know of procedures to follow when traveling to the host school at least a day or two in advance.

Guiding Principles & Phased Approach

Athletics

Phase	Phase 1	Phase 2	Phase 3
Infection Risk Level	Low Risk	Elevated Risk	High Risk
Community Spread: As determined by the operation section of the Beadle County COVID-19 Task Force	None	Minimal to Moderate	Substantial Spread within school district students.
Rationale	Open for all Practices/Events/Travel	Practice/Limited Travel/Limited Events In the event directed health measures require social distancing in the facilities or limiting the numbers of students in a gymnasium or fields.	No School/No Practice/No Events closed due to unsafe conditions. Exception: If schools closed due to staff shortage, School Board may approve activities.
Event Attendance	Regular Spectator Attendance	Regular Spectator Attendance unless specified by the Superintendent working with the Operations Task Force.	No Events Closed due to unsafe conditions.



Huron School District Covid 19 Homebound Digital Instruction

*Limited to the following situations on a case-by-case basis:

- A school or schools are closed due to staff shortages during Covid 19 outbreak.
- Student is “Covid Positive” and in 10-day isolation.
 - Student /family must commit to no activities or contacts outside the home.
- Student is “Covid Close Contact” Quarantine and parent chooses to keep home.
 - Student /family must commit to no activities or contacts outside the home.
- Student has fragile health condition as specifically identified by doctor.
 - Student /family must commit to no activities or contacts outside the home.
- Parent/home resident has fragile health condition.
 - Student/family must commit to no activities or contacts outside the home.
- Parents are apprehensive about children or adults being out of the household during the pandemic – and –
 - have demonstrated that the entire household has been and continues to be homebound except for medical appointments, groceries, etc.
 - Student /family must commit to no activities or contacts outside the home.
 - Students must have demonstrated high achievement in the homebound setting.

In the event that the building administration and parents are unable to reach consensus on **Huron School District Covid 19 Home Bound Digital Instruction Option**, the formal grievance procedures may be utilized.

Point of Clarification: The **Huron School District Covid 19 Home Bound Digital Instruction** program does not change a parent’s option to utilize the **South Dakota School Exemption Law – i.e. Home School**.

The school **does not recommend** home school, as you are no longer eligible for a Huron School District diploma. This option removes you from any connections to the school district – other than access to textbooks.

As a result of the adoption of the above policy, all current distance learners must complete the attached form.



Homebound Student Application

Student Name _____

Student is applying for homebound status because: (circle one)

- A) Student has fragile health condition as specifically identified by a doctor
- B) Parent or home resident has a fragile health condition
- C) Parents are apprehensive about children and adults being out of the household during the pandemic and have demonstrated that the entire household has been and continues to be homebound except for medical appointments, groceries, etc.

If a student is applying for homebound status for medical reasons, please include documentation with this form.

By signing below the student and parent agree that everyone who lives in the house will be quarantined inside the home and will only leave the home for essential reasons such as medical appointments, groceries, etc. This does not include going to work. All individuals in the house must be working from home.

Student Signature _____

Parent Signature _____

Principal Signature _____

Updated 12-14-2020 / School Board Approved

SOUTH DAKOTA STATE MEDICAL ASSOCIATION

Values. Ethics. Advocacy.

2600 W. 49th Street, Suite 100
Sioux Falls, SD 57105-6569
605-336-1965
Fax 605-274-3274
www.sdsma.org

July 21, 2020

HURON SCHOOL DISTRICT 02-2
ATTN: SCHOOL BOARD PRESIDENT
PO BOX 949
HURON, SD 57350

Dear School Board President,

As schools prepare for the fall 2020 school year, the South Dakota State Medical Association (SDSMA) strongly recommends school districts to require educators, staff and students to wear face coverings and follow CDC guidelines related to youth sporting activities.

On July 14, 2020, the CDC issued a guideline recommending that Americans wear masks to help prevent the spread of COVID-19. In that statement, the CDC affirmed that cloth face coverings are a critical tool in the fight against COVID-19 and their use could reduce the spread of the disease when used universally within communities.

The CDC guideline for face coverings is based on two recent studies. One study, published in the *Journal of the American Medical Association (JAMA)*, concluded that adherence to universal masking policies reduced SARS-CoV-2 transmission within a Boston hospital system, and the second, published in the CDC's *Morbidity and Mortality Weekly Report (MMWR)*, showed that wearing a mask prevented the spread of infection from two hair stylists to their customers in Missouri.

In agreement with CDC guidelines, the SDSMA believes that everyone should wear a cloth face covering when leaving their homes, regardless of having symptoms of COVID-19, with the exception of young children under the age of 2, anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Cloth face coverings may prevent the person wearing the mask from spreading COVID-19. If everyone were to wear a cloth face covering when out in public the risk of exposure to COVID-19 can be reduced for the community. Since people may spread the virus before symptoms start, or for those who have the virus but show no symptoms, wearing a cloth face covering may protect others around you. Additionally, face coverings worn by others may protect you from getting the virus from people carrying it.

Additional CDC guidelines to prevent the spread of COVID-19 include:

- Staying home as much as possible;
- Practicing social distancing by remaining at least 6 feet away from others; and
- Washing hands often.

Chief Executive Officer
Barbara A. Smith

President
Benjamin C. Aaker, MD
Brandon

President-Elect
Kara L. Dahl, MD
Aberdeen

Vice President
Lucio N. Margallo II, MD
Mitchell

Secretary/Treasurer
Jennifer J. Tinguely, MD
Sioux Falls

The SDSMA strongly recommends that as boards are considering their plans for the 2020-21 school year they follow CDC guidelines and consider requiring cloth face coverings for educators, staff and students when in public including in schools. Schools should also follow CDC guidelines for keeping youth athletes safe. The SDSMA believes that by following these guidelines schools can protect the health of educators, staff and students who will be in classrooms and on the field together with others for up to five days a week for seven hours a day. We strongly recommend that boards adopt this same position.

Sincerely,



Benjamin C. Aaker, MD
SDSMA President

Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

Interim Guidance

Updated April 20, 2020

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be [sent home immediately](#). Surfaces in their workspace should be [cleaned and disinfected](#). Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled.

Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

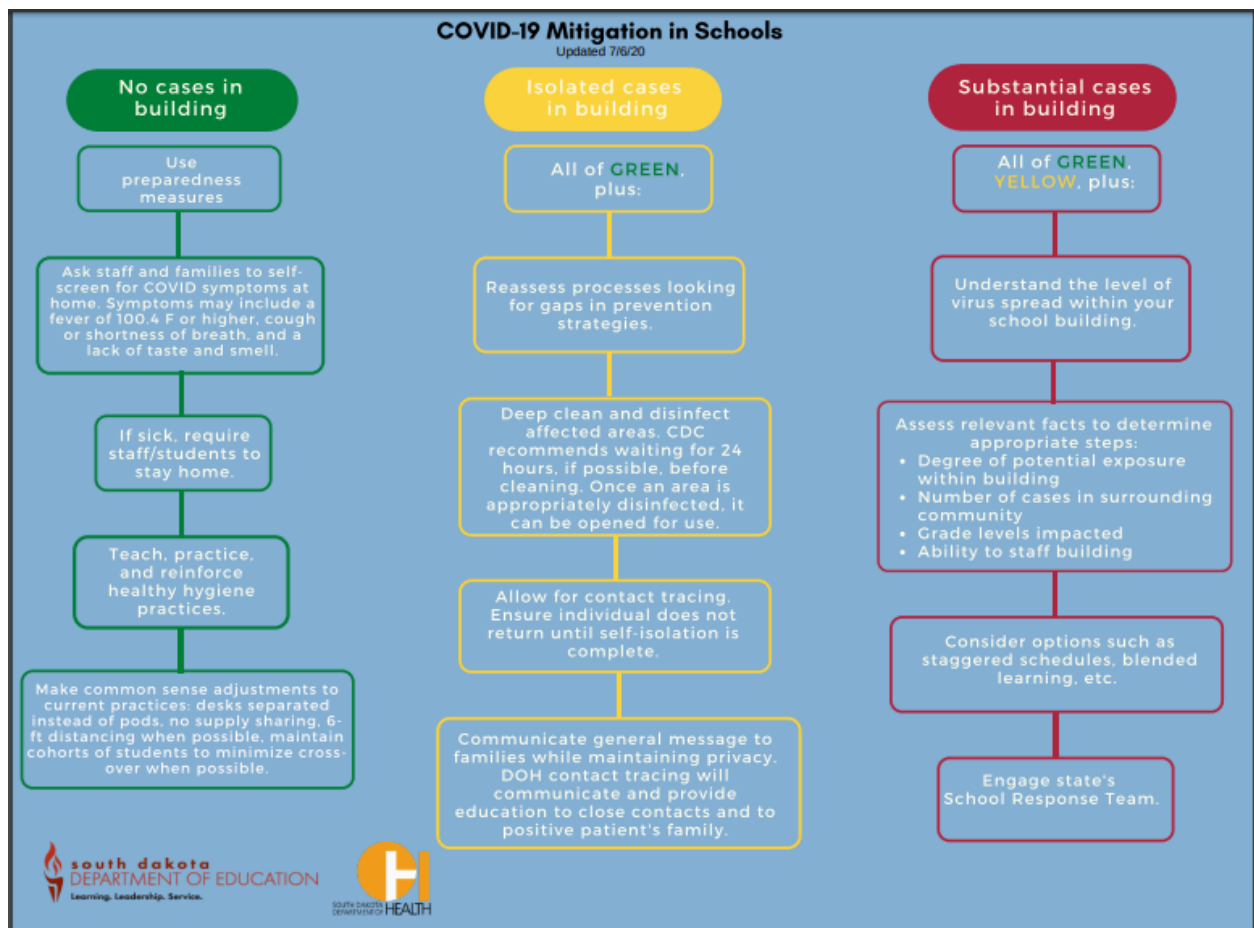
DEPARTMENT OF EDUCATION & HEALTH GUIDANCE

The Department of Education is partnering with the Department of Health and K-12 school leaders to provide guidance for reopening and daily operations in SY 2020-21, recognizing that schools will need to be flexible and adjust to changing conditions.

Special thanks to the [K-12 practitioners](#) who are assisting in this process.

[STARTING WELL DOCUMENTS](#): All documents provided to schools by the SD Department of Education and SD Department of Health.

COVID-19 MITIGATION IN SCHOOLS



SCHOOL SCENARIOS

COVID-19 School Scenarios

Planning for the school year under multiple conditions

Prepared by the South Dakota Department of Health - Revised July 7, 2020



Scenario One: No active cases in your community, and no cases in your school building

The South Dakota Departments of Health and Education recommend that school takes place with appropriate preparedness measures (e.g., requiring students/staff who are sick to stay home; teaching and reinforcing healthy hygiene practices; cleaning and disinfection efforts).

Scenario Two: Active cases in your community, but no cases in your school buildings

The South Dakota Departments of Health and Education recommend that school takes place with appropriate preparedness measures (e.g., requiring students/staff who are sick to stay home; teaching and reinforcing healthy hygiene practices; cleaning and disinfection efforts).

Scenario Three: Student or staff member identified by Department of Health as close contact of a positive COVID-19 case outside of the school community

The South Dakota Departments of Health and Education recommend that school should continue with appropriate preparedness measures in place.

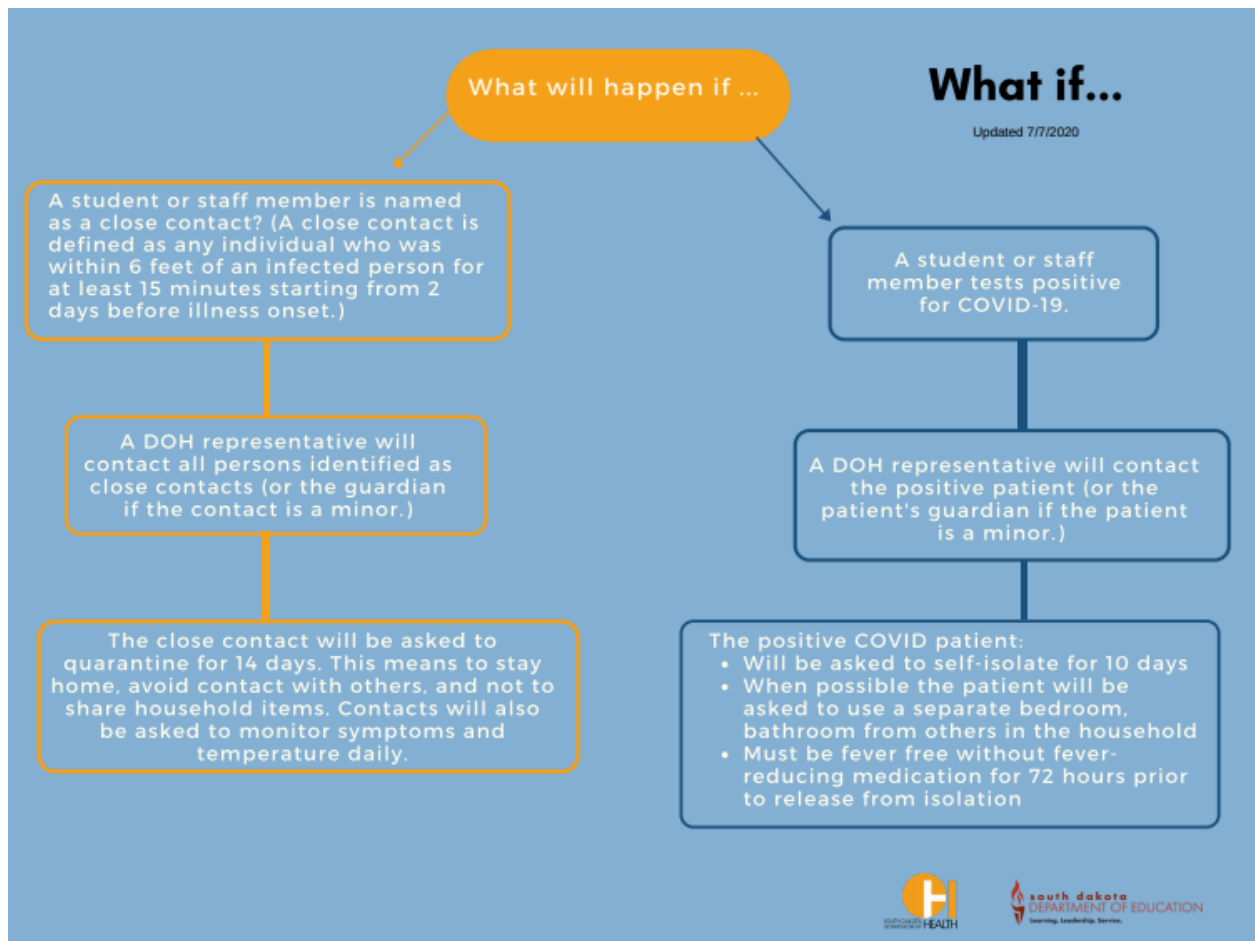
Scenario Four: Active case is identified in one of your school buildings

The South Dakota Departments of Health and Education recommend that school officials reassess processes - looking for gaps in prevention strategies. In the short-term, the Centers for Disease Control and Prevention (CDC) recommends closing off areas used by the sick person and waiting 24 hours (if feasible) before cleaning and disinfecting. Once area is appropriately disinfected, it can be opened for use.

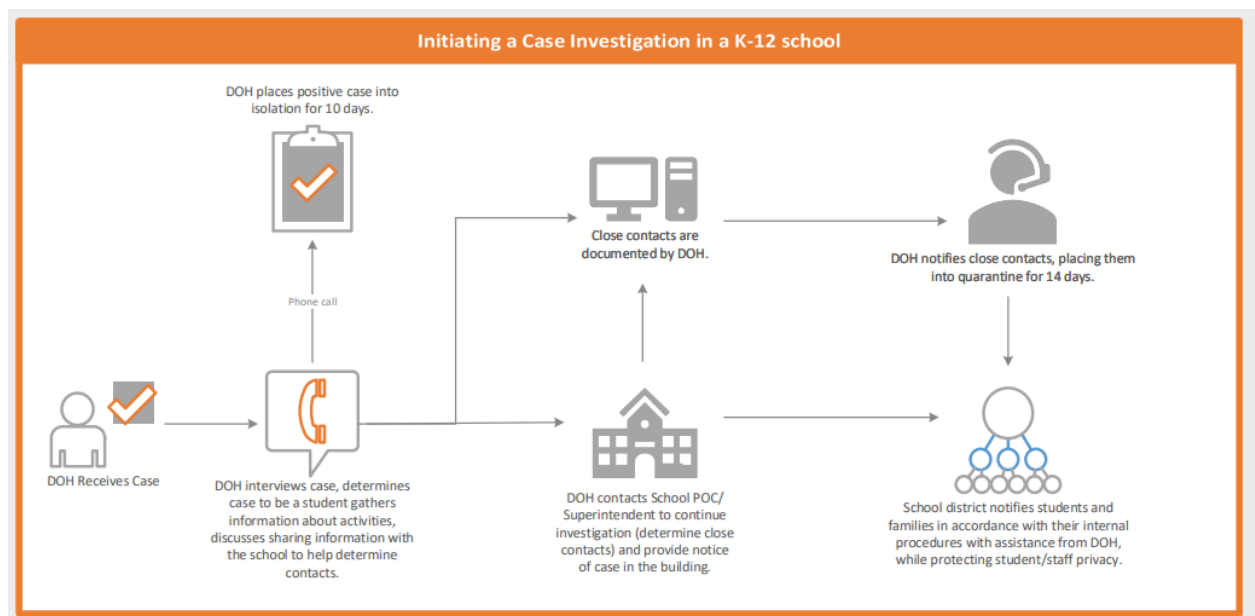
Scenario Five: Multiple active cases identified in your buildings at the same time

The South Dakota Departments of Health and Education recommend that school officials review relevant data to understand level of virus spread within the school building and conduct a risk/benefit analysis of factors such as degree of potential exposure within building; case trends in surrounding community; grade levels impacted; remote learning options; scheduling options; ability to staff buildings, etc. in determining the next steps. School leaders can request technical assistance from the DOH/DOE School Response Team if desired.

WHAT WILL HAPPEN IF...



INITIATING A CASE INVESTIGATION



ISOLATION VERSUS QUARANTINE

ISOLATION or QUARANTINE

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a **CONTAGIOUS DISEASE**.

ISOLATION separates sick people with a contagious disease from people who are not sick.

QUARANTINE separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

ISOLATION

Isolation is for people who are **ALREADY SICK**.



Isolation separates and restricts the movement of sick people so they can't spread disease.



Isolation in a home means separating yourself from others in the household.



A sick person isolating at home should seek medical treatment if unable to manage symptoms.



Isolation is usually voluntary, but in a public health emergency, officials have the authority to isolate people who are sick.



Stop isolation only if you've had no fever for at least 72 hours; AND have improved symptoms; AND at least 10 days have passed since your symptoms first appeared.

QUARANTINE

Quarantine is for people who are **NOT SICK**, but may have been exposed.



Quarantined people may or may not become sick.



Quarantined people must stay at home or another location so they don't unknowingly spread the disease.



If you are quarantined and you become ill, you can seek medical evaluation from a healthcare provider.



Quarantine can be voluntary, but in a public health emergency, officials have the authority to quarantine people who have been exposed to an infectious disease.

NOTE: Critical infrastructure employees with no symptoms may be required to report to work.



SOUTH DAKOTA
DEPARTMENT OF HEALTH

covid.sd.gov

July 10, 2020

Coronavirus Disease 2019 (COVID-19)

[MENU >](#)

Preparing K-12 School Administrators for a Safe Return to School in Fall 2020

Preparing a Safe Return to School

Updated July 23, 2020

[Print](#)

Schools are an important part of the infrastructure of communities and play a critical role in supporting the whole child, not just their academic achievement.

This guidance is intended to aid school administrators as they consider how to protect the health, safety, and wellbeing of students, teachers, other school staff, their families, and communities and prepare for educating students this fall.

This guidance is for K-12 school administrators who are preparing for students, teachers, and staff to return to school in fall 2020. School administrators are individuals who oversee the daily operations of K-12 schools, and may include school district superintendents, school principals, and assistant principals.

It is critical that all administrators:

- Engage and encourage everyone in the school and the community to practice preventive behaviors. These are the most important actions that will support schools' safe reopening and will help them stay open.
- Implement multiple SARS-CoV-2 mitigation strategies (e.g., social distancing, cloth face coverings, hand hygiene, and use of [cohorting](#)).
- **Communicate, educate, and reinforce** appropriate hygiene and social distancing practices in ways that are developmentally appropriate for students, teachers, and staff.
- Integrate SARS-CoV-2 mitigation strategies into co-curricular and extracurricular activities (e.g., limiting or cancelling participation in activities where social distancing is not feasible).
- Maintain healthy environments (e.g., cleaning and disinfecting frequently touched surfaces).
- Make decisions that take into account the level of community transmission.
- Repurpose unused or underutilized school (or community) spaces to increase classroom space and facilitate social distancing, including outside spaces, where feasible;
- Develop a proactive plan for when a student or staff member tests positive for COVID-19.
- Develop a plan with state and local health department to conduct case tracing in the event of a positive case.
- Educate parents and caregivers on the importance of monitoring for and responding to the symptoms of COVID-19 at home.
- Develop ongoing channels of communication with state and local health departments to stay updated on COVID-19 transmission and response in your local area.

The guidance described in this document is based on the best available evidence at this time. This guidance is meant to supplement—not replace—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

Key considerations for school administrators:

- COVID-19 transmission rates in the immediate community and in the communities in which students, teachers, and staff live
- Approaches to cohorting that fit the needs of your school/district and community (e.g., keeping students in class pods,

staggering when students return to school facility, having the same teacher stay with the same group of students)

- Can unused or underutilized school spaces, including outdoor spaces, be repurposed to increase classroom space and facilitate social distancing?
- Concurrently implementing multiple strategies in school to prevent the spread of COVID-19 (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting)
- Best practices for your school and community to communicate, educate, and reinforce personal protective behaviors to prevent the spread of COVID-19 in school and in the community
- Integrating strategies to reduce COVID-19 transmission into co-curricular and extracurricular activities (e.g., limiting participation in activities where social distancing is not feasible)
- Planning and preparing for when someone gets sick
- Working with state and local health authorities to develop a plan to conduct contact tracing in the event of a positive case
- Communicating appropriately to families about home-based symptom screening

Critical Role of Schools

This guidance is intended, first and foremost, to protect the health, safety and wellbeing of students, teachers, other school staff, their families, and communities.

Schools are an important part of the infrastructure of communities, as they provide safe, supportive learning environments for students, employ teachers and other staff, and enable parents, guardians, and caregivers to work. Schools also provide critical services that help to mitigate health disparities, such as school meal programs, and social, physical, behavioral, and mental health services. School closure disrupts the delivery of these critical services to children and families, and places additional economic and psychological stress on families, which can increase the risk for family conflict and violence. ^{[1], [2]}

The unique and critical role that schools play makes them a priority for opening and remaining open, enabling students to receive both academic instruction and support as well as critical services. In order to prioritize opening schools safely and helping them to remain open, communities should consider adopting actions to mitigate community transmission. CDC's [Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#) has strategies for community mitigation to reduce or prevent the spread of COVID-19, which in turn will help schools to open and stay open safely. Recognizing the importance of providing safe, in-person learning, communities may also wish to help schools by examining whether additional public or private space, including outdoor spaces, that is currently underutilized might be safely repurposed for school and instructional purposes.

Returning to school in fall 2020 poses new challenges for schools, including implementing mitigation measures (e.g., social distancing, cleaning and disinfection, hand hygiene, use of cloth face coverings), addressing social, emotional, and mental health needs of students, addressing potential learning loss, and preparing for the probability of COVID-19 cases within the broader school community. This guidance provides information about:

- what is currently known about COVID-19 among school-aged children;
- the importance of going back to school safely;
- what is currently known about SARS-CoV-2 (the virus that causes COVID-19) transmission in schools and its impact on community transmission; and
- the ways administrators for kindergarten through grade 12 (K-12) schools can plan and prepare for in-person instruction and minimize the impact of potential closures.

What is known about the signs and symptoms, burden, and transmission of SARS-CoV-2 among children?

Signs and Symptoms

Common COVID-19 symptoms [among children](#) include fever, headache, sore throat, cough, fatigue, nausea/vomiting, and diarrhea. ^[3] However, many children and adults infected with the virus that causes COVID-19 are asymptomatic (meaning they have no signs or symptoms of illness).

Impact of COVID-19 on Children

Collecting and sharing data, including how it affects different places and populations, is important for understanding the context and burden of the COVID-19 pandemic. School officials should make decisions about school reopening based on available data including levels of community transmission and their capacity to implement appropriate mitigation measures in schools. Children appear to be at lower risk for contracting COVID-19 compared to adults. While some children have been sick with COVID-19, adults make up nearly 95% of reported COVID-19 cases.^[14] Early reports suggest children are less likely to get COVID-19 than adults, and when they do get COVID-19, they generally have a less serious illness.^[2] As of July 21, 2020, 6.6% of reported COVID-19 cases and less than 0.1% of COVID-19-related deaths are among children and adolescents less than 18 years of age in the United States.^[15]

Early reports suggest the number of COVID-19 cases among children may vary by age and other factors. Adolescents aged 10-17 may be more likely to become infected with SARS-CoV-2 than children younger than age 10,^{[7], [8]} but adolescents do not appear to be at higher risk of developing severe illness.^[9] There are currently a higher proportion of COVID-19 cases among Hispanic/Latino children as compared to non-Hispanic white children. Children and adults with certain **underlying medical conditions** are at **increased risk of severe illness** from COVID-19.^[10] Severe illness means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or may even die. Children with intellectual and developmental disabilities are more likely to have **comorbid medical conditions** (e.g., diseases of the respiratory system; endocrine, nutritional and metabolic diseases; and diseases of the circulatory system) that may put them at increased risk for severe illness from COVID-19.^[11] Although rare, some children have developed multisystem inflammatory syndrome (MIS-C) after exposure to SARS-CoV-2. As of May 20, 2020, the majority of children hospitalized with MIS-C had recovered.^[12]

Data on SARS-CoV-2 transmission among children are limited. Evidence from other countries suggests that the majority of children with COVID-19 were infected by a family member.^[13] For example, the first pediatric patients in South Korea and Vietnam were most likely from contact with an adult family member.^{[14], [15]} Published reports from contact tracing of students with COVID-19 in schools from France, Australia, and Ireland suggest that students are not as likely to transmit the virus to other students compared to household contacts.^{[16], [17], [18]} However, more research is needed on SARS-CoV-2 transmission between children and household members.

What is known about how schools have reopened and the impact on SARS-CoV-2 transmission?

Internationally, schools have responded to COVID-19 using a variety of approaches.^{[19], [20]} For example, China, Denmark, Norway, Singapore, and Taiwan all required temperature checks at school entry.^[21] Most countries have changed the way they operate to reduce class sizes, increase physical distance between students, and keeping students in defined groups to reduce contacts (i.e., **cohorting**).^[22] Furthermore, many countries have staggered attendance, start and stop times, and created alternating shifts to enable social distancing. In some places this means that only certain students have returned to schools, either by grade range or need. For example, Denmark was the first European country to reopen schools. Denmark staggered students' reentry in waves (e.g., one group started school first, followed by another group at a later date), with limited class sizes and using other social distancing measures.^[23] Younger students (under age 12) returned first based on their lower health risk and need for more supervision than older students. Class sizes were reduced to allow physical distancing. In Taiwan, students returned to school with mandatory temperature checks and use of face masks. Rather than national school closures, Taiwan relied on local decision-making to determine if classroom or school closures were needed, based on infection rates.^[24]

There is mixed evidence about whether returning to school results in increased transmission or outbreaks. For example, Denmark initially reported a slight increase in cases in the community after reopening schools and child care centers for students aged 2-12 years, followed by steady declines in cases among children between ages 1 and 19 years.^[25] In contrast, Israel experienced a surge of new cases and outbreaks in schools after reopening and relaxing social distancing measures; it is unclear what caused the increase in cases and what other mitigation measures the schools had implemented.^[26] In summer 2020, Texas reported more than 1,300 COVID-19 cases in childcare centers; however, twice as many staff members had been diagnosed as children, suggesting that children may be at lower risk of getting COVID-19 than adults.^[27]

It is important to consider community transmission risk as schools reopen. Evidence from schools internationally suggests that school re-openings are safe in communities with **low SARS-CoV-2 transmission rates**.^[28] Computer simulations from Europe have suggested that school re-openings may further increase transmission risk in communities where transmission is already high.^[29] More research and evaluation is needed on the implementation of mitigation strategies (e.g., social distancing, cloth face coverings, hand hygiene, and use of **cohorting**) used in schools to determine which strategies are the

most effective. Such research would improve understanding of the impact of mitigation strategies on the risk of SARS-CoV-2 transmission in schools, and ongoing monitoring and surveillance of transmission in schools could help with timely outbreak detection and prevent wider spread.

Why is it Important to Open Schools for In-Person Instruction?

While opening schools – like opening any building or facility—does pose a risk for the spread of COVID-19, there are many reasons why opening schools in the fall of 2020 for in-person instruction is important.

Schools play a critical role in the wellbeing of communities. Schools are a fundamental part of the infrastructure of communities. Schools provide safe and supportive environments, structure, and routines for children, as well as other needed support services to children and families. Schools play a vital role in the economic health of communities by employing teachers and other staff and helping parents, guardians, and caregivers work.

Schools provide critical instruction and academic support that benefit students and communities in both the short- and long-term. The main role and priorities of K-12 educational institutions are to provide age-appropriate instruction and support students' academic development. Reopening schools will provide in-person instruction for students, facilitate increased communication between teachers and students, and provide students with critical academic services, including school-based tutoring, special education, and other specialized learning supports.

Studies show that students have experienced learning loss during the period of school closure and summer months.^[20] In-person instruction for students has advantages over virtual learning, particularly when virtual learning was not the planned format for instruction, and schools may not have the resources or capability to transition fully to virtual learning. In-person classroom instruction has the added benefit for many students of interpersonal interaction between the student and the teacher and the student and peers.^[21] Teachers are able to more actively participate in student learning, provide feedback as students encounter challenges, and promote active learning among students.^[22]

In-person instruction may be particularly beneficial for students with additional learning needs. Children with disabilities may not have access through virtual means to the specialized instruction, related services or additional supports required by their Individualized Education Programs (IEPs) or 504 Plans.^[23] Students may also not have access through virtual means to quality English Language Learning (ELL).^[24]

When schools are closed to in-person instruction, disparities in educational outcomes could become wider, as some families may not have capacity to fully participate in distance learning (e.g., computer and internet access issues, lack of parent, guardian, or caregiver support because of work schedules) and may rely on school-based services that support their child's academic success. The persistent achievement gaps that already existed prior to COVID-19 closures, such as disparities across income levels and racial and ethnic groups, could worsen and cause long-term effects on children's educational outcomes, health, and the economic wellbeing of families and communities.^[25] While concern over higher rates of COVID-19 among certain racial/ethnic groups may amplify consideration of closing a school that educates primarily racial minority students, there should also be consideration that these may also be the schools most heavily relied upon for students to receive other services and support, like nutrition and support services.

Schools play a critical role in supporting the whole child, not just the academic achievement of students.

- **Social and emotional health of students can be enhanced through schools.** Social interaction among children in grades K-12 is important not only for emotional wellbeing, but also for children's language, communication, social, and interpersonal skills.^[27] Some students may have experienced social isolation and increased anxiety while not physically being in school due to COVID-19. Resuming in-person instruction can support students' social and emotional wellbeing.^[28] Schools can provide a foundation for socialization among children. When children are out of school, they may be separated from their social network and peer-to-peer social support. Schools can facilitate the social and emotional health of children through curricular lessons that develop students' skills to recognize and manage emotions, set and achieve positive goals, appreciate others' perspectives, establish and maintain positive relationships, and make responsible decisions.^[29]
- **Mental health of students can be fostered through school supports and services.** Schools are an important venue for students to receive **emotional and psychological support** from friends, teachers, and other staff members. Lengthy school building closures can leave some students feeling isolated from important friendships and support from other

caring adults.^[40] Schools also provide critical psychological, mental and behavioral health (e.g., psychological counselling, mental and behavioral assessment) services to children who may not have access to these services outside of school. School closures have limited the availability of these services. Furthermore, isolation and uncertainty about the COVID-19 pandemic can create feelings of **hopelessness and anxiety** while removing important sources of social support. Some students may have experienced trauma through the loss of a loved one from COVID-19. Increases in anxiety and depression may occur when students do not have the structure and routine that being in school brings to their daily lives. Finally, having opportunities to be physically active through recess and physical education can help improve students' feelings of anxiety and sadness. These physical activities should be provided regularly to students in a safe and supportive environment that includes physical distancing and strategies to reduce close contact between students.

- **Continuity of other special services is important for student success.** Students who rely on key services, such as school food programs, special education and related services (e.g., speech and social work services, occupational therapy), and after school programs are put at greater risk for poor health and educational outcomes when school buildings are closed and they are unable to access such school health programs and services.^[41] During periods of school building closures, students had limited access to many of these critical services, potentially widening educational and health disparities and inequities.

How can K-12 schools prepare for going back to in-person instruction?

Expect cases of COVID-19 in communities. International experiences have demonstrated that even when a school carefully coordinates, plans, and prepares, cases may still occur within the community and schools. Expecting and planning for the occurrence of cases of COVID-19 in communities can help everyone be prepared for when a case or multiple cases are identified.

- **Coordinate, plan, and prepare.** Administrators should coordinate with local public health officials to stay informed about the status of COVID-19 transmission in their community. Additionally, planning and preparing are essential steps administrators can take to safely reopen schools:
 - CDC's [Considerations for Schools](#) provides detailed recommendations for schools to plan and prepare to reduce the spread of COVID-19, establish healthy environments and maintain healthy operations. This guidance includes information about implementation of mitigation strategies, such as physical distancing within buses, classrooms and other areas of the school, healthy hygiene habits, cleaning and disinfection, use of cloth face coverings, staggering student schedules, and planning for staff and teacher absences (e.g., back-up staffing plans).
 - One important strategy that administrators can consider is **cohorting** (or "pods"), where a group of students (and sometimes teachers) stay together throughout the school day to minimize exposure for students, teachers, and staff across the school environment. At the elementary school level, it may be easier to keep the same class together for most of the school day. In middle and high school settings, cohorting of students and teachers may be more challenging. However, strategies such as creating block schedules or keeping students separated by grade can help to keep smaller groups of students together and limit mixing. Strategies that keep smaller groups of students together can also help limit the impact of COVID-19 cases when they do occur in a school. If a student, teacher, or staff member tests positive for SARS-CoV-2, those in the same cohort/group should also be tested and remain at home until receiving a negative test result or **quarantine**. This helps prevent a disruption to the rest of the school and community by limiting the exposure. Schools should have systems in place to support continuity or learning for students who need to stay home for either isolation or quarantine. This includes access to online learning, school meals, and other services. The same holds for students with additional needs, including children with a disability, that makes it difficult to adhere to mitigation strategies.

Operating Schools During COVID-19: Guiding principles and mitigation strategies to use when school is open

- **Prepare for potential COVID-19 cases and increased school community transmission.** Schools should be prepared for COVID-19 cases and exposure to occur in their facilities. Collaborating with [local health officials](#) will continue to be important once students are back to school, as they can provide regular updates about the status of COVID-19 in the community and help support and maintain the health and wellbeing of students, teachers, and staff. Having a plan in place for maintaining academic instruction and ensuring students have access to special services is also critical.
- **Making decisions about school operations:** Administrators should make decisions in collaboration with local health officials based on a number of factors, including the [level of community transmission](#), whether cases are identified

among students, teachers, or staff, what other indicators local public health officials are using to assess the status of COVID-19, and whether student, teacher, and staff cohorts are being implemented within the school.


- **What is the level of community transmission?** There are specific strategies schools can implement based on the level of community transmission reported by local health officials:
 - If there is *no to minimal community transmission*, reinforcing everyday preventive actions, ensuring *proper ventilation* within school facilities, including buses, and maintaining cleaning and disinfection practices remain important. These actions can help minimize potential exposure. Schools should also monitor absenteeism among teachers, staff, and students to identify trends and determine if absences are due to COVID-19, symptoms that led to quarantine, concerns about being in the school environment and personal health and safety, or positive test results. Anyone who tests positive for COVID-19 should *stay home and self-isolate* for the timeframe recommended by public health officials. Anyone who has had *close contact* with someone who has tested positive or is symptomatic for COVID-19 should be tested and stay home until receiving a negative result, or *stay home and monitor for symptoms*.
 - If there is *minimal to moderate community transmission*, schools should follow the actions listed above, and continue implementing mitigation strategies such as *social distancing*, use of *cloth faced coverings*, reinforcing everyday preventive actions, and maintaining cleaning and disinfection. This also can include ensuring that student and staff groupings/cohorts are as static as possible and that mixing groups of students and staff is limited.
 - If there is *substantial, controlled* transmission, significant mitigation strategies are necessary. These include following all the actions listed above and also ensuring that student and staff groupings/cohorts are as static as possible with limited mixing of student and staff groups, field trips and large gatherings and events are canceled, and communal spaces (e.g., cafeterias, media centers) are closed.
 - If there is *substantial, uncontrolled* transmission, schools should work closely with local health officials to make decisions on whether to maintain school operations. The health, safety, and wellbeing of students, teachers, staff and their families is the most important consideration in determining whether school closure is a necessary step. Communities can support schools staying open by implementing strategies that decrease a community's level of transmission. However, if community transmission levels cannot be decreased, school closure is an important consideration. Plans for virtual learning should be in place in the event of a school closure.
- **Did a student or staff member test positive for SARS-CoV-2?** If someone within the school community (e.g., student, teacher, staff) tested positive for SARS-CoV-2, assessing the level of risk is important to determine if, when, and for how long part or all of a school should be closed. K-12 administrators can also refer to CDC's *Interim Considerations for K-12 for School Administrators for SARS-CoV-2 Testing*, which provides additional information about *viral diagnostic testing*. A single case of COVID-19 in a school would not likely warrant closing the entire school, especially if levels of community transmission are not high. The levels of community transmission described above and the extent of *close contacts* of the individual who tested positive for SARS-CoV-2 should all be considered before closing. These variables should also be considered when determining how long a school, or part of the school, stays closed. If the transmission of the virus within a school is higher than that of the community, or if the school is the source of an outbreak, administrators should work collaboratively with local health officials to determine if temporary school closure is necessary. Students, teachers, and staff who test positive or had close contact of the individual who tested positive should be provided with guidance for when it is safe to *discontinue self-isolation* or *end quarantine*.
 - **What other indicators are local public health officials using to assess the status of COVID-19?** Local health officials can help inform decisions related to school operations by examining public health *indicators* ■ that are used to determine level of community transmission and disease severity levels. For example, indicators such as healthcare capacity (e.g., staffing, ICU bed occupancy), changes in newly identified COVID-19 cases, and percentage of people testing positive for SARS-CoV-2 infections in the community might be useful to determine whether to maintain or modify school operations. These indicators are set by state, local, tribal, and territorial health and healthcare officials, and should be shared with schools for decision making.
 - **Is a cohort approach used within the school?** The level of student and staff mixing within the school should also be considered. If students are kept in cohorts to minimize mixing of students, exposure to an individual with COVID-19 may be limited to one particular cohort and not pose a broad risk to the rest of the school. Cohorts that have been in close contact with someone with COVID-19 can switch to virtual learning and stay home in accordance with CDC's guidelines for *quarantine* and *self-isolation*, and the school may remain open.

- **Communicate with families, staff, and other partners.** When preparing to go back to school, regular communication should be used to update students, families, teachers, and staff about academic standards, meal program services, and access to other school-based essential services that students and families rely on. Regular communication with families, staff, and other partners should include:
 - Updates about the status of COVID-19 in the school and community
 - Notification when there are COVID-19 cases in the school (when communicating about the health status of students, schools should take care to avoid disclosing personally identifiable information and should follow all applicable privacy requirements, including those of the Family Educational Rights and Privacy Act)
 - Explanation of what parents, students, teachers, and staff can expect when returning to school; in particular, communicating about:
 - the importance of staying home when sick and staying home to monitor symptoms if close contact occurred with a person who tested positive for SARS-CoV-2
 - considerations for COVID-19 symptom screenings
 - types of social distancing measures being implemented
 - when students, teachers, staff and/or visitors will be expected to wear cloth face coverings and whether cloth face coverings will be available from the school.
 - everyday [healthy hygiene practices](#) that will be implemented upon reopening (e.g., students, teachers, staff staying home when sick, hand hygiene, cleaning frequently touched surfaces)
 - actions being taken to prevent SARS-Cov-2 transmission in buses, school buildings and facilities
 - actions that families and households can take to help prevent the spread of COVID-19
 - actions families can take to [manage anxiety about COVID-19](#)
 - decisions about operational status, potential use of virtual learning if COVID-19 cases are identified among students, teachers, or staff, and
 - guidance on [caring for someone who is sick](#) and for [parents, guardians, and caregivers who are sick](#)
 - guidance on how to [reduce stigma](#). Fear and anxiety about a disease can lead to social stigma, which is negative attitudes and beliefs toward people, places, or things

Families and students who had to make alternative arrangements with community providers to receive services (e.g., physical or occupational therapy, speech therapy, mental health services) during periods of school closures may need additional support and communication to establish a transition plan upon returning to school. Additionally, some families may have experienced significant hardship that now increases the number of students who need or qualify for some services, such as school meal programs. Schools can take actions to identify, support, and communicate with families who need to initiate new services as schools prepare to open. Administrators can work with community partners to plan for additional school-based services and programs during the transition back to normal schedules in anticipation of an increased need for mental health services.

Additional resources for PK-12 administrators

- [Considerations for Schools](#)
- [Latest COVID-19 Information](#)
- [Cleaning and Disinfection](#)
- [Guidance for Businesses and Employers](#)
- [Guidance for Schools and Childcare Centers](#)
- [COVID-19 Prevention](#)
- [Handwashing Information](#)
- [Face Coverings](#)
- [Social Distancing](#)
- [COVID-19 Frequently Asked Questions](#)
- [People at Higher Risk](#)
- [Managing Stress and Coping](#)
- [HIPAA and COVID-19](#)
- [CDC Communication Resources](#)

- [Community Mitigation](#)
- [Approach for Monitoring and Evaluating Community Mitigation Strategies](#)
- [OSHA Guidance on Preparing Workplaces for COVID-19](#) 
- [FERPA & Coronavirus Disease 2019](#) 

What Is Cohorting?

Cohorting (sometimes called podding) is a new term for a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of SARS-CoV-2 (the virus that causes COVID-19). These strategies work by keeping groups of students – and sometimes staff – together over the course of a pre-determined period of time. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort. This practice may help prevent the spread of COVID-19 by limiting cross-over of students and teachers to the extent possible, thus:

- decreasing opportunities for exposure or transmission of SARS-CoV-2,
- reducing contact with shared surfaces,
- facilitating more efficient contact tracing in the event of a positive case, and
- allowing for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases.

Cohorting strategies are common practice in many elementary schools across the United States. Many elementary school students have the same teacher and classmates during the entire school year. Implementation of this strategy varies, depending on setting and resources. For example:

- Schools may keep cohorts together in one classroom, and have teachers rotate between rooms.
- Schools may alternate cohorts by days or weeks, with cohorts assigned to specific days or weeks.
- Schools may adopt a hybrid approach, with some cohorts assigned to in-person learning and others assigned to online learning.

Evidence of the impact of cohorting on spread of COVID-19 is limited. Some evidence from other viral disease outbreaks and school reopenings in international settings suggests that cohorting may be an important tool for mitigating COVID-19 spread. However, it is essential to note that those studies were conducted in very different contexts, in communities with lower transmission levels.

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***SDHSAA Fall Sports/Activities Task Force Recommendations
July 2020***

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Assistant Director – Dr. John Krogstrand
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Guiding Principles:

1. A return to sports/activities for regular season contests and state championships must be safe for athletes, coaches, officials, and fans.
2. The goal of the SDHSAA in 2020 should be to incorporate school-based sports and fine arts activities when practical and safe.
3. Standardized procedures should be in place at all schools for the screening of athletes and coaches. This procedure should also be followed by all officials and judges for contests.
4. Standardized protocols should be in place, in conjunction with the South Dakota Department of Health, at all schools regarding confirmed close contact and confirmed positive cases of rostered individuals, members of the coaching staff, and all officials and judges.
5. SDHSAA Policies should be in place regarding the re-scheduling of events, events to be deemed a "no contest", and events to be deemed a "forfeit".
6. Benchmarks should be established to signify the need to reconvene and re-evaluate the recommendations in this document.
7. The SDHSAA should offer guidance on issues that would normally be a matter of local control.

Principle #1 – Safety

- Following peaks in Mid-April and Mid-May, rates for confirmed cases, recoveries, and hospitalizations decreased and have since leveled out in South Dakota. Areas impacted significantly, including Minnehaha, Lincoln, Pennington, and Beadle counties have leveled out. Due to the disparate geography and population centers in the state, surges and peaks in cases, recoveries, and hospitalizations may not appear as apparent as they would in more densely populated areas of the country.
- The NFHS has proposed rule modifications for all Fall sports. Recommendations from SDHSAA staff on those rule modifications fall under three categories- mandatory, optional, and impermissible. **Those rule modification recommendations, in addition to Fine Arts considerations, are attached as Appendix A to this document.** In addition to fall sports, proposed solutions for fall fine arts events have also been created.
- The NFHS Sports Medicine Advisory has released recommendations for classification of sports and fine arts activities in regards to contact and risk. Those categories are Low, Moderate, and High.
- Fall Sports:
 - Low Contact/Risk- Golf, Tennis, Cross Country
 - Moderate Contact/Risk- Soccer, Volleyball
 - High Contact/Risk- Football, Competitive Cheer, Competitive Dance
- Fall Fine Arts:
 - Low Contact/Risk- Journalism, Oral Interp
 - High Contact/Risk- All-State Chorus and Orchestra

Principle #2- Keeping Students Active and Involved

- A recent study by the University of Wisconsin School of Medicine and Public Health (McGuine et al., 2020) examined the impact of school closures and sport cancellations on the health of adolescent athletes in Wisconsin. In the adolescents studied, 65% reported anxiety symptoms in May of 2020, 25% of which were in the moderate and severe category. Additionally, 68% reported symptoms of depression, compared to a historical baseline of 31%. Further, the study found a 50% decrease in physical activity in the athletes. As an overall trend the study found that the school closures and sport cancellations had a statistically significant negative impact on the physical health, psychosocial health, and overall health of the adolescents in the study. The study was replicated with adolescents from several states in the Midwest, with similar results. The sample size in South Dakota was too low to produce a separate report, but a summary of the South Dakota responses followed the same trends, in addition to findings that the increases mental health issues, lower physical activity, and lower quality of life were greater in counties with the highest poverty levels, indicating that the school closures and sport cancellations impacted adolescents from more vulnerable populations to a greater extent.
- Season switches were explored by the committee and not determined to be practical or necessary at this time. Flexibility in scheduling could potentially allow us to shorten other seasons and resume unfinished fall seasons in the late spring (without overlapping with Spring sports) if necessary.

Principle #3- Screening Procedures

- All rostered individuals (athletes, managers, statisticians, coaching staff, cheerleaders) and other school personnel involved (bus drivers, etc) will be screened daily for CDC recommended indicators of COVID-19. Any individuals with unexplained positive responses (i.e.- intestinal issues following a large meal, headache with a history of migraines, etc.) must not be allowed to practice/compete/coach/assist until they have been evaluated by medical personnel. **Sample screening document found in Appendix B.**
- **NOTE- Individuals with positive screening responses are NOT automatically placed in a 14-day quarantine period. However, if individuals with positive responses refuse to be evaluated by medical personnel and provide that notification to the school, they must sit out and monitor for further symptoms for 14 days from the onset of symptoms to ensure recovery.**
- Depending upon school policies, screening for fever may be done at the school or at home.
- All contest officials and judges will self-screen the day of the contest and report to site host administrator. Any individuals with unexplained positive responses must not be allowed to officiate/judge until they have been evaluated by medical personnel.

- Athletes, participants, coaches, and officials who are in a vulnerable population should take extra precaution and visit with their physician about participation, particularly in sports/activities that do not allow for consistent social distancing.

Principle #4- Protocol for Confirmed Close Contact and Positive Cases

- **ALL indications of positive cases and confirmed close contact (within 6 feet for at least 15 minutes of time starting two days prior to symptom onset) must come through the South Dakota Department of Health.**
- Any Department of Health verified close contact (student/coach/official/judge/team personnel) must follow SDDOH guidelines. Currently, those guidelines require a 14-day quarantine from the date of contact away from school and daily screening of symptoms.
- Any Department of Health verified positive case (student/coach/official/judge/team personnel) must follow SDDOH guidelines. Currently, those guidelines require the individual to self-isolate for 10 days from the first onset of symptoms and must be fever free for 24 hours without the use of fever-reducing medications, or 20 days from the onset of symptoms, fever free for 24 hours without the use of fever-reducing medications, in those who were severely or critically ill and/or those who are severely immunocompromised. Any individual (student/coach/official/judge/team personnel) with a verified positive case must have a physician complete the SDHSAA COVID Return to Play form prior to returning to competition/coaching/officiating/judging/team membership. For students, if the physician indicates the need for the Graduated Return to Play Progression due to hospitalization, cardiopulmonary concerns, or otherwise, the school must verify that the return to play protocol is followed. **Form located in Appendix C.**
- Schools must notify the SDHSAA of any verified close contact or positive cases of rostered individuals via the SDHSAA School Zone. No personally identifiable information will be contained in the notification to the SDHSAA. All information will be treated in compliance with HIPAA and FERPA from the member school and the SDHSAA. Dr. Swartos from the SDHSAA will be part of the SDDOE/SDDOH School Response Team.
- SDDOH Case Investigation outline from <https://doe.sd.gov/coronavirus/documents/CaseInvestigation.pdf>

Principle #5- SDHSAA Policies

- Re-Scheduling Contests- The SDHSAA will assist teams as much as possible in working towards the satisfactory rescheduling of missed contests. Re-scheduling of football contests will be difficult and may not be possible, with the exception of shared bye weeks.
- "No Contest"- If a school has substantial spread of cases within their building such that they are forced to deliver instruction completely via distance learning,

all efforts should be made to reschedule. If that is not possible, the contest will be declared a “no contest” for both teams. Similarly, if both teams agree not to play, but are not in a “shutdown”, in exceptional scenarios it could become a “no contest” with prior approval from SDHSAA.

- “Forfeit” - If a school decides on their own, without a school/district shutdown or without SDDOH recommendation, that they do not want to play a contest, the contest will be declared a “forfeit” with the team deciding not to play awarded a loss and the opposing team a win.
- Any post-season contests that are unable to be played will be considered a forfeit.
- The SDHSAA will act as a mediator and make final decisions as it pertains to forfeit and no contest determinations.
- The SDHSAA should develop policies for virtual Fine Arts events.

Principle #6- Benchmarks for Re-Evaluation

- The SDHSAA will work with this task force, in addition to the South Dakota Department of Health, throughout the fall to determine if it is necessary to re-examine this document.

Principle #7- Other Guidance

- Schools should post guidance regarding social distancing and hygiene at their facility entrances and other high traffic areas of their facilities.
- Schools should encourage and support the use of masks by spectators.
- Schools should evaluate local conditions in determining restrictions on crowd size. **If fan attendance is allowed at a contest, fans from both/all teams involved should be allowed to attend in the same capacity deemed safe for home teams to attend.**
- Schools should consider using 7- or 14-day trends and other indicators of active cases, new cases, and hospitalizations in their District/County area to develop a tiered system for fan attendance, such as:

TIER	Fan Attendance	Conditions
Tier 1	Open attendance	Steady/Decreasing rates of community active cases, new cases, and hospitalizations.
Tier 2	Parents/Student Body Only	Slow/intermittent increase of community active cases, new cases, and hospitalizations. Isolated cases, no evidence of exposures in large communal settings.
Tier 3	Student Body or Parents Only	Steady/incremental increase of community active cases, new cases, and hospitalizations. Sustained increases, potential exposures in large communal settings.
Tier 4	No Fans	Sharp increase of community active cases, new cases, and/or hospitalizations WITHOUT concurrent increase of cases/contacts within the school setting. Confirmed exposures in large communal settings.

- If fan attendance is being limited, schools should consider using a pass system to control crowd sizes and limit build ups at the gate. In addition, any pass system should be extended to visiting teams and coordinated between athletic directors prior to the contest.
- **The SDHSAA encourages conferences and other like groups of schools to consider agreeing to similar attendance policies across the conference/like group to avoid confusion from fans.**
- **During bus travel to away contests and for transportation to practice for cooperative programs, schools should strongly consider assigned seating and mandating the use of cloth face masks by everyone on the bus to assist with contact tracing and potentially assist with the numbers confirmed close contact.**
- Schools should consider cashless transaction at the gates via a system like Huddle. Ticket takers and other event workers should be offered protective equipment such as masks and gloves.
- With the dramatic rise in streaming capabilities for contests, in addition to the NFHS Network offer of free Pixellot systems to every school, schools should evaluate their current streaming offerings and **actively encourage fans to self-screen and watch from home if exhibiting any symptoms. Similarly, schools should actively encourage those who are vulnerable to watch from home.**
- A joint SDDOH/SDHSAA set of recommendations for concession stands is attached to this document as **APPENDIX D**.
- Schools should evaluate their media areas and attempt to reconfigure to allow social distancing.
- Facility cleaning guidance for the summer period should be continued throughout the school year.

FINAL RECOMMENDATIONS:

1. The task force recommends that all SDHSAA-sanctioned fall sports proceed according to schedule with the attached rule modifications, in addition to screening procedures and South Dakota Department of Health protocol for confirmed close contacts and confirmed positive tests.
2. Due to the nature of the event (nearly 1,100 students from over 150 different schools), the Task Force recommends that SDHSAA staff further consider the All-State Chorus and Orchestra concert, examine the results of the pending NFHS aerosol study, and make a determination on that event at a later date.
3. The Task Force recommends that remaining fall season SDHSAA Fine Arts Events (Journalism and Oral Interp) continue, with SDHSAA staff evaluating the need for the events to be held virtually due to the size of the event in student count and number of communities represented.

References

McGuine, T., Biese, K., Hetzel, S., Kliethermes, S., Reardon, C., & Bell, D. et al. (2020). *The Impact of School Closures and Sport Cancellations on the Health of Wisconsin Adolescent Athletes*. Madison, WI.



South Dakota High School Activities Association

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APPENDIX A

SDHSAA Fall 2020 Rule Modifications

Rule modifications are divided into three categories:

1. Mandatory- rule changes that must be followed until further advised
2. Optional- rules allowances that may be utilized if desired until further advised
3. Impermissible- items that are not allowed by SDHSAA rule

Golf

<p>MANDATORY MODIFICATIONS</p>	<ul style="list-style-type: none"> • Follow all rules published by the host course and USGA guidelines that are in place for spectators, competitors and coaches alike. This includes leaving the flagstick and hole-barrier in place if the course is using that system for regular season play. • No-Touch Scorecards shall be used. The USGA and Golf Genius are working on a tutorial to show how this can be provided free of charge through the USGA Tournament Management App on any mobile device with a data connection. Rules regarding illegal use of electronic devices will remain in place for competitors. • Fans/Spectators and Rules Officials shall maintain a 6’ distance from all players throughout the round. • No Awards Ceremonies following play. Meet management shall distribute all awards to coaches, who will then present to the athletes. No draping of competitors in ribbons/medals. • No common distribution of water accessible to multiple parties. • Clean frequently touched areas, and provide ample hand sanitizer at all practices and contests.
<p>OPTIONAL MODIFICATIONS</p>	<ul style="list-style-type: none"> • Consider “putting through” or “uninterrupted putting” by players when on the green to allow for safer distancing as the golfers who are not up are able to remain distanced on/around the green. • Consider “Circle 10” option for scoring, where if a player exceeds 10 shots on a hole, they simply pick up. This allows for more consistent pace of play throughout events. • Athletes and coaches are allowed to wear masks/face coverings, and are invited to bring their own water bottle. • Galleries should be limited to “paths only” and keep 6’ of distance between themselves and others throughout the round.

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Tennis

<p>MANDATORY MODIFICATIONS</p>	<ul style="list-style-type: none"> • Use numbered sets of tennis balls, with a different number for each competitor/doubles team, and only handle your numbered tennis balls. Clean balls with Lysol or Clorox. • Maintain social distancing as possible during play. Avoid fist bumps or hand shakes prior to or following the contest. • Use your racquet or foot to move balls from your side to your opponents side. • Switch court sides on opposite sides of the court. • Clean frequently touched objects and areas and provide ample hand sanitizer for athletes and coaches.
<p>OPTIONAL MODIFICATIONS</p>	<ul style="list-style-type: none"> • Athletes and coaches are allowed to wear face masks/coverings. • Athletes should use their own water bottle.

Soccer

<p>MANDATORY MODIFICATIONS</p>	<ul style="list-style-type: none"> • Rule 5-2: Pregame Conference should only be attended by the Head Coach and one captain from each team, be held at midfield with social distancing of 6' encouraged • Rule 6: Ballholders shall be given similar screening as athletes and officials prior to working the game and should maintain 6' of space throughout the contest from one another as possible • Rule 1: Team Bench areas may be expanded to allow more space for distancing. Areas must be marked by cones or lines to delineate what is and is not allowable space, and should not extend beyond the front line of the penalty area. • Officials' Table and Press Box areas should be limited to essential personnel only. Team Statisticians other than an official book shall remain in their team or spectator areas. • Post-Game – Officials should immediately leave the field area and not linger to shake hands with teams following competition. • No common distribution of water accessible to multiple parties. • Clean frequently touched areas, and provide ample hand sanitizer at all practices and contests
<p>OPTIONAL MODIFICATIONS</p>	<ul style="list-style-type: none"> • Athletes, coaches and officials are allowed to wear masks/face coverings, and are invited to bring their own water bottle. • Pre-Game introductions, if held, should be done immediately in front of each team's bench area (touch line) and not in the traditional "World Cup" format". No pre-game handshake lines should occur.
<p>IMPERMISSIBLE MODIFICATIONS</p>	<ul style="list-style-type: none"> • Officials may *not* use an electronic whistle or noise-maker without prior, specific, authorization from the SDHSAA office.

Competitive Cheer and Competitive Dance

MANDATORY MODIFICATIONS	<ul style="list-style-type: none"> • Sideline Cheer (2-1-14, 2-1-16)- Participants shall be appropriately spaced on the court, field, or sideline to ensure proper social distancing • Cheer (3-1-1)- Any mask worn during a routine that does not involve stunting but involves tumbling must be taped and secure. • Dance (4-1-1)- Any mask worn during a routine that involves tumbling must be taped and secure
OPTIONAL MODIFICATIONS	<ul style="list-style-type: none"> • Cheer- Athletes should maintain their equipment themselves and there should be no other shared equipment, including, but not limited to: water bottles, poms, megaphones, and signs. • Cheer- Coaches should consider working with stunt groups in “pods” to limit the number of close contacts between students. • Cheer- Masks may be worn if not stunting or tumbling. • Dance- Masks may be worn (see note above if tumbling) • Dance- It is recommended that social distancing be considered when creating routines. • Cheer/Dance- Shoes and hands should be sanitized prior to going on the performing surface. • Cheer/Dance- Mat/surface areas should be sanitized regular per manufacturers recommendations. • Cheer/Dance- It is recommended that there be no medal ceremonies.
IMPERMISSIBLE MODIFICATIONS	<ul style="list-style-type: none"> • Cheer (3-1-1): No masks may be worn in routines that involve stunting.

Cross Country

MANDATORY MODIFICATIONS	<ul style="list-style-type: none"> • Rule 8-1-3: Course must be widened to ensure 6’ of width at its most-narrow point • Finish Corral/Chute: Removal of the “Chute” as an option for the finish area, and instead all meets must establish a “Corral” of over 100’ in length and 12’ in width to accommodate finishers • Awards: No awards ceremonies following play. Distribute awards directly from meet administration to coaches to provide to athletes. No draping of medals on competitors • Starting Boxes: Design start area with boxes of 6’ in width, with an empty 6’ box between each school/team. If unable to accommodate in a straight line, consider use of a staggered, wave or interval start. • No common distribution of water accessible to multiple parties. • Clean frequently touched areas, and provide ample hand sanitizer at all practices and contests. • Spectators must not have access to athletes, and should be restricted to areas outside of the 6’ course width and a minimum of 6’ away from team camps, starting and finish areas.
OPTIONAL MODIFICATIONS	<ul style="list-style-type: none"> • For Students: Masks/face coverings may be worn. Each athlete should be required to bring their own water bottle. • Team Camp areas, if permitted, should be isolated from spectators or other non-essential personnel. Team camps should be only available to members of that specific team, and not a shared/common space.

Football

<p>MANDATORY MODIFICATIONS</p>	<ul style="list-style-type: none"> • Rule 1-2: Team Boxes may be extended length-wise to the 15-yard lines on either end to promote social distancing of 6’ from one another in the team box. • Rule 1-3: Game Balls may be rotated more frequently than previously allowed to ensure cleaning and sanitization of balls between downs. “Ball Boys” should practice social distancing and must remain on their own teams’ sideline or end-zone area during the contest (and not on the opponents sideline). • Rule 1-5: Face masks with integrated visors that connect to the entirety of the mask may be worn, as long as the visor is 100% clear and free of tint. • At this time – Cloth masks and face coverings are not permissible, as they affect the legality of and ability to properly wear chin straps and mouthguards. The NFHS SMAC will be releasing additional guidance on this matter soon. • Rule 2-6 & 3-5: Charged Time-Outs are to be 120 seconds in length. Conferences during Charged Time-Outs must be held within the nine-yard marks on the field and not at the sideline. More than one coach, however, may now be part of this nine-yard mark conference, and, technological devices may be used in this conference. • Rule 3-5: Quarter Breaks are to be 120 seconds in length as well and follow the same guidelines as above for a charged time-out. • Coin Toss: Only FOUR captains may attend per team. Eliminate handshake as required in manual. • Line-To-Gain Crew shall be located on the HOME team’s sideline, regardless of orientation to press box. Chain-gang crew shall not enter the playing field. If a measurement is needed, officials should deliver chains to the field, not the chain crew. • Eliminate Individual Introductions of players/tunnel line from all contests. Starting Units can be introduced, but not with the run-through action of athletes as names are called. • No common distribution of water accessible to multiple parties. Each athlete must have his or her own Water Bottle. Officials should provide/be provided their own, specific beverage containers as well. • Clean frequently touched areas, and provide ample hand sanitizer at all practices and contests • NO NON-TEAM PERSONNEL IN THE TEAM BOX. Media and others must remain outside of the team box area at all times.
<p>OPTIONAL MODIFICATIONS</p>	<ul style="list-style-type: none"> • Strongly Encourage facilities that use a shared sideline for both teams to reconfigure so that each team has their own sideline to enhance distancing. • Consideration that the only field-level personnel during contests are officials and team personnel. Media, parents, spectators, cheerleaders, etc., should be in a socially distant area of the facility away from the on-field action.
<p>IMPERMISSIBLE MODIFICATIONS</p>	<ul style="list-style-type: none"> • Gloves, if worn, must still meet the NOCSAE/SFIA specifications and cannot be non-compliant and worn during a football contest. • Officials may *NOT* use an electronic whistle/noisemaker without prior, specific, authorization from the SDHSAA office.

Volleyball

MANDATORY MODIFICATIONS	<ul style="list-style-type: none">• Prematch Conference (1-2-4a; 1-6-2; 1-6-3; 2-1-10; 5-4-1h, k; 5-6-1; 7-1-1; 7-1-1 PENALTIES 1; 9-1a; 12-2-3)<ul style="list-style-type: none">○ Limit attendees to one coach from each team, first referee and second referee.○ Move the location of the prematch conference to center court with one coach and one referee positioned on each side of the net. All four individuals maintain a social distance of 3 to 6 feet. Coaches will indicate to the officials how many players are listed on their roster so officials will verify for the match.○ Suspend the use of the coin toss to determine serve/receive. The visiting team will serve first in set 1 and alternate first serve for the remaining non-deciding sets.• Roster Submission: Suspend roster submission at the prematch conference. Rosters are submitted directly to the officials' table before the 10-minute mark.• Line up submission: Coaches will turn in a small court sample or service order for HOME team and VISITING team for each set at the table.• Team Benches (5-4-4b, 9-1-2, 9-1-2 NOTE, 9-3-3b)<ul style="list-style-type: none">○ Suspend the protocol of teams switching benches between sets. In the event there is a clear and distinct disadvantage, teams may switch sides, observing all social distancing protocols. Officials will determine if a disadvantage is present.○ Limit bench personnel to observe social distancing of 3 to 6 feet where possible.○ Only team personnel allowed on the benches. Stats/managers/book keepers etc. should find areas to other than the bench to sit.• Deciding Set Procedures [1-2-4b, 5-4-4c, 5-5-3b(26), 9-2-3c]<ul style="list-style-type: none">○ Move the location of the deciding set coin toss to center court with team captains and the second referee maintaining the appropriate social distance of 3 to 6 feet. A coin toss, called by the home team, will decide serve/receive.○ Suspend the protocol of teams switching benches before a deciding set. In the event there is a clear and distinct disadvantage, teams may switch sides, observing all social distancing protocols. Officials will determine if a disadvantage is present.• Substitution Procedures (2-1-7, 10-2-1, 10-2-3, 10-2-4)<ul style="list-style-type: none">○ Maintain social distancing of 3 to 6 feet between the second referee and the player and substitute by encouraging substitutions to occur within the substitution zone closer to the attack line.○ Athletes shall use hand sanitizer upon entering and leaving the contest. No high five or contact on the substitution exchange.• Officials Table (3-4)<ul style="list-style-type: none">○ Limit to essential personnel which includes home team scorer, libero tracker and timer with a recommend distance of 3 to 6 feet between individuals. Visiting team personnel (scorer, statisticians, etc.) are not deemed essential personnel and will need to find an alternative location.
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	<ul style="list-style-type: none"> • Line Judges <ul style="list-style-type: none"> ○ Line judges do not need to carry the ball with them to their standing position at the time-out by the first referee. Instead, the server should just set the ball on the service line and it will be available upon their return to play. • Pre and Post Match Ceremony <ul style="list-style-type: none"> ○ At the end of the timed warmup, only the starters/libero (if using one) will be permitted on the endline for national anthem and introductions. When announced step forward and back. Non-starters will be at the bench are practicing social distancing. ○ The first referee and the line judge working on the first referee sideline stand to the right of the first referee's stand. The second referee and line judge working on the second referee's sideline stand to the right of the net post on the second referee's side. The referees stand closest to the respective poles. All should face the court for introductions and face the flag for the national anthem. ○ After the national anthem and introductions, the first referee whistles and signals the players to enter the court. Line judges will take their respective positions, R2 will check the line-ups and play will begin. ○ The handshakes both before and after the match will be eliminated. • Officials and Athletes should bring their own water/water bottle. • Have hand sanitizer located on each bench for athletes to use upon entering and exiting the contest (substitutions, timeouts, etc.)
<p>OPTIONAL MODIFICATIONS</p>	<ul style="list-style-type: none"> • Teams should consider playing 20 dual matches and avoid tournament play until conference play and post-season events. • Rule 4-1 EQUIPMENT AND ACCESSORIES <ul style="list-style-type: none"> ○ Cloth face coverings are permissible. (4-1-4) ○ Gloves are permissible. (4-1-1) • Rule 4-2 LEGAL UNIFORM <ul style="list-style-type: none"> ○ Long sleeves are permissible. (4-2-1) ○ Long pants are permissible. [4-2-1i (1)] ○ Under garments are permissible, but must be unadorned and of a single, solid color similar in color to the predominant color of the uniform top or bottom. [4-2-1h (3), 4-2-1i (2)] • Rule 5-3 OFFICIALS UNIFORM AND EQUIPMENT <ul style="list-style-type: none"> ○ By state association adoption, long-sleeved, blue collared polo shirt is permissible. (5-3-1 NOTES 2) ○ Electronic whistles are permissible. (5-3-2a, b) ○ Cloth face coverings are permissible. ○ Gloves are permissible. • Disinfecting the ball <ul style="list-style-type: none"> ○ It is recommended to have someone in place to disinfect the game balls between sets and during timeouts. Another option would be to have a sanitized ball at the table ready for use, if needed. • Two ball carts should be used, one for each team. Teams only use ball cart assigned. • Media, spectators etc. should practice social distancing at all times in the stands. • Site administration needs to come up with safety plans for entering and exiting courts.



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SDHSAA Fall 2020 Fine Arts Considerations

Journalism:

- In-person workshop sessions would need a plan for social distancing.
- Online workshop sessions would be an option.
- The state convention would have over 220 participants. If held, procedures would need to be in place for social distancing, staggered registration times, and the awards ceremony.

All-State Chorus and Orchestra:

- Orchestra auditions could be done via recording to minimize student exposure.
- In-person auditions themselves could be accomplished, but procedures for those waiting to audition or waiting for auditions to finish must be developed.
- The state event itself involves approximately 1,100 students who come from over 150 different schools.
- Hotels may be an issue if rooms are limited to 2 people per room.
- If restaurants are limiting seating, finding available food options during break for 1100 kids plus several hundred advisors may be difficult.

Oral Interp:

- District and region contests could be conducted virtually if necessary, with District and Region Chairs facilitating the contests.
- Alternates would need to be chosen at the district and region level. The alternates would advance if advancing schools or participants are unable to attend.
- At the state competition, only competitors and judges would be allowed in the room.
- Many small gathering areas would be necessary, as opposed to the normal large gathering area.
- If there is a state competition, plans would need to be implemented for social distancing and awards ceremonies.

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(Insert School Logo Here)

COVID-19 Participant/Coach Monitoring Form

DATE: _____

PERSON RESPONSIBLE: _____

NOTE: Any individual who has had close contact (within 6 feet for at least 15 minutes) with someone who has a confirmed case of COVID-19 should contact the South Dakota Department of Health for further guidance.

NAME	CIRCLE YES/NO BELOW															
	FEVER OF 100.4 OR GREATER		NEW/ WORSENING COUGH		UNEXPLAINED SORE THROAT		SHORTNESS OF BREATH		UNEXPLAINED FATIGUE OR MUSCLE/BODY ACHES?		HEADACHE NOT RELATED TO KNOWN CONDITIONS?		NEW LOSS OF TASTE OR SMELL?		NAUSEA/ VOMITING/ DIARRHEA	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO



SDHSAA COVID-19 Return to Play Form

If a participant/coach/official/judge/team personnel has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP)

Individual's Name: _____ DOB: _____ Date of Positive Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applicable)

- 10 days have passed since symptoms first appeared OR
- 20 days have passed since symptom onset for those who were severely or critically ill, and/or those who are severely immunocompromised.
- Symptoms have resolved (No fever $\geq 100.4F$) for 24 hours without fever reducing medication, improvement of symptoms (cough, shortness of breath)
- Individual was not hospitalized due to COVID-19 infection.
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with exercise	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained Syncope/near syncope	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained/excessive dyspnea/fatigue w/exertion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart murmur on exam	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NOTE: If any cardiac screening question is positive or if participant was hospitalized, consider further workup as indicated. May include ECG, cardiac biomarkers, Echocardiogram, CXR, PFT's, Chest CT, or cardiology consult.

- Individual HAS satisfied the above criteria and IS cleared to return to activity.
- Due to moderate or severe symptoms with COVID-19, the participant should perform the stages of the Graduated Return to Play Progression prior to full clearance.
- Individual HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Address: _____

Evaluator's Signature: _____

Graduated Return to Play (RTP) Progression After COVID-19 Infection

In participants who have had moderate or severe symptoms with COVID-19 or their provider had any concerns for rapid RTP, the athlete should complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the participant should be referred back to the evaluating provider who signed the form.

- **Stage 1: (2 Days Minimum)** Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- **Stage 2: (1 Day Minimum)** Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- **Stage 3: (1 Day Minimum)** Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- **Stage 4: (2 Days Minimum)** Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Stage 5: Return to full activity**

If required by health care provider, the participant has completed the 5 stage RFP progression under the supervision of school personnel: _____

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.

COVID-19 GUIDANCE: FOOD CONCESSION STANDS FOR SCHOOLS AND TEMPORARY EVENTS

OPERATIONS:

- Post signage at stand for patrons to maintain social distancing of 6' between parties near food stand
- Maintain a sanitize solution* for wiping cloths during operations and increase cleaning/sanitizing frequencies - especially high-contact surfaces such as equipment, utensils, and countertops
- Discontinue self-service operations for the public such as drink stations, condiment trays, cup/napkin/utensil dispensers and other amenities to help maintain infection control
- Consider the use of fans or open (screened) windows to improve air circulation in smaller indoor stands
- Consider barriers such as Plexiglass between employees and customers if practical

EMPLOYEES:

- STAY HOME if you have or develop symptoms of cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell
- STAY HOME if you have been in close contact with someone who was diagnosed or suspected to have COVID-19 in the last 14 days
- Wear a mask or face covering – this will also help prevent touching hands to the face
- ALWAYS practice effective hand hygiene including washing hands with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing
- Use alcohol-based sanitizer (min. 60%) on clean hands - when soap and water is not readily available
- Use gloves or tongs to avoid direct bare hand contact with ready-to-eat foods
- Social distance; limit number of employees in confined spaces, keep at least 6 feet between yourself and other staff as best as possible.

*SD DOH approved sanitizing solutions:

Chlorine (5.25% household bleach): Use 1 and ½ teaspoons of bleach per gallon of water

OR

Quaternary Ammonia per label recommendations

