HEALTHY AT SPORTS

STAGE 3 - PERFORMANCE RETURN TO COMPETITION: CONSIDERATIONS FOR WINTER SPORTS & SPORT-ACTIVITIES

KHSAA.org - @KHSAA - @KHSAAEvents #TogetherWePlay
2020-21 Healthy at Sports
Stage 3- Performance
Return to Competition: Individual
Sport Considerations

DANCE SPECIFIC GUIDANCE

CROSS-REFERENCE TO OTHER GUIDANCE

➢ All individuals involved in the athletic program are expected to reference all guidance standards, including those this sports-specific guidance and the All Sports Guidance document.
➢ If there is an ambiguity between recommended guidelines, the most stringent should apply, and deference shall be given to the KHSAA Return to Play Material as other resources amend their guidance later.
➢ Guidance is broken into three areas:
   o REQUIRED- These standards are required at all sanctioned contests.
   o RECOMMENDED- These standards are best practices during all contests during the pandemic and are therefore recommended for all contests.
   o CONSIDER- While these items are also best practices during this time, local site discretion should be exercised to determine if these items are practical and feasible for use at the contest.
➢ These differences in the guidance are necessitated by the differences in sports, facilities, geographic areas, and pronounced differences during normal years and magnified this school year.
➢ Dance coaches and Athletic Directors may consult the USA Dance Report from their Task Force on Dancer Healthy for helpful guidelines and recommendations about practice areas and the transmission of coronavirus at https://bit.ly/3cq0M4b.

SEASON LIMITATION, CONTEST, ACTIVITY ADJUSTMENTS, DEFINITIONS, AND LIMITATIONS

➢ Segment 1 refers to activities, competitions, and contests from September 21 to October 4.
➢ Segment 2 refers to activities, competitions, and contests from October 5 to October 18.
➢ Segment 3 refers to activities, competitions, and contests beginning on October 19.
➢ The first official practice can be held on September 21.
➢ Postseason competition, at this time, is scheduled to begin the week of February 8 with championship competition currently scheduled to end the week of Feb. 22.

DANCE SEGMENT STAGES FOR SKILL DEVELOPMENT AND PRACTICE FOR 2020-2021

GENERAL REMINDERS REGARDING DANCE PRACTICES AND WORKOUTS

➢ Dance practices are generally performed indoors.
➢ Exercising indoors could possibly pose a greater risk of transmission than exercising outdoors for multiple reasons including air flow and being in an enclosed space.
➢ Sharing the same air for longer than 15 minutes increases the chances of exposure and infection per the CDC 6-15-48 guidance (https://bit.ly/2FU4eba).
➢ Social distancing is hard to maintain in dance due to partnering, choreography, and close formation spacing.
➢ Significant modifications may be required during the early stages of workouts.

SEGMENT 1 (SEPTEMBER 21 TO OCTOBER 4, ALL ADOPTED AS REQUIRED FOR 2020-21)

➢ All participants shall continue to wear mask/face covering unless medically waived during practices, particularly indoor practices, during this segment.
➢ Dancers should maintain a distance of at least 6 feet apart, but preferably 10 feet apart if possible.
➢ No activities that require direct or indirect contact or touching of the same equipment.
SEGMENT 2 (OCTOBER 5 TO OCTOBER 18, ALL ADOPTED AS REQUIRED FOR 2020-21)
➢ All participants should continue to wear mask/face covering unless medically waived during practices, particularly indoor practices, during this segment.
➢ Dancers should maintain a distance of at least 6 feet apart, but preferably 10 feet apart if possible.
➢ Activities with direct and indirect contact are permitted

SEGMENT 3 (OCTOBER 19 AND BEYOND, ALL ADOPTED AS REQUIRED FOR 2020-21)
➢ Recommend wearing of mask/face covering during practices.
➢ Maintain a distance of at least 6 feet apart at all times when practical and feasible.
➢ Resume normal practice.

ATTENDANCE DETERMINATION AT COMPETITIONS
➢ Attendance at any event is at the discretion of the host school or school system after consultation with local health officials but shall be guided by a thorough review including the identification of those who are Essential, Preferred, and Non-Essential. (REQUIRED)
➢ The following represent starting points for discussion with school/school system and consultation with local health officials for spectators but are not intended to create a statewide mandatory standard:
  o Consider inviting local public health officials to your school to review specific facility concerns related to attendance, ingress, egress, and crowd management. (RECOMMENDED)
  o Consult with local public health officials to ensure you have not missed any important considerations, given cases in the virus, community, and general area surrounding your county. (REQUIRED)
  o Once the plan has been determined and you have discussed it with local public health officials, communicate it to all as soon as possible but be flexible for consideration of future changes. (REQUIRED)
  o Consultation with local health department officials (or the collaboration of multiple health departments) in conjunction with the opponent(s) on attendance allowances, restrictions, or capacities. (REQUIRED)

ATTENDANCE LIMITATIONS AND MAXIMUMS
➢ Sports-specific attendance recommendations and limitations (per segment) are provided in each specific sport guidance document.
➢ In all seating areas (including bleacher and stadium chair or chairback seating), family units that live in the same household and those that traveled to the contest in the same vehicle should sit together while the entire group maintains six-foot social distancing from any other family or traveling group. (RECOMMENDED)
➢ In all venues, facilities shall insist of compliance with face-covering/mask requirements and social distancing principles. (REQUIRED)
➢ In all seating areas (including bleacher and stadium chair or chairback seating), on any set of bleachers with separate entrances from other sections, schools shall determine a maximum attendance at the facility during each of the three season segments.
➢ Schools should consider having staggered arrival times if multiple entrances are not available. (RECOMMENDED)
➢ Plans should all carefully consider allowances for the parents and family of the competitors (along with social distancing requirements), with the traditional easily identifiable family being rare and somewhat difficult to quantify. (RECOMMENDED)
➢ For events held in non-bleacher venues, plans should include a maximum number of non-competitors, which would include coaching staff, non-competing members, and any allowance for parents or the general public. (RECOMMENDED)
Social distancing will always be more difficult in chairback style seating, as there exists minimal flexibility for social distancing.

Plans should also be limited in consideration of the number of restrooms in the facility and their location relationship to the separate section entrances. (CONSIDER)

Until current orders related to venues and event spaces are rescinded and absent specific approval from the Governor’s Office, Healthy at Work, no event may be approved for more than fifty percent of capacity (see Requirements for Venues and Event Spaces at the link at the end of this section for details). (GOVERNOR ORDER)

ATTENDANCE AT EVENTS (RECOMMENDED)

Due to the unique environmental situations relative to aquatic centers, it should be expected that attendance will be restricted until further notice at all meets during the 2020-2021 academic year.

It is also clear that, especially in and around swimming meets, establishing a consistent pattern for social distancing will be difficult.

Due to the inability and lack of feasibility of consistent social distancing by competitors, officials, and coaches, it is clear that in these pandemic times, attendance will need to be restricted.

Attendance recommendations will be reviewed before each segment based on the current status of the virus in the Commonwealth.

Segment 1: * First Contest through December 18:
- Per current recommendations from the Kentucky Department for Public Health, attendance should be limited to fifteen (15) percent of building capacity with such count to include fans, competitors, coaches, and officials.

Segment 2: * December 19 to January 15:
- Absent further revision, attendance should be limited to the Segment 1 limits.

Segment 3: * January 16 to the beginning of the region:
- Absent further revision, attendance should be limited to the Segment 1 limits.

SIDELINE CHEER GUIDELINES DURING THE COVID EMERGENCY AND BEYOND

No stunting can be performed that is not yet permissible to practice following Competitive Cheer Guidance listed under “COMPETITIVE AND SIDELINE CHEER SEGMENT STAGES FOR SKILL DEVELOPMENT AND PRACTICE FOR 2020-2021” for resumption including skill progression.

- For contests during Segment 1, only stunts that have been properly and appropriately practiced and permitted during Segment 1 may be executed.
- For contests during Segment 2, only stunts that have been properly and appropriately practiced and permitted during Segment 2 may be executed.
- For contests during Segment 3, only stunts that have been properly and appropriately practiced and permitted during Segment 3 may be executed.

All participants, unless executing currently permitted stunts, shall continue to wear mask/face covering unless medically waivered during practices.

- No masks should be worn in routines that involve stunting.
- Any mask worn during a routine that does not involve stunting but involves tumbling must be taped and secure.

NFHS Spirit Rule 2-7 states: “Performing surfaces must be suitable for spirit activities”

Stunts or Stunting by sideline cheerleaders is not permitted on hard surfaces to include gravel/chat rock or cinder tracks, or any unpadded concrete surface.

When permitted, stunting would be permitted on appropriate mats, grass, rubberized and yielding surfaces.

A properly installed gym floor is considered to be a yielding surface, with mats preferred but not required beyond Segment 2.

Stunting is not permitted on any surface if it is wet.
Sideline cheer coaches must carefully consider the cheering surface regarding safety, as even an all-weather track could be considered unsafe if it were wet.

Consideration of practice/performance surfaces and following skill progressions are vital components of risk minimization.

The following skills are only allowed on a mat, grass, rubberized track, or other yielding and appropriate surface:
- Basket tosses, elevator/sponge tosses, and other similar multi-base tosses.
- Partner stunts in which the base uses only one arm to support the top person.
- Twisting/tumbling skills (Arabians, full-tumbling layouts, etc.).

On gym floors, basket tosses and other similar multi-base tosses should only be performed with appropriate matting.

Stunts and tumbling must be modified to be appropriate for the surface and/or area and concerning other participants.

Skill practicality, difficulty, and proficiency should especially be considered for performances on playing surfaces at games, as any injury could also result in a stoppage of play.

RESTRICTIONS ON IN-STATE CONTESTS
- It is recommended that contests not be played during the seven-day period (Monday to Sunday) in counties where the incidence of COVID-19 is considered to be “critical spread” (25 average daily cases per 100,000 population) as verified on the Monday of a contest week.
- Such spread may be monitored as detailed on the KDHP COVID-19 Dashboard map (listed in “Red”) at https://bit.ly/2D0K526
- This recommendation is about participating IN a “Red” county and not simply AGAINST a school from a “Red” county.
- For seeded district contests, failure to participate in a game in excess of the baseline “Red” county recommendation could result in a contest being considered a forfeit solely for the purpose of seeding.
- Administrators concerned about participation against a school from a Red county should note that requirements regarding isolation and quarantine should help control virus among the actual contest competitors.
- Administrators should consult with both the opposing team administrators and potentially, with local health departments, about other mitigation strategies for those traveling from Red counties such as mutually reducing or further limiting crowds, etc.
- All involved should aware that the “Red” metric is but a single statistical metric and that metric should be cause for additional information gathering prior to making decisions.
- Where feasible, practical and manageable, member schools should make all reasonable efforts to accommodate competing schools by rescheduling a contest.
- All decisions should be made just as you would want to be made about your team if it was the Monday before the state basketball or football championships as all of the participants and coaches have sacrificed immensely, and it is all of our roles to ensure that we have explored every alternative.
- All schools must also guard against making decisions that could be such as to make an unfair competitive difference over situations in which adaptation is not only possible but the best course of action for students.
- For postseason play and where feasible, practical and manageable, the expectation is that all member schools will make all reasonable efforts to accommodate all competing schools with rescheduling the contest or adjusting the parameters around the contest provided that rescheduled dates or adaptations do not adversely affect the next round of the tournament.
- It is noted however that with the current defined periods of quarantine and isolation per the CDC, it may not be possible or practical for accommodations to be made for teams facing those situations.
➢ There will be no administrative penalty for a school voluntarily deciding not to participate in postseason play in any sport or at any time during that sport season tournament.

➢ Should additional scheduling guidance be issued from both KDPH and the KHSAA concerning in-state scheduling, such will be released to the membership and updated routinely.

REstrictions on out of state contests

➢ Until further notice, out of state contests are restricted:

  o Kentucky teams may only participate in contests (at home or away) against KHSAA member schools in Kentucky, or those schools located in a county in an adjacent state (Illinois, Indiana, Missouri, Ohio, Tennessee, West Virginia, or Virginia) where the county in which that school is located is contiguous to Kentucky. (REQUIRED)
  
  o It is recommended that contests not be played during the seven-day period (Monday to Sunday) in counties where the incidence of COVID-19 is considered to be “critical spread” (25 average daily cases per 100,000 population) as verified on the Monday of a contest week.
  
  o Refer to the list of states listed under “Travel Advisory” for list of states with excessively high transmission rates where travel should be restricted, even if in a Kentucky-contiguous county (updated daily), https://bit.ly/2Ysaptt (REQUIRED)
  
  o Even when travel restrictions are lifted, member schools are expected to follow the guidance related to out of state travel.

    ▪ On July 20, 2020 the Kentucky Department for Public Health (KDPH) issued a travel advisory with the recommendation of a 14-day self-quarantine for travelers who went to any of the states reporting positive testing rate equal to or greater than 15 percent-of COVID-19 testing.
  
  o It is recommended to use extra precaution traveling to states reporting positive testing rate equal to or greater than 10 percent-of COVID-19 testing. These restrictions would also preclude any participation against foreign teams at this time, including Canada and Mexico. (REQUIRED)
  
  o These provisions will be continually reviewed by the Commissioner’s office and the Board of Control using current health data and any further revisions will be supplied to the membership.

Restrictions on NFHS Sanctioned Events

➢ Until further notice, there will be no NFHS sanctioned events approved which involve:

  o Events in non-bordering states if five (5) or more states are involved or
  
  o Events in non-bordering states if more than eight (8) schools are involved. (REQUIRED)
  
  o If the only reason for sanction being required is the co-sponsor or titling of the event but the contest meets the restrictions listed above, NFHS sanction will be considered. (REQUIRED)

Time between competitions and events

➢ There must be time between consecutive multiple team events for egress of fans and participants, sanitization of equipment and restrooms, ingress of the teams for the next competition as well as the sanitization of equipment and restrooms and handwashing by all involved. (REQUIRED)

Competition Schedule and Related Changes for 2020-21

➢ Due to issues around COVID-19 and the strong desire of the staff and Board of Control to engage students, practice and competition have been permitted to resume in sports, although some were delayed and with seasons necessarily shortened.

Individual contest limitations were adopted to allow for a prorated elimination of the number of contests based on the revised length of the season, and individual limitations for each sport are contained on the specific sport pages of this document.

SEASON SEGMENTS
- Each sports season during 2020-21 is defined in three segments as listed in the specific sport section.
- The purpose of the segmented approach is to allow for a gradual progression as new and revised procedures are tried and revised, as well as to monitor health statistics in the area of the competing schools.

GAME/CONTEST MANAGER (ALL REQUIRED)
- The Principal of the home team shall designate a home game/contest manager on site before the start of each contest at a time designated by the KHSAA.
- The home game/contest manager shall have complete authority to order a contest delayed or stopped, and such shall be expected if COVID-19 health and safety standards are not properly adhered to by all participants in the event, including coaches, players, team support members, fans, and all in attendance.
- The home game/contest manager shall have full authority to remove fans, without refund, who refuse to comply with universal masking and physical distance requirements as stated in the All-Sports or Sports Specific Guidance.
- The home game manager will meet with the officials during the pre-game period, making the officials aware of his/her primary location for the entire contest.
- The home game manager assumes responsibility for all aspects of crowd control, such as ensuring that only authorized personnel are allowed in the team bench area.
- For outdoor venues, the home game manager will make sure that all fans remain at least ten yards from the playing area. In the event a natural barrier, such as a fence, is in place, this will be sufficient so long as it is not prohibited by the playing rules of that sport.
- For indoor venues, the home game manager will make sure that all fans are not seated in the first two to three rows of bleachers in those sections of bleachers located immediately behind the team benches to allow for additional space for bench personnel to create the appropriate social distancing.
- Unruly or disruptive fans will be escorted from the facility by the home game manager when necessary.
- The home game manager is responsible for providing proper security at each event.
- The home game manager shall identify a safe and secure area for officials to change before and after each contest whenever possible and shall ensure that officials are safely escorted from the venue after each contest.
- The home game manager shall have a venue-specific emergency action plan in place per KRS 160.445.

COVID-19 SPECIFIC INFORMATION REGARDING TESTING, POSITIVES, QUARANTINE AND ISOLATION

MASS TEAM TESTING FOR COVID-19
- It is highly desired from a public health perspective to have a screening and testing program (whenever possible) for players and coaches. (CONSIDER)
- Per the NFHS SMAC in its August 2020 report, while a comprehensive multiple times-per-week testing program at the high school level is likely cost-prohibitive and raises concerns regarding the proper allocation of resources during the pandemic, each member school should strongly consider the adoption of screening protocol and any additional steps necessary to protect the student and the student body during this pandemic. (RECOMMENDED).
With the privilege aspect in mind, school districts are recommended to establish COVID-19 testing protocols, even if those protocols necessarily are different from the typical student and even if non-congruent with other schools or other school activities. (RECOMMENDED)

Schools should be prepared to alter and adjust any testing or prevention protocol based on changes in data throughout the state as well as locally. (RECOMMENDED)

Interscholastic athletics is a privilege, not a right, as confirmed by the courts on multiple occasions.

As a privilege, a member school may require additional steps for participation to occur, such as a higher grade achievement requirement, less tolerance for attendance issues, a parental and student risk acknowledgment and permission form, and a variety of other required thresholds.

As a privilege, students and their families agree to comply with these and other restrictions as a condition of participation.

Frequent testing of asymptomatic athletes is a major component of all professional and many collegiate return-to-play plans.

Larger, well-funded schools at the collegiate level (particularly the Power-5 league members of the ACC, Big-10, Big-12, Pac-12, and SEC) have recommended a multi-tiered testing process that has evolved to multiple tests per week.

Recently the FDA has approved saliva-based testing as an alternative to more expensive and slower-result testing systems, but it will take time for distribution (see https://bit.ly/31tpdtP).

Students who refuse to participate in an adopted screening program should be determined to have voluntarily given up the privilege of participation.

The NFHS SMAC does not at this time recommend testing of asymptomatic high school athletes, however in Kentucky, part of the tremendous success in twice “flattening a curve” epidemiologically has been our access to no-cost testing regardless of symptoms.

**COVID-19 BASIC DEFINITIONS – ISOLATION AND 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.

**PROTOCOL FOR SUSPECTED CASES OF COVID-19**

All schools shall have an emergency action plan in place for each site per KRS 160.445. If a student, coach, or official is, or becomes, sick on-site with symptoms of COVID-19, they shall be placed in an identified and designated quarantine area with a mask in place until they can be picked up. (REQUIRED)

Staff who are identified to care for students must wear a mask. (REQUIRED)

Students, coaches, and/or officials should be transported by their parent or guardian, emergency contact, or ambulance (if clinically unstable) for off-site testing. (RECOMMENDED)

If an ambulance is called, or someone is being brought to the hospital, there shall be an attempt to call the hospital first to alert them that the person may have COVID-19. (REQUIRED)

If a student, coach, or official becomes sick, they must not use group transportation to return home. (REQUIRED)

**PROTOCOL FOR POSITIVE CASES OF COVID-19 (REQUIRED)**

The local health department shall be contacted by the school for further direction, and they will likely initiate contact tracing, following regular public health practices.

All schools, public and private, must cooperate with the local public health department if a confirmed case of COVID-19 is identified and collect the contact information for any close contacts.
(i.e., individuals less than six feet apart for more than 15 minutes) of the infected individual from two days before he or she showed symptoms to the time when he or she was last at the event.

- All member schools are expected to cooperate with directives from the Governor and the Kentucky Department for Public Health regarding the reporting of cases and data.
- Close contacts should be quarantined immediately per current CDC protocols.
- Local health officials may identify other contacts who require quarantine, including entire team quarantine.
- Administrators of the schools involved shall participate in all notification orders if they are notified of the presence of any laboratory positive or clinically diagnosed cases of COVID-19.
- The individual with COVID-19 shall not be identified by name to non-family or non-health department officials.
- Even if a family/student acknowledges and publicly discloses a positive test, school staff and officials must not participate in discussion or acknowledgment of a positive test by identifying a specific student.
- Students, coaches, or officials who were at the event but not in close contact with a positive case, should continue to be closely monitored for any symptoms of COVID-19.
- Areas that were used by the sick person should be closed off and should not be used until after cleaning and disinfecting them (this includes surfaces or shared objects in the area).
- If possible, cleaning and disinfecting of the area should not occur until at least 24 hours have elapsed and if 24 hours is not feasible, as much time as possible should be allowed to pass before cleaning or disinfection occurs.

**RETURN TO PLAY OR INVOLVEMENT FOR POSITIVE COVID-19 TEST**

**BASIC PROCEDURES INCLUDING ISOLATION, AND CONTACT TRACING, COMPLIANCE WITH LOCAL HEALTH DEPARTMENT GUIDELINES, AND REPORTING (REQUIRED FOR ANY STUDENT, COACH OR OTHER ADULT SCHOOL EMPLOYEE OR OTHER NON-SPECTATOR)**

- In the case of an athlete or a staff member receiving a positive test result while at a school facility, that individual shall be immediately removed from activity, wear a mask/face covering and remain in a safe area of isolation as determined by the medical staff and any caregivers associated with the student-athlete or staff member while they wait to be taken home.
- The infected individual should remain isolated at home or another agreed-upon destination, as long as appropriate care can be administered at that location.
- All efforts shall be made to avoid contact with infected student-athletes except by designated health-care professionals wearing appropriate personal protective equipment (PPE).
- The local health department shall have already been contacted regarding the positive case.
- Individuals who test positive for COVID-19 shall follow the specific protocol established by the local health department, which shall include protocols for those exposed to the individual(s) with the positive test and involve full cooperation with contact tracing.
- Student-athletes who had mild COVID-19 symptoms that were managed at home should be seen by their medical provider for any persisting symptoms and continue to follow CDC’s guidance “Isolate If You Are Sick” (https://bit.ly/2QyFiYZ).
- Please refer to updated CDC guidelines as this information is fluid and may change (https://bit.ly/32prkOB).

**CONFIRMED POSITIVE CASE EVALUATION BY MEDICAL PROVIDER**

- Student-athletes and others with a role on the team with a confirmed COVID-19 diagnosis shall consider undergoing an evaluation by their medical provider as a return to play or involvement following a positive test, and confirmation requires written consent of an MD or DO. (REQUIRED)
The members of the Kentucky Medical Association Committee on the Medical Aspects of Sports that serve as the KHSAA Sports Medicine Committee have developed a form for use in evaluating the next steps for persons in athletics who have tested positive. (RECOMMENDED)

The form for family care physicians and other MD or DO, which creates a decision tree, is listed on the KHSAA website (GE91) and is the official mechanism and decision matrix to be used. (REQUIRED)

All should note that, based on this review, consultation with a cardiologist may be required. (RECOMMENDED)

**STEP-WISE RETURN TO PLAY PROTOCOL**

The KMA SMAC has developed and approved a protocol for return to play, which applies to both students and adults. (ADOPTED, AUGUST, 2020, AMENDED, SEPTEMBER, 2020)

A step-wise protocol is recommended for the physician and is listed as follows, with compliance by school personnel being required.

Any return to play shall be preceded by a gradual and progressive return to physical exertion.

Athletes should complete the progression below without the development of cardiopulmonary symptoms (chest pain, chest tightness, palpitations, shortness of breath, excessive fatigue, lightheadedness, pre-syncope, or syncope).

Monitor the student-athlete closely for the development of any symptoms during this active progression.

If any symptoms develop, the athlete should stop exertion immediately and be referred back to the evaluating physician for consideration of additional evaluation, including cardiology consultation, before resuming activity.

- **Step 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.
- **Step 2**: (1-day minimum) Add simple movement activities (For example, running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.
- **Step 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.
- **Step 4**: (2-days minimum) Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.
- **Step 5**: Return to full activity.

The document is provided for physicians who may evaluate and treat student-athletes diagnosed with COVID-19 infection. The information contained herein is based on the compilation and summary of expert recommendations of national and international sports medicine organizations.

**EXERCISE AFTER CONFIRMED POSITIVE TEST (RECOMMENDED AS PART OF PROTOCOL)**

No exercise is recommended for at least 14 days from diagnosis, and seven days after all symptoms have resolved.

After that period, gradual acclimation back to sports over a 10-to-14 day period, once the student-athlete is cleared to participate, is recommended following the KMA matrix as detailed at https://bit.ly/32ihmO1.

**REQUIRED RETURN TO PLAY PROTOCOL AND EXAMPLE FOR STUDENT-ATHLETE WITH A POSITIVE TEST (ADOPTED BY THE BOARD OF CONTROL, JULY, 2020)**

**SYMPTOMS**

Per CDC, the primary symptoms of COVID-19 are- Fever (above 100.4) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, trouble
breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake and bluish lips or face.

- NOTE: Any individual showing signs of trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake and bluish lips or face should seek emergency medical attention immediately!

**DAY 1**
- For a student-athlete testing positive for COVID-19, Day 1 is the first day of showing symptoms if such student-athlete shows symptoms as listed above.
- For a student-athlete not showing any of the above symptoms but testing positive for the COVID-19, the date of receipt of the positive test results is Day 1.

**ISOLATION PERIOD (THIS PERIOD MAY NOT BE SHORTENED BY ANY AMOUNT OF TESTING (PCR OR OTHER), EVEN IF SUCH TEST PRODUCES A NEGATIVE RESULT)**
- The CDC standard isolation period is ten (10) days starting the day after Day 1.
- Isolation for the student using the CDC parameters would be at minimum Day 2 through Day 11.
- Per CDC, for most persons with COVID-19 illness, isolation and precautions can generally be discontinued ten (10) days after symptom onset and resolution of fever for at least 48 hours (without the use of fever-reducing medications) and with improvement of other symptoms.
- This ten (10) day period would then be the minimum isolation period, and no negative test during the interim can shorten this period.
- Per CDC, a limited number of persons with severe illness may produce replication-competent virus beyond ten (10) days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider a consultation with infection control experts.

**INTERIM PERIOD**
- Days 12 to Day 15 represent an interim period between the ISOLATION period and the permitted beginning of the Return to Play protocol.
- The interim period should be extended in the event that there has not been resolution of fever for at least 48 hours (without the use of fever-reducing medications) and there has not been improvement of other symptoms.
- Practitioners may choose to use this period for additional analysis or diagnostic testing or supplemental rest for the student-athlete; however, the Return to Play protocol may not begin during this period.

**STEP-WISE RETURN TO PLAY (THIS PERIOD MAY NOT BE SHORTENED, BUT ANY AND ALL SEGMENTS MAY BE EXTENDED BY ORDER OF THE ATTENDING PHYSICIAN)**
- If the isolation and interim periods have been satisfied, and absent any continued symptoms as listed above, and absent a doctor’s order for a more extended period, the student-athlete could begin the stepwise return to play protocol on Day 16.
- The return to play protocol is at minimum six days per the KMA recommendation as detailed at https://bit.ly/3j6k3Jw and with the authorization of a physician (MD or DO).
- Step 1: (2-Days Minimum, days 16 and 17 at 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
- Step 2: (1-day minimum, day 18 at minimum) Add simple movement activities (For example, running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- Step 3: (1-day minimum, day 19 at 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.
- Step 4: (2-days minimum, days 20 and 21 at minimum) Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.
- Step 5: Return to full activity (day 22, including Day 1 with physician authorization (MD or DO).
SCREENING OF ALL ENTERING THE FACILITY FOR PRACTICE OR COMPETITION

➢ All should be mindful that participation in sports is a privilege and not a right, as is attendance at such an event.
➢ Local school/school systems shall develop a protocol after consultation with local health officials, for checking the temperature and health of all individuals. (REQUIRED)
➢ A standard checklist form is available for use by member schools, however, a school developed list, health department developed list, or electronic equivalent may be used. (RECOMMENDED)
➢ Anyone attending or participating in a KHSAA regular season or postseason event shall review his/her symptoms before arriving in anticipation of being screened. (REQUIRED)
➢ Gate attendees shall be prepared to check the temperature of any individual who was not checked that day by the school. (REQUIRED)
➢ The current protocol permits accepting a temperature of 100.4°F or less. (REQUIRED)
➢ Consider the potential for environmental factors to cause an elevated temperature and should the temperature be elevated, it is appropriate to isolate the individual and recheck the temperature after 5-10 minutes of sitting in a cooler environment. (RECOMMENDED)
➢ In the event a person does not meet the temperature threshold, that individual shall not be admitted to the facility and standard procedures for a symptomatic individual shall be implemented. (REQUIRED)
➢ A standard COVID-19 symptom checklist shall be reviewed with all who enter (REQUIRED)
➢ The name and contact information should be recorded at each practice (REQUIRED)
➢ The name and contact information should be recorded where feasible and practical at competitions (REQUIRED)
➢ Currently, the known symptoms which shall be addressed are as follows, but may be subject to future revision and notification (see updates at https://bit.ly/3gqqMgn): (REQUIRED)
  o Fever or chills
  o Cough
  o Shortness of breath or difficulty breathing
  o Fatigue
  o Muscle or body aches
  o Headache
  o New loss of taste or smell
  o Sore throat
  o Congestion or runny nose
  o Nausea or vomiting
  o Diarrhea
➢ This list does not include all possible symptoms. The CDC will continue to update this list as more is learned about COVID-19. A current list of COVID-19 symptoms and a “self-checker” application is available at https://bit.ly/3gqqMgn (RECOMMENDED)
➢ Note that due to the variability and potential unreliability of temperature checks, schools should give more consideration to symptom check. (CONSIDER)
➢ Spectators, participants, or personnel displaying COVID-19 symptoms (e.g., fever, cough, or shortness of breath), or with temperatures of greater than 100.4°F shall not be admitted and must stay home and consider COVID-19 testing if symptoms persist. (REQUIRED)
➢ For students failing the health check, a standard protocol shall be implemented as with all school procedures. (REQUIRED)
➢ Any individual who fails a screening, either based on symptoms or temperature level, shall also wear a mask/face covering and be sent immediately to a designated area for isolation, and the school emergency action plan shall be implemented. (REQUIRED)
Anyone who stays with, or cares for, the potentially infected person while in the isolation area shall wear a mask/face covering. (REQUIRED)

A determination should be made about whether the individual’s symptoms dictate that they contact their healthcare provider or go to an emergency room. (RECOMMENDED)

Any individual, student-athlete, coach, athletic trainer, support staff, or official exhibiting signs of COVID-19 shall be tested before returning to participate in contests and consult with their healthcare provider. (REQUIRED)

Before returning to play, the individual must meet CDC’s criteria for “When You Can Be Around Others After You Had or Likely Had COVID-19” (https://bit.ly/32prkOB). (HIGHLY RECOMMENDED)

A member of the traveling staff that is away and has a positive screen should be cleared by the team physician or the representative health care provider to travel safely, ideally by themselves, but if not possible or determined by the medical staff to be unsafe to travel by themselves, they should travel with another member of the staff where both are masked. (RECOMMENDED)

PUBLIC HEALTH STANDARDS AND GENERAL AREAS OF CONSIDERATION FOR BOTH PRACTICES AND CONTESTS BY STUDENTS, STAFF, AND ALL INVOLVED

BASIC MASK/FACE COVERING INFORMATION

- All individuals entering a venue before, during, and after a contest shall wear a mask/face covering. (REQUIRED)
- All administrators, spectators, workers, coaches and non-competitors, including substitutes and sideline cheerleaders (when not involved in permitted legal stunting) shall wear a mask/face covering at all times. (REQUIRED)
- Only the exercising athletes and assigned contest officials in the game on the court/field/mat at that specific moment are exempt from wearing a mask/face covering at all times. (REQUIRED)
- A “gaiter” with multiple layers of cloth complies with this requirement provided it is properly worn covering the nose and mouth when the player is not participating and can easily slip down around the neck during participation. (RECOMMENDED)
- Anyone who is not engaged in strenuous physical activity is to be wearing a mask/face covering. (REQUIRED)
- All spectators must wear masks unless they are eating or drinking at the moment, or seated more than six-feet away from all other spectators and only seated with individuals who reside in the same household.
  - If these individuals move to another venue location, they are to wear masks when moving.
- At all practices and contests, it is expected that these standards for universal masking be applied (with the exception of the participating athletes and contest officials during actual play) at all facilities and that patrons should be escorted out of the event if they refuse to comply (RECOMMENDED)
- Being more than six-feet away from other individuals does NOT waive the requirement to wear a mask unless all of the group resides in the same household.

MASK/FACE COVERINGS DURING WORKOUTS, PRACTICES, AND COMPETITION BY ATHLETES

- A mask/face covering is permitted for all participants at any time.
- If a mask becomes saturated with moisture from breathing or sweat, a coach or athlete should change into a dry mask as a wet mask is less efficient at filtering bacteria and viruses
- Masks should only be worn once during practice, workouts, or competition and then replaced with a fresh mask.
➢ All reusable cloth masks should be cleaned ideally in a washer with hot water and soap and then dried before the next use.
➢ Ironing a cloth on the highest setting possible for the material can also assist with disinfection after washing and drying.
➢ There are now multiple commercial reusable mask options available for use during exercise.

SOCIAL DISTANCING (ALL REQUIRED WHERE PRACTICAL AND FEASIBLE)
➢ Social distancing of at least 6 feet shall be maintained at all times, where feasible.
➢ No hugging, high fives, shaking hands, or fist bumps for support/encouragement.
➢ Behavior shall be modeled by adults, who must insist on compliance by students.
➢ Social distancing shall be maintained during the National Anthem and on sidelines.
➢ Outdoor sports may need to extend bench areas to permit social distancing.
➢ Indoor sports may need to use lower-level bleachers or multiple levels of seating to ensure social distancing among team members before addressing attendees.
➢ Be mindful as we teach the students, it won’t be like this forever!

SAFETY AND PREVENTION STANDARDS

DANCE SAFETY GUIDANCE (REQUIRED FOR 2020-21)
➢ The primary consideration is to begin any activity, practice, etc. with a clean space.
➢ Clean/sanitize surfaces with cleaner/accepted methods listed on the Environmental Protection Agency’s list of disinfectants for use against SARS-CoV-2 as directed by the CDC, or as may be reasonably necessary.
➢ Mats/surfaces should be cleaned at least each day of activity or as needed according to current guidelines.
➢ If different groups are meeting in the same space at different times, mats/surfaces should be cleaned between groups.
➢ Provide access to handwashing areas and wash hands during breaks or as reasonably necessary, with particular attention after participating in stunts.
➢ Athletes, coaches, and support staff who are a member of a high-risk group or live at home with a member of a high-risk group should consider attending training sessions virtually.
➢ Athletes and parents should be made aware of current best practices for minimizing the spread.
➢ Athletes should be sure to wash their hands thoroughly and/or use hand sanitizer before, during, and after practice and should avoid touching their face.
➢ Athletes should maintain their equipment themselves and there should be no other shared equipment, including, but not limited to the following:
   o Water bottles
   o Poms and props
   o Megaphones
   o Signs

PHYSICAL DISTANCING GUIDANCE (REQUIRED FOR 2020-21)
➢ Use proper physical distancing to minimize contact.
➢ Limit contact between groups at exits and entrances by staggering arrival/departure times between cohort groups (individual stunt groups, teams, etc.) and designating separate entrances and exits where possible.
➢ Avoid congregating before, during, and after practice.
➢ Contact and physical distancing should follow all local health directives.
➢ Keep groups together in their cohorts where feasible.
➢ The type of contact found in dance can vary greatly and can be adjusted to meet local distancing guidelines.
FACE COVERINGS GUIDANCE (REQUIRED FOR 2020-21 WHEN WORN)
- Face coverings should be snug-fitting.
- Face coverings should not impede vision or movement.
- Face coverings should be soft and pliable with no exposed metal and should provide adequate ventilation and protection from the spread of particulate matter.
- Modifications to skills should be considered while wearing face coverings.
- Use these examples when considering face coverings.
  - Coverings that are held in place with over-the-head straps using Velcro or other breakaway type connections.
  - Full head coverings.
  - Coverings that minimize the chance of having fingers caught in them or shifting to impede any visual sight.

PHYSICAL READINESS (REQUIRED FOR 2020-21)
- Due to shutdowns and general isolation, many athletes have not participated in an activity in several months.
- Even with individual conditioning and practicing jumps and tumbling, athletes will need a period of acclimatization to prepare for physical activity.

ADMINISTRATIVE AND VENUE SETUP

SETUP
- Judges, officials, adjudicators, etc. shall be appropriately spaced to ensure proper social distancing. (REQUIRED)
- Where practical and feasible, competitions should be conduct virtually. (CONSIDER)

THE HOST SCHOOL SHOULD:
- Remind schools of the need to bring sanitized, and consider having a supply in case of issues.
- Limit the number of teams allowed to compete in each session.
- Enforce social distancing requirements in spectator areas. (this is facilitated by limiting the number of teams per session)
- Sanitize the mats or athlete’s shoes in each warm-up area and main competitive floor after each team exits.
- Sanitize all officials’ tables between sessions.

COMPETITOR EQUIPMENT
- Face masks/coverings are recommended in the warm-up areas and/or the main competitive floor for all athletes.
- Athletes use their own water bottles during warm-ups and after the competition.
- Team members should arrive dressed and ready for competition as dressing rooms should not be available.
- All staff working in the warm-up areas shall wear masks.

SIGNING IN
- Upon arrival, masks are recommended for teams entering the building.
- All staff working in these areas shall wear masks.
- Teams should be taken to the cafeteria or individual classrooms for holding and waiting for warmups.
- In either scenario, the area must be sanitized before new teams are allowed to enter at the beginning of the next session (teams could be asked to stay on or near their bus if the host school chooses).

MAIN COMPETITION FLOOR
- Host schools should provide an area for all teams to put their water bottle while they are competing.
➢ Team huddles before taking the floor are strongly discouraged.
➢ “On deck” and “in the hole” areas should be spaced as far apart as possible to maintain social distancing regulations.
➢ Coaches’ chairs should be sanitized after each routine.
➢ Wearing masks for officials/judges is recommended.
➢ Wearing masks for athletes is recommended but guided by other medical concerns concerning stunting.
➢ DJ’s are considered staff and are to wear face masks/coverings/gloves.
➢ All coaches and athletes should use hand sanitizer before and after the routine.

AWARDS
➢ Teams should stay separated from other teams while awards are being announced.
➢ One athlete or coach with recommended face-covering/mask should pick up any trophy.

POST-COMPETITION
➢ Teams should leave the host school as soon as their session has ended.

HOSPITALITY ROOMS
➢ Boxed lunches should be available rather than open food for hospitality rooms.
➢ Masks for workers in the hospitality areas are required.

OFFICIATING (RULES) (ADOPTED FOR 2020-21)

DANCE RULES
➢ Rule 2-1-14, 2-1-16- Participants shall be appropriately spaced in the context of current social distancing requirements on the court, field, or sideline to ensure proper social distancing. (REQUIRED)
➢ There shall be no penalty for a competitor choosing to wear a mask/face covering at any time. (REQUIRED)
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INTRODUCTION
FROM THE COMMISSIONER

At the Kentucky High School Athletic Association, we are aware that we are at the confluence of dual health crises. Since the day we moved our basketball tournaments out of Rupp Arena (March 12), I and the entire staff of the Association, along with the complete support of our Board of Control, have worked to try and navigate these multiple health crises in our country. These crises include both the global pandemic related to the novel Coronavirus, COVID-19, and mental health situations, including depression and suicide which are so prevalent in school-aged children these last few months.

We have received continual feedback from our member schools, the related school districts, and our Sports Medicine Advisory Committee from the Kentucky Medical Association, and have worked continually with Governor Beshear’s and Lt. Governor Coleman’s offices, the Kentucky Department of Education, a host of “K” groups from around the Commonwealth, the Kentucky Department for Public Health and a host of others to guide our member schools back to healthy sports participation during the COVID-19 pandemic.

We will continue to navigate these uncharted waters, ready to pivot and change course at a moment’s notice as we all work through the first truly global pandemic in more than 100 years. This plan has been reviewed in its entirety by the Kentucky Department for Public Health and as has been the case since March, this relationship will continue to assist in developing the best opportunities for sports and sport-activities to exist with the given circumstances.

The KHSAA believes it is essential to the physical and mental well-being of student-athletes to return to organized physical activity and build team relationships with their peers and coaches. Students who participate in our offerings learn life lessons in an environment that cannot be duplicated. Academic achievement, the development of leadership, and social skills as well as the mental health benefits are known to be greatly enhanced in students who participate in these programs compared to those who do not. There is no doubt that the COVID-19 coronavirus pandemic has already resulted in thousands of our students missing out on these life-shaping educational experiences over the past several months. A study conducted by UW Health & the University of Wisconsin (https://bit.ly/31wA45W) concluded that more than two-thirds of high school athletes report anxiety and depression since the onset of the pandemic. Another report measured the impact of School Closures and Athletic Cancellations on the health of Indiana adolescents (https://bit.ly/3hxGG9M). These studies are not alone in their conclusions.

The KHSAA fully supports its member schools in determining what is in the best interests of the health and well-being of their student-athletes and staff. Each KHSAA member school’s athletic department will operate with the approval of its school administration and in consultation with its local health department in moving forward throughout the 2020-21 school year. Each local school district will decide to determine if they can safely conduct athletic practices and contests.

As is detailed in this manual, due to the nature of the outbreak, there may be inequities due to geography within the state of Kentucky as some areas will have higher COVID-19 rates that may not warrant full athletic participation while another area has lower COVID-19 rates that allow full participation.

For interscholastic athletics to continue, including workouts, practices, and competitions, social distancing and other preventive measures such as universal masks/face coverings, frequent sanitizing of hands, implements, and equipment must occur. Also, frequent hand washing per CDC standards must be emphasized by everyone involved, and aggressive efforts emphasizing compliance with all of
these standards. Also, consideration must be given to an aggressive testing protocol and refinement of existing emergency plans.

These actions and policies will likely remain in place until a cure, vaccine or very effective treatment is readily available, or so-called “herd immunity” is confidently reached. As the science about COVID-19 evolves, it will be important to remain vigilant and nimble to respond to new developments. Students and their families, along with school personnel, must recognize these risks and implement best practices to reasonably mitigate them. Participation in school activities is voluntary and every individual will need to evaluate the risks versus the benefits of athletics participation. Those immune-compromised students and staff, or those who live with family members with elevated health concerns, should evaluate associated risks of participation and may choose not to participate.

According to the Center for Disease Control and Prevention (CDC), the virus that causes COVID-19 is thought to spread primarily from person-to-person, mainly through respiratory droplets produced when an infected person coughs, sneezes or talks, and may also be produced when yelling, cheering, singing and spitting. However, new data is available daily and the best scientific minds in the country and the world are working on solving the problem. It is thought by our medical advisors that these droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about six feet) for the times specified by the CDC. Risk mitigation strategies should be aimed at reducing the likelihood of a person being exposed to respiratory droplets coming from another person. Every school is different, and every athletic activity is different. Certain mitigation strategies may be feasible in one school or for one activity, but not another.

We are also providing sport-specific recommendations and/or considerations that our team has developed in conjunction with the National Federation of State High School Associations (NFHS) or a similar governing body. These documents have been shared with member school administrators. Note that a rule modification is a modification to a playing rule from the governing body of the sport and will be applied to all contests for the 2021-21 season.

Best of luck as we all work through this time together. Julian Tackett, Commissioner, and the KHSAA staff.

DOCUMENT VERSIONING

- Original Version Issued, 8/25/20
- Revised Following Additional Health Considerations and distributed to the membership, 8/31/20
- Clarification on Masks/Face Coverings for Medical Waivers Revised to match school day guidance and technical clarifications including session time limitations, 9/5/20.
- Additional Information on Basketball, Cheer, and Dance added to guidance along with Mask cleaning/changing recommendations, 9/19/20.
- Revisions made to make final preparations for winter sports, 10/23/20.
- Additional information posted for Swimming and Basketball revisions, 10/28/20.
- Documents revised to include standard information in all documents (previously contained in the All Sports Guidance), 10/29/20.
- Sections related to Isolation and Positive Test among participants now listed in both the sports documents and the All-Sports Guidance, along with provisions regarding Game Manager and GENERAL GUIDANCE INFORMATION

- Guidance is broken into three areas:
  - REQUIRED- These standards are required at all sanctioned contests.
  - RECOMMENDED- These standards are best practices during all contests during the pandemic and are therefore recommended for all contests.
2020-21 Healthy at Sports
Stage 3 - Performance
Return to Competition: Individual
Sport Considerations

➢ CONSIDER- While these items are also best practices during this time, local site discretion should be exercised to determine if these items are practical and feasible for use at the contest.

➢ These differences in the guidance are necessitated by the differences in sports, facilities, and geographic areas, which are pronounced during normal years, and magnified this school year.

➢ Due to the nature of the outbreak, there may be inequities (perceived and real) due to geography within the state as some areas will have higher COVID-19 rates than other areas. As such, each school must make a continual evaluation regarding participation.

➢ For workouts, practices, and competitions to continue, social distancing and other preventive measures such as mask/face covering and frequent sanitizing of hands, implements, and equipment must continue.

➢ These restrictions and this guidance will likely remain in place until a cure, vaccine or very effective treatment is readily available, or so-called “herd immunity” is confidently reached and the national and Commonwealth states of emergency are canceled.

➢ As the science about COVID-19 evolves, it will be important to remain vigilant and nimble to respond to new developments.

➢ Specific items related to contest officials are located in the section of the document labeled “Return to Competition: A Return to Officiating”.

➢ Students and their families, along with school personnel, must recognize these risks and implement best practices to reasonably mitigate them.

➢ Participation in school activities is voluntary and is a privilege, not a guaranteed right.

➢ Student-athletes and their families must complete a GE04 form which stipulates to the acknowledgment of the risk of participation.

➢ Every individual will need to evaluate the risks versus the benefits of athletics participation.

➢ Those immune-compromised students and staff as well as attendees, or those who live with family members with elevated health concerns, should evaluate associated risks of participation and may choose not to participate.

INFORMATION SOURCES

➢ As used in this guidance, the following groups have either supplied information or been used as a resource in the development of the document.

➢ CDC (Centers for Disease County)

➢ KDE (Kentucky Department of Education)

➢ KMA SMAC (Kentucky Medical Association Committee on the Medical Aspects of Sports)

➢ KMEA (Kentucky Music Educators Association)

➢ KDPH (Kentucky Department for Public Health)

➢ KHSAA (Kentucky High School Athletic Association)

➢ NFHS SMAC (National Federation of High Schools Sports Medicine Advisory Committee)

EDUCATION AND INFORMATION

➢ Before beginning any athletic activities, the local school (system) should review the most recent guidelines provided by the groups listed in the “INFORMATION SOURCES” section of this document, along with constant consultation with local county/city health agencies, and decide how best to implement those guidelines.

➢ Local school administration should communicate to coaches, student-athletes, and parents, CDC, KDPH, KDE, KHSAA, and local county/city health department guidelines and best practices regarding COVID-19 and discuss all safety and cleanliness expectations.
As a reminder, which has been distributed to coaches, all coaches SHALL complete the new, free NFHS Learn elective course “COVID-19 for Coaches and Administrators” that may be found at www.nfhslearn.com.

The NFHS SMAC has divided interscholastic sports into three risk categories:

- Higher Risk: Sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants. Examples: Wrestling, football, boys lacrosse, competitive cheer, dance

- Moderate Risk: Sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can’t be cleaned between participants. Examples: Basketball, volleyball*, baseball*, softball*, soccer, water polo, gymnastics* (if equipment can’t be sufficiently cleaned between competitors), ice hockey, field hockey, tennis*, swimming relays, pole vault*, high jump*, long jump*, girls lacrosse, crew with two or more rowers in shell, 7 on 7 football
  - *Could potentially be considered “Lower Risk” with appropriate cleaning of equipment or use of masks by participants

- Lower Risk: Sports that can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between use by competitors. Examples: Individual running events, throwing events (javelin, shot put, discus), individual swimming, golf, weightlifting, alpine skiing, sideline cheer, single sculling, cross country running (with staggered starts)

**COMPLIANCE STANDARD AND EXPECTATIONS**

These guidelines represent additional policies and interpretations per the Constitution of the KHSAA. Member schools, through the membership process and form, have agreed to abide by those policies as attested to in the membership application, including:

- The school is a voluntary member of the KHSAA and follows the KHSAA Constitution, Bylaws, Competition Rules and all other policies and directives of the KHSAA Commissioner or Board of Control;

- The Principal/Designated Representative has read, understood and agrees to abide by the KHSAA Constitution, Bylaws, Competition Rules, Due Process Procedure and all other policies of the KHSAA Commissioner or Board of Control as now enacted or later amended;

- The school will abide by all of the rulings and directives of the KHSAA Commissioner, Assistant Commissioners, Hearing Officer and Board of Control, and at all times act in the best interests of the KHSAA;

- The school will self-report all violations of the KHSAA Constitution, Bylaws, Competition Rules, Due Process Procedure or all other policies and directives of the KHSAA Commissioner or Board of Control, and any ruling by the KHSAA and its Commissioner, Assistant Commissioners, Hearing Officer or Board of Control;

- The KHSAA may impose penalties as detailed in the Bylaws of the KHSAA against a member school for violation of the KHSAA Constitution, Bylaws, Competition Rules, Due Process Procedure or all other policies and directives of the KHSAA Commissioner or Board of Control, and said school agrees to timely adhere to and abide by all penalties assessed against this school under the Bylaws of the KHSAA or any other rule, regulation or policy;
The school will comply with the principles of institutional control as defined within the Bylaws of the KHSAA and the KHSAA’s published interpretations thereof.

As such, these policies during this time of the global pandemic, are binding on all member schools; and cooperative application of the standards is the primary way our members have of restarting interscholastic activity.

Failure to adhere to the requirements contained in these standards shall be cause for a finding of a lack of institutional control and penalized per Bylaw 27, including game forfeiture, fine or other penalties, suspension of an individual team, program, or member school.

COMPETITION SCHEDULE AND RELATED CHANGES FOR 2020-21

Due to issues around COVID-19 and the strong desire of the staff and Board of Control to engage students, practice and competition have been permitted to resume in fall sports, although delayed and with seasons necessarily shortened.


Individual contest limitations were adopted to allow for a prorated elimination of the number of contests based on the revised length of the season, and individual limitations for each sport are contained on the specific sport pages of this document.

SEASON SEGMENTS

Each sports season during the fall of 2020-21 is defined in three segments as listed in the specific sport section.

The purpose of the segmented approach is to allow for a gradual progression as new and revised procedures are tried and revised, as well as to monitor health statistics in the area of the competing schools.

GAME/CONTEST MANAGER (ALL REQUIRED)

The Principal of the home team shall designate a home game/contest manager on site before the start of each contest at a time designated by the KHSAA.

The home game/contest manager shall have complete authority to order a contest delayed or stopped, and such shall be expected if COVID-19 health and safety standards are not properly adhered to by all participants in the event, including coaches, players, team support members, fans, and all in attendance.

The home game/contest manager shall have full authority to remove fans, without refund, who refuse to comply with universal masking and physical distance requirements as stated in the All-Sports or Sports Specific Guidance.

The home game manager will meet with the officials during the pre-game period, making the officials aware of his/her primary location for the entire contest.

The home game manager assumes responsibility for all aspects of crowd control, such as ensuring that only authorized personnel are allowed in the team bench area.

For outdoor venues, the home game manager will make sure that all fans remain at least ten yards from the playing area. In the event a natural barrier, such as a fence, is in place, this will be sufficient so long as it is not prohibited by the playing rules of that sport.

For indoor venues, the home game manager will make sure that all fans are not seated in the first two to three rows of bleachers in those sections of bleachers located immediately behind the team benches to allow for additional space for bench personnel to create the appropriate social distancing.

Unruly or disruptive fans will be escorted from the facility by the home game manager when necessary.

The home game manager is responsible for providing proper security at each event.
The home game manager shall identify a safe and secure area for officials to change before and after each contest whenever possible and shall ensure that officials are safely escorted from the venue after each contest.

The home game manager shall have a venue-specific emergency action plan in place per KRS 160.445.

**COVID-19 SPECIFIC INFORMATION REGARDING TESTING, POSITIVES, QUARANTINE AND ISOLATION**

**MASS TEAM TESTING FOR COVID-19**
- It is highly desired from a public health perspective to have a screening and testing program (whenever possible) for players and coaches. (CONSIDER)
- Per the NFHS SMAC in its August 2020 report, while a comprehensive multiple times-per-week testing program at the high school level is likely cost-prohibitive and raises concerns regarding the proper allocation of resources during the pandemic, each member school should strongly consider the adoption of screening protocol and any additional steps necessary to protect the student and the student body during this pandemic. (RECOMMENDED).
- With the privilege aspect in mind, school districts are recommended to establish COVID-19 testing protocols, even if those protocols necessarily are different from the typical student and even if non-congruent with other schools or other school activities. (RECOMMENDED)
- Schools should be prepared to alter and adjust any testing or prevention protocol based on changes in data throughout the state as well as locally. (RECOMMENDED)
- Interscholastic athletics is a privilege, not a right, as confirmed by the courts on multiple occasions.
- As a privilege, a member school may require additional steps for participation to occur, such as a higher grade achievement requirement, less tolerance for attendance issues, a parental and student risk acknowledgment and permission form, and a variety of other required thresholds.
- As a privilege, students and their families agree to comply with these and other restrictions as a condition of participation.
- Frequent testing of asymptomatic athletes is a major component of all professional and many collegiate return-to-play plans.
- Larger, well-funded schools at the collegiate level (particularly the Power-5 league members of the ACC, Big-10, Big-12, Pac-12, and SEC) have recommended a multi-tiered testing process that has evolved to multiple tests per week.
- Recently the FDA has approved saliva-based testing as an alternative to more expensive and slower-result testing systems, but it will take time for distribution (see https://bit.ly/31tpdtP).
- Students who refuse to participate in an adopted screening program should be determined to have voluntarily given up the privilege of participation.
- The NFHS SMAC does not at this time recommend testing of asymptomatic high school athletes, however in Kentucky, part of the tremendous success in twice “flattening a curve” epidemiologically has been our access to no-cost testing regardless of symptoms.

**COVID-19 BASIC DEFINITIONS – ISOLATION AND 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.
PROTOCOL FOR SUSPECTED CASES OF COVID-19
➢ All schools shall have an emergency action plan in place for each site per KRS 160.445. If a student, coach, or official is, or becomes, sick on-site with symptoms of COVID-19, they shall be placed in an identified and designated quarantine area with a mask in place until they can be picked up. (REQUIRED)
➢ Staff who are identified to care for students must wear a mask. (REQUIRED)
➢ Students, coaches, and/or officials should be transported by their parent or guardian, emergency contact, or ambulance (if clinically unstable) for off-site testing. (RECOMMENDED)
➢ If an ambulance is called, or someone is being brought to the hospital, there shall be an attempt to call the hospital first to alert them that the person may have COVID-19. (REQUIRED)
➢ If a student, coach, or official becomes sick, they must not use group transportation to return home. (REQUIRED)

PROTOCOL FOR POSITIVE CASES OF COVID-19 (REQUIRED)
➢ The local health department shall be contacted by the school for further direction, and they will likely initiate contact tracing, following regular public health practices.
➢ All schools, public and private, must cooperate with the local public health department if a confirmed case of COVID-19 is identified and collect the contact information for any close contacts (i.e., individuals less than six feet apart for more than 15 minutes) of the infected individual from two days before he or she showed symptoms to the time when he or she was last at the event.
➢ All member schools are expected to cooperate with directives from the Governor and the Kentucky Department for Public Health regarding the reporting of cases and data.
➢ Close contacts should be quarantined immediately per current CDC protocols.
➢ Local health officials may identify other contacts who require quarantine, including entire team quarantine.
➢ Administrators of the schools involved shall participate in all notification orders if they are notified of the presence of any laboratory positive or clinically diagnosed cases of COVID-19.
➢ The individual with COVID-19 shall not be identified by name to non-family or non-health department officials.
➢ Even if a family/student acknowledges and publicly discloses a positive test, school staff and officials must not participate in discussion or acknowledgment of a positive test by identifying a specific student.
➢ Students, coaches, or officials who were at the event but not in close contact with a positive case, should continue to be closely monitored for any symptoms of COVID-19.
➢ Areas that were used by the sick person should be closed off and should not be used until after cleaning and disinfecting them (this includes surfaces or shared objects in the area).
➢ If possible, cleaning and disinfecting of the area should not occur until at least 24 hours have elapsed and if 24 hours is not feasible, as much time as possible should be allowed to pass before cleaning or disinfection occurs.

RETURN TO PLAY OR INVOLVEMENT FOR POSITIVE COVID-19 TEST

BASIC PROCEDURES INCLUDING ISOLATION, AND CONTACT TRACING, COMPLIANCE WITH LOCAL HEALTH DEPARTMENT GUIDELINES, AND REPORTING (REQUIRED FOR ANY STUDENT, COACH OR OTHER ADULT SCHOOL EMPLOYEE OR OTHER NON-SPECTATOR)
➢ In the case of an athlete or a staff member receiving a positive test result while at a school facility, that individual shall be immediately removed from activity, wear a mask/face covering and remain in a safe area of isolation as determined by the medical staff and any caregivers associated with the student-athlete or staff member while they wait to be taken home.
➢ The infected individual should remain isolated at home or another agreed-upon destination, as long as appropriate care can be administered at that location.
➢ All efforts shall be made to avoid contact with infected student-athletes except by designated health-care professionals wearing appropriate personal protective equipment (PPE).
➢ The local health department shall have already been contacted regarding the positive case.
➢ Individuals who test positive for COVID-19 shall follow the specific protocol established by the local health department, which shall include protocols for those exposed to the individual(s) with the positive test and involve full cooperation with contact tracing.
➢ Student-athletes who had mild COVID-19 symptoms that were managed at home should be seen by their medical provider for any persisting symptoms and continue to follow CDC’s guidance “Isolate If You Are Sick” (https://bit.ly/2QyFiYZ).
➢ Please refer to updated CDC guidelines as this information is fluid and may change (https://bit.ly/32prkOB).

CONFIRMED POSITIVE CASE EVALUATION BY MEDICAL PROVIDER
➢ Student-athletes and others with a role on the team with a confirmed COVID-19 diagnosis shall consider undergoing an evaluation by their medical provider as a return to play or involvement following a positive test, and confirmation requires written consent of an MD or DO. (REQUIRED)
➢ The members of the Kentucky Medical Association Committee on the Medical Aspects of Sports that serve as the KHSAA Sports Medicine Committee have developed a form for use in evaluating the next steps for persons in athletics who have tested positive. (RECOMMENDED)
➢ The form for family care physicians and other MD or DO, which creates a decision tree, is listed on the KHSAA website (GE91) and is the official mechanism and decision matrix to be used. (REQUIRED)
➢ All should note that, based on this review, consultation with a cardiologist may be required. (RECOMMENDED)

STEP-WISE RETURN TO PLAY PROTOCOL
➢ The KMA SMAC has developed and approved a protocol for return to play, which applies to both students and adults. (ADOPTED, AUGUST, 2020, AMENDED, SEPTEMBER, 2020)
➢ A step-wise protocol is recommended for the physician and is listed as follows, with compliance by school personnel being required.
➢ Any return to play shall be preceded by a gradual and progressive return to physical exertion.
➢ Athletes should complete the progression below without the development of cardiopulmonary symptoms (chest pain, chest tightness, palpitations, shortness of breath, excessive fatigue, lightheadedness, pre-syncpe, or syncope).
➢ Monitor the student-athlete closely for the development of any symptoms during this active progression.
➢ If any symptoms develop, the athlete should stop exertion immediately and be referred back to the evaluating physician for consideration of additional evaluation, including cardiology consultation, before resuming activity.
   o Step 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.
   o Step 2: (1-day minimum) Add simple movement activities (For example, running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.
   o Step 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.
   o Step 4: (2-days minimum) Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.
   o Step 5: Return to full activity.
➢ The document is provided for physicians who may evaluate and treat student-athletes diagnosed with COVID-19 infection. The information contained herein is based on the compilation and summary of expert recommendations of national and international sports medicine organizations.

**EXERCISE AFTER CONFIRMED POSITIVE TEST (RECOMMENDED AS PART OF PROTOCOL)**
➢ No exercise is recommended for at least 14 days from diagnosis, and seven days after all symptoms have resolved.
➢ After that period, gradual acclimation back to sports over a 10-to-14 day period, once the student-athlete is cleared to participate, is recommended following the KMA matrix as detailed at [https://bit.ly/32lhmO1](https://bit.ly/32lhmO1).

**REQUIRED RETURN TO PLAY PROTOCOL AND EXAMPLE FOR STUDENT-ATHLETE WITH A POSITIVE TEST (ADOPTED BY THE BOARD OF CONTROL, JULY, 2020)**

**SYMPTOMS**
➢ Per CDC, the primary symptoms of COVID-19 are- Fever (above 100.4) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake and bluish lips or face.
➢ NOTE: Any individual showing signs of trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake and bluish lips or face should seek emergency medical attention immediately!

**DAY 1**
➢ For a student-athlete testing positive for COVID-19, Day 1 is the first day of showing symptoms if such student-athlete shows symptoms as listed above.
➢ For a student-athlete not showing any of the above symptoms but testing positive for the COVID-19, the date of receipt of the positive test result is Day 1.

**ISOLATION PERIOD (THIS PERIOD MAY NOT BE SHORTENED BY ANY AMOUNT OF TESTING (PCR OR OTHER), EVEN IF SUCH TEST PRODUCES A NEGATIVE RESULT)**
➢ The CDC standard isolation period is ten (10) days starting the day after Day 1.
➢ Isolation for the student using the CDC parameters would be at minimum Day 2 through Day 11.
➢ Per CDC, for most persons with COVID-19 illness, isolation and precautions can generally be discontinued ten (10) days after symptom onset and resolution of fever for at least 48 hours (without the use of fever-reducing medications) and with improvement of other symptoms.
➢ This ten (10) day period would then be the minimum isolation period, and no negative test during the interim can shorten this period.
➢ Per CDC, a limited number of persons with severe illness may produce replication-competent virus beyond ten (10) days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider a consultation with infection control experts.

**INTERIM PERIOD**
➢ Days 12 to Day 15 represent an interim period between the ISOLATION period and the permitted beginning of the Return to Play protocol.
➢ The interim period should be extended in the event that there has not been resolution of fever for at least 48 hours (without the use of fever-reducing medications) and there has not been improvement of other symptoms.
➢ Practitioners may choose to use this period for additional analysis or diagnostic testing or supplemental rest for the student-athlete; however, the Return to Play protocol may not begin during this period.
STEP-WISE RETURN TO PLAY (THIS PERIOD MAY NOT BE SHORTENED, BUT ANY AND ALL SEGMENTS MAY BE EXTENDED BY ORDER OF THE ATTENDING PHYSICIAN)

➢ If the isolation and interim periods have been satisfied, and absent any continued symptoms as listed above, and absent a doctor’s order for a more extended period, the student-athlete could begin the stepwise return to play protocol on Day 16.

➢ The return to play protocol is at minimum six days per the KMA recommendation as detailed at https://bit.ly/3j6k3Jw and with the authorization of a physician (MD or DO)

➢ Step 1: (2-Days Minimum, days 16 and 17 at 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

➢ Step 2: (1-day minimum, day 18 at minimum) Add simple movement activities (For example, running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate

➢ Step 3: (1-day minimum, day 19 at 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.

➢ Step 4: (2-days minimum, days 20 and 21 at minimum) Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

➢ Step 5: Return to full activity (day 22, including Day 1 with physician authorization (MD or DO).

FACILITY ISSUES

FACILITY CLEANING (ALL REQUIRED IN CONTEXT OF EXISTING KDE SCHOOL GUIDANCE AND PLANS)

➢ Each of these items shall be considered when developing plans after consultation with the local health department, to review most if not all of which were part of plans for the resumption of activity during the summer of 2020-21.

➢ Before an individual or group enters a facility, hard surfaces within that facility shall be wiped down and sanitized (chairs, furniture in meeting rooms, weight room equipment, bathrooms, athletic training room tables, etc.).

➢ Individuals shall wash their hands with warm water and soap for a minimum of 20 seconds or use hand sanitizer before touching any surfaces or participating in workouts.

➢ Hand sanitizers should be plentiful and available to individuals as they transfer from place to place.

➢ Appropriate clothing/shoes shall be worn at all times to minimize sweat from transmitting onto equipment/surfaces.

➢ Any equipment such as weight benches, athletic pads, etc. having holes with exposed foam shall be covered.

➢ Students must be encouraged to shower and wash their workout clothing immediately upon returning home.

ENTRANCE/EXIT STRATEGIES

➢ Consider strategies to prevent groups from gathering at entrances/exits of facilities to limit crossover and contact, including staggering starting/ending times. (RECOMMENDED)

PRE-WORKOUT SCREENING (ALL REQUIRED IN CONTEXT OF EXISTING SCHOOL GUIDANCE AND PLANS)

➢ All those involved in managing practice or competition shall be familiar with the signs and symptoms of COVID-19 as listed by the CDC at https://bit.ly/3ggqMgn.

➢ All coaches and students shall be screened daily for signs/symptoms of COVID-19 before participating, including a temperature check.

➢ Anyone with a temperature of greater than 100.4F degrees or higher shall not participate and should be sent home.

➢ Responses to screening questions for each person shall be recorded and stored.
➢ Any person with COVID-19 symptoms reported shall not be allowed to participate, should self-isolate, and contact their primary care provider or other health-care professional.
➢ Vulnerable individuals shall not supervise or participate in any workouts.

HYDRATION/FOOD (ALL REQUIRED IN ADHERENCE CONTEXT OF EXISTING SCHOOL GUIDANCE AND PLANS)
➢ All students must bring their personal water bottle or use disposable single wax-lined cups.
➢ Water bottles must not be shared.
➢ Food shall not be shared and should be pre-packaged (i.e. no open containers with fruit slices, etc.)
➢ Hydration stations (water cows, water trough, water fountains, etc.) shall not be utilized.

LOCKER ROOMS
➢ To the greatest extent possible, indoor locker rooms should not be used as their use will cause additional cleaning after normal business hours. (RECOMMENDED)
➢ Outdoor canopies and areas that allow for spacing outdoors are an acceptable alternative to a locker room. (RECOMMENDED)

SPECIAL EMPHASIS FOR STUDENT-ATHLETICS (ALL STRONGLY RECOMMENDED WHERE PRACTICAL AND FEASIBLE FOR BOTH PRACTICES AND CONTESTS, SIMILAR TO SEGMENT 3 GUIDANCE)
➢ Teams should make each student responsible for their supplies.
➢ Students should wear their appropriate workout clothing and not share clothing.
➢ Players should not touch other player’s equipment.
➢ No workout or practice should be done without players wearing shirts/tops.
➢ Individual clothing/towels should be washed and cleaned after every workout.
➢ Hand sanitizer should be plentiful at all contests and practices.
➢ Athletes should tell coaches immediately when they are not feeling well.
➢ Mouth Guards
  o Student-Athletes should keep their mouth guards in their mouths throughout the competition.
  o If the mouth guard is taken out proper disinfection of the mouthguard should be performed before reinsertion.
  o Hands should also be washed or disinfected before putting back in the mouth.
➢ Student-athletes are encouraged to develop healthy habits including, but not limited to, a balanced diet, adequate sleep, and proper hydration.
➢ Healthy eating and attention to hydration are especially important for student-athletes to enhance training capacity and reduce the risk of illness and injury.
➢ High school athletes are at increased risk for dehydration, therefore coaches must emphasize the importance of drinking enough fluid before, during, and after practice and competition.
➢ Student-athletes should follow established guidelines for hydration and can refer to the National Athletic Trainer Association (NATA) Resource at [https://bit.ly/3hxhzUI](https://bit.ly/3hxhzUI)
➢ Student-athletes are encouraged to shower as quickly as possible after practice and games if such is practical at the practice or game site, and to do so at home otherwise.

SPECIAL EMPHASIS FOR COACHES (ALL REQUIRED WHERE PRACTICAL AND FEASIBLE FOR BOTH PRACTICES AND CONTESTS, SIMILAR TO SEGMENT 3 GUIDANCE)
➢ Communicate your guidelines to students and parents.
➢ Conduct workouts in “pods” of the same students always training and rotating together in practice to ensure more limited exposure if someone develops an infection.
➢ Limit game day (scrimmages or contests) workouts to no more than one hour per session/station, and be intentional in rotating athletes to be cognizant of the 6-15-48 rule (see [https://bit.ly/2FU4eba](https://bit.ly/2FU4eba)).
Keep accurate records of those athletes and staff who attend each practice in case contact tracing is needed.

Coaches shall limit game-day squad sizes for social distancing purposes without exceeding state allowances.

Coaches are reminded to wear proper coaching attire per weather conditions.

Coaches shall bring their water bottle(s) and follow established guidelines for hydration.

Coaches must model requirements for masks/face coverings at all times, unless medically waivered or while actively eating or drinking.

SPECIAL EMPHASIS FOR PARENTS / GUARDIANS (ALL REQUIRED WHERE PRACTICAL AND FEASIBLE FOR BOTH PRACTICES AND CONTESTS, SIMILAR TO SEGMENT 3 GUIDANCE)

Communicate your guidelines to children in congruence with guidelines established by your school and this document.

A family’s role in maintaining safety guidelines for themselves and others cannot be overstated.

Do not attend practices as it is their playing days not yours and your attendance could result in the spread of the virus.

Parents/guardians shall monitor their children or any symptoms before any athletic activities.

Children who are sick or showing symptoms must stay home. (If there is doubt stay home).

Parents/guardians and coaches shall assess levels of risk based on individual athletes on the team who may be at a higher risk for severe illness.

Provide personal items for your child and clearly label them.

Disinfect your student’s equipment after each game or practice.

Be prepared with masks/face coverings for members of your family if permitted to attend events, unless medically waivered or while actively eating or drinking.

Inform coaches if your student-athlete has been exposed to someone who is known to have COVID-19.

Until this public health emergency has passed, strongly consider whether or not out of state or optional travel is necessary, particularly to and from those states identified at that time with having a current spread of the virus.

SPECIAL EMPHASIS FOR GAME DAY WORKERS (ALL REQUIRED WHERE PRACTICAL AND FEASIBLE FOR BOTH PRACTICES AND CONTESTS, SIMILAR TO SEGMENT 3 GUIDANCE)

Thoroughly review and make determinations as to which workers are essential.

Ensure that all workers comply with mask/face covering requirements at all times.

All game day workers are subject to entry screening procedures.

The press box/media area/finish area will be limited to essential personnel only, with all individuals respecting social distancing (consider additional accommodations outside if necessary).

A non-working individual may not be in the press box/media area/finish area, including spouses, family members, and others.

Game day workers are restricted to areas outside the team areas.

PRE-EVENT COMMUNICATION

Host schools should communicate before an event these best practices and local restrictions regarding mitigation of COVID-19 to the visiting team, officials, media, fans, etc.

Messaging should be consistent and frequent to patrons to self-screen for illness at home and stay home if ill or displaying any symptoms of COVID-19.

Communication between member schools should also include, but is not limited to, information regarding parking, concessions, locker rooms, ticketing, payment methods, entrance/exit gates, bands, cheerleaders, etc.
TRANSPORTATION

TEAM AREAS

SQUAD SIZE
- Squad sizes were reduced in all sports with only those in uniform permitted in the team area.
- See the sports specific guidance document for squad limitations, with all in excess of those limits being considered non-essential.

DETERMINING GAME DAY ESSENTIAL PERSONNEL
- In contest planning, host sites must determine who is essential. (REQUIRED)
- Per the NFHS Guidance for Opening up High School Athletics, individuals should be grouped into tiers from essential to non-essential to decide which tiers will be allowed at an event with the recommended tiering of individuals: (RECOMMENDED)
  - Tier 1 (Essential): Athletes participating in the contest, coaches, officials, event staff, medical staff, security
  - Tier 2 (Preferred): Media, Limited Squad of Cheerleaders, Limited Squad of Band Members
  - Tier 3 (Non-essential): Spectators, vendors
- Each school will need to consult with the local health department as to the wisdom of attendance by those different tiers of individuals due to local and regional data. (REQUIRED)

NON-UNIFORMED TEAM MEMBERS (REQUIRED)
- Allowances for fields, team areas, and benches are detailed in the individual sport sections, however, in the sports of field hockey, football, soccer, and volleyball, those areas are restricted to the uniformed players, coaches, and essential individuals having an active role in game conduct or management.
- Schools should consider options for the placement of non-competing players to ensure social distancing as those players are not permitted in the team field or court areas. (RECOMMENDED)
- All others shall be seated in the general seating area and able to socially distance with those individual limitations contained on the specific sport pages of this document.

SIDELINE CHEERLEADERS (ALL RECOMMENDED)
- Schools should consider the placement of cheerleaders (with equal consideration for the opponent reviewed if the decision is made to allow) as they will need to be able to be in a separate and distinct area from the teams and with the ability to be socially distanced from other groups of individuals, including fans.
- In consideration of an overall spectator limitation, schools should limit the number of sideline cheerleaders to not exceed:
  - Twenty (20) per school during Segment 1;
  - Twenty-five (25) in Segment 2; and
  - Thirty (30) in Segment 3.
- All sideline cheerleaders are required to wear a mask at all times unless stunting is permitted by activity restrictions on cheerleading. (REQUIRED)
- Sideline cheer is technically a support group for various teams under local jurisdiction and different than competitive cheer, a KHSAA winter sport-activity.

BAND MEMBERS (ALL RECOMMENDED)
- Schools should consider the placement of band members (with equal consideration for the opponent), if the decision is made to allow, as they will need to be able to be in a separate and
distinct area from the teams and with the ability to be socially distanced from other groups of individuals, including fans.

- Schools should consider reducing the full amount of the band permitted to attend due to attendance counting restrictions.
- Schools shall make the determination as to performances by bands, but all performances must be held within the restrictions of the “Guidance for a Return to High School Marching Band” document in terms of spacing and alignment to ensure social distancing. (REQUIRED)
- Bands shall be included in the counts of any bleacher limitations. (REQUIRED)

**EVENT TICKETING (ALL RECOMMENDED)**

- Wherever practical, possible, and feasible it is strongly recommended that no ticketing or as little as is workable be done at the walk-up gate for any event.
- Wherever practical, possible, and feasible, all ticketing should be done in advance through the participating schools.
- Wherever practical, possible, and feasible, ticketing should be electronic without the use of paper (receipts, tickets, etc.) as well as the use of cash.
- If these recommendations are followed, gate personnel will have more flexibility to ensure health screenings are completed on all those who enter a competition venue.
- The KHSAA staff can recommend one or more paperless ticket vendors.

**CONCESSIONS (ALL RECOMMENDED)**

- Allowances for concessions are at the discretion of the host school.
- It is recommended that all items sold in the concession stand be pre-packaged before the sale.
- Pre-packaged can be items purchased like a bag of chips, bottled soft drinks, candy bars, etc. These types of items would be considered the safest and easiest to handle.
- However, pre-packaged can also be items packaged by concession staff, such as popcorn, hamburgers, hot dogs, etc. as long as they are safely handled before packaging.
- Concessions planning should also include accommodations for any attendees from the visiting team being served from a separate area to ensure social distancing during the contest.
- Plans should also be limited in consideration of the number of sales locations in the facility and their location relationship to the separate section entrances and all efforts made to minimize lines and unnecessary queuing where social distancing becomes a problem. (CONSIDER)

**FINAL CONTEST PLANNING**

- Communicate in advance with incoming schools as well as officials regarding procedures and guidelines, including equipment to be provided and equipment opponent is expected to supply. (REQUIRED)
- The location for teams to evacuate to in the event of inclement weather shall be re-considered to determine whether social distancing is feasible or if alternate locations need to be secured. (REQUIRED)
- Ensure the home team has an on-site administrator. (REQUIRED)
- Collect contact information (cell number and email addresses) for each team. (REQUIRED)
- Devise protocols for facility entry including parking for teams, officials, and fans (RECOMMENDED)
- Devise entry and exit plan that allows for social distancing. (RECOMMENDED)
➢ It is strongly recommended to bring your personal hand sanitizer and to wash hands frequently. (RECOMMENDED)
➢ Clean and disinfect high-touch surfaces and equipment including balls using recommendations by the ball manufacturer. (REQUIRED)
➢ Incorporate public address announcements and signage regarding health guidelines and best practices. (RECOMMENDED)

PRE-CONTEST GUIDANCE AND EVENT SETUP FOR ALL SPORTS AND SPORT-ACTIVITIES

➢ Limit the Officials/Scorer’s Table to essential personnel including the home team scorer and timer while allowing for social distancing (also using mask/face coverings) and those not deemed essential personnel be provided an alternate seating location. (REQUIRED)
➢ Social distancing of at least 6 feet shall be maintained at all times. No hugging, shaking hands, or fist bumps for support/encouragement. (REQUIRED)
➢ Limit the team benches including the field/court area to only those essential individuals participating. (REQUIRED)
➢ Maintain social distancing of 6 feet between substitutes, officials, game workers, and/or team bench areas. (REQUIRED)
➢ Make sure facilities have been properly sanitized and have hand sanitizer and disposable mask/face covering available. Clean and disinfect frequently touched surfaces and equipment. (REQUIRED)
➢ Game-day workers are required to wear masks/face coverings and comply with current social distancing guidelines unless medically waived or while actively eating or drinking. (REQUIRED)
➢ No community water stations/coolers will be permitted. (REQUIRED)
➢ The pre-game protocol should be developed in advance (i.e. anthem, introductions, etc.) and that will send players to their respective positions for introductions. (REQUIRED)
➢ Everyone (including officials) must have their drink container that is not shared. (REQUIRED)
➢ Safe handling practices shall be adhered to during hydration, including refill retrieval and identification of water sources. (REQUIRED)
➢ Pre-game, quarter, halftime, and postgame meetings shall utilize social distance principles. (REQUIRED)
➢ Individuals (student-athletes, coaches, officials, other athletic personnel) should complete a daily personal health assessment. (RECOMMENDED)

TOOTH AND MOUTH PROTECTORS (FROM THE NFHS SPORTS MEDICINE ADVISORY COMMITTEE, POSITION STATEMENT, AUGUST 2020)

➢ The best evidence to date shows us that COVID-19 is spread through respiratory droplets.
➢ Saliva from mouthguards is unlikely to be a significant source of infection transmission.
➢ However, it is recognized that parents and others may find the prospect of athletes frequently placing and removing a mouthguard concerning.
➢ Given this reality, the NFHS SMAC suggests that state associations develop statements instructing athletes to refrain from the removal of mouthguards while on the playing field, court, or mat.
➢ If mouthguards are removed on the sidelines or bench area, the athlete should use hand sanitizer each time after touching the mouthguard.
➢ A properly fitted mouthguard is required by rule in the following NFHS Sports: Football, Field Hockey, Boys and Girls Lacrosse, Ice Hockey and Wrestling (for wrestlers wearing braces).
WATER, HYDRATION, AND HYGIENE DURING COMPETITION (ADAPTED FROM THE NFHS SPORTS MEDICINE ADVISORY COMMITTEE, POSITION STATEMENT, AUGUST, 2020)

➢ All students must bring their water bottles. (REQUIRED)
➢ Water bottles must not be shared. (REQUIRED)
➢ Food should not be shared. (REQUIRED)
➢ Hydration stations (water cows, water trough, water fountains, etc.) must not be utilized. (REQUIRED)
➢ The KHSAA will recommend the extension of time-outs to ensure that athletes have time to be given a personal water bottle if that is the desired method selected by a school, and officials associations will be instructed to be permissive with this time. (REQUIRED)
➢ Schools should consider the use of disposable wax-lined paper cups delivered on trays or in carriers instead of personal water bottles and perhaps seek local fast-food restaurants for a donation if it is impractical for personalized water bottles to be used during time-outs. (RECOMMENDED)

PLAYING RULES

➢ Various playing rule modifications are available for use during the pandemic and may help ensure social distancing and other key criteria being able to be met while minimizing unnecessary contact. For references, see the KHSAA website at https://bit.ly/2R4dvzz and https://bit.ly/3byx1xH.

MEDIA RESTRICTIONS AND CONSIDERATIONS

➢ Media access may be limited especially if there are limits to capacity. (RECOMMENDED)
➢ Establish a limit on the number of credentialed media members at each event (number of passes per outlet, priority to those who regularly cover, home/visitor split, etc.). (CONSIDER)
➢ Encourage media members to RSVP in advance of the game, so that you can allocate space accordingly and grant access to any media on a "waiting list". (CONSIDER)
➢ Inform the visiting Athletic Director on the number of spaces available for the visiting team media. (RECOMMENDED)
➢ The press box will be limited to essential personnel only, with all individuals respecting social distancing (consider additional accommodations outside if necessary). (REQUIRED)
➢ No non-working individual may be in the working press area, including spouses, family members, and others. (REQUIRED)
➢ The media is restricted to areas outside the team areas. (REQUIRED)
➢ The media should notify the host school in advance of arrival before practice and games for approval. (RECOMMENDED)
➢ Media areas should be marked to promote social distancing. (RECOMMENDED)
➢ Interview opportunities may be limited during the week. (RECOMMENDED)
➢ Incorporate virtual media availability sessions for weeks with high demand. (CONSIDER)
➢ Media members will wear masks/face coverings at all times. (REQUIRED)
➢ Game management should conduct a basic wellness check before entry (temperature, symptoms, exposure, etc.) (RECOMMENDED)
➢ Staff shall disinfect the press box and working media areas before and after each game. (REQUIRED)
➢ Assign a staff member(s) to monitor compliance by media members. (RECOMMENDED)
➢ Meals and concessions offered to the media shall follow established guidelines including pre-packaging with no buffets or open lines. (REQUIRED)
➢ Press box windows and doors should remain open so as not to restrict air flow. (RECOMMENDED)
➢ Disseminate as much information online as possible (limit handouts). (RECOMMENDED)
➢ Avoid bringing coaches and student-athletes into the press box for pregame and postgame interviews. Conduct all interviews in an open-air environment with proper social distancing. (RECOMMENDED)
➢ Do not share microphones and headsets as each individual is to have his/her dedicated equipment. (RECOMMENDED)
➢ Consult with Head Coach and/or Athletic Director before conducting any student-athlete interview to ensure the subject is comfortable with doing so. (CONSIDER)
➢ Establish operational hours for press box and media work areas, and display with proper signage. (REQUIRED)
➢ Limit field access to working media members only (those who are actively performing work assignments). (CONSIDER)
➢ Incorporate easily identifiable credentials to ensure only authorized personnel are in restricted areas. (CONSIDER)
➢ If radio space is limited to the home team, try to facilitate a shared feed of the home team's broadcast if possible. (CONSIDER)
➢ Interviews shall only be conducted if social distancing protocols can be followed. (REQUIRED)
REFERENCES AND SOURCES

- CDC, Guidance on Retail or Food Service Workers, https://bit.ly/3jaOcL
- CDC, Cleaning and Disinfecting Public Spaces, https://bit.ly/33cRMLs
- CDC, Considerations for Events and Gatherings, https://bit.ly/2Zhf1mE
- KDE, COVID-19 Updates and Information for P-12 Education, https://bit.ly/3aS3uPh
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ISSUED 8/25/20, REVISED 8/31/20, 9/5/20, 9/19/20 - 21
OFFICIALS AND OFFICIATING GUIDANCE

CROSS-REFERENCE TO OTHER GUIDANCE

- While this section deals with guidance for contest officials, all involved in the athletic program are expected to reference all guidance standards, including the many that may be non-sports specific.
- It is in the best interest of all officials to be familiar with all aspects of the guidance documents for Stage 3.
- Guidance is broken into three areas:
  - REQUIRED- These standards are required at all sanctioned contests.
  - RECOMMENDED- These standards are best practices during all contests during the pandemic and are therefore recommended for all contests.
  - CONSIDER- While these items are also best practices during this time, local site discretion should be exercised to determine if these items are practical and feasible for use at the contest.
- Differences in the guidance are necessitated by the difference in sports, facilities, and geographic areas, which are pronounced during normal years, and magnified this school year.
- Ensure that you have studied all of the documents on the individual pages of this guidance for the sports in which you are licensed.

LICENSING

- All officials shall be currently licensed with the KHSAA.
- All officials shall view the current year rules interpretation clinic on the KHSAA website following the published schedule.
- All officials should consider becoming a member of the National Association of Sports Officials.
- All officials should ensure that the officiating demographic records on arbitersports.com match the records on file with the KHSAA.

ADVANCE OF GAME DAY

- Contact the host school Athletic Director in advance of the contest to be informed on any additional protocols required locally (temperature checks, symptoms questionnaire, specific waivers, requirements for masks/face coverings, etc.). (REQUIRED)
- Bring your water bottle, towel, hand sanitizer, flags, equipment, etc. (REQUIRED)
- If carpooling with other officials wear a mask/face covering when traveling. (RECOMMENDED)
- Vulnerable individuals are defined by the CDC as people 65 years of age and older and others with serious underlying health conditions. Officials fitting this description may wish to seek medical advice before deciding to officiate. (CONSIDER)

GAME DAY

- Take your temperature in the morning and then again before leaving home/work for a contest.
- If greater than 100.4F, notify your assigner and the school administrator immediately that you will not be able to fulfill the assignment. (REQUIRED)
- Identify the host school administrator and local association for assistance in dealing with any issues (REQUIRED)
- Officials are not the "mask" police for fans and spectators; the host school administrator shall manage adherence. (REQUIRED)
- Officials are expected to use the online incident form to report any non-compliance with public health standards by anyone observed who is not in the team boxes or on the playing field. (REQUIRED)
Officials are expected to both enforce (via the Unsportsmanlike Conduct rule) and use the online incident form to report any non-compliance with public health standards by anyone in the team boxes or on the playing field. (REQUIRED)

Officials are advised to come dressed to officiate. (RECOMMENDED)

Upon arrival at the contest site, wash/sanitize hands regularly. (REQUIRED)

Review sport-specific pre- and post-contest protocol (anthem, handshakes, etc.) (REQUIRED)

If you do not feel well and COVID-19 symptoms are present, notify the contracted school, your crew members, assigner, and stay at home. (REQUIRED)

Do not share equipment, uniforms, towels, etc. (REQUIRED)

Bring your drinks. (REQUIRED)

Following the conclusion of a contest, leave the contest area, and do not interact with others. (REQUIRED)

Pre-contest official crew meetings should be held outside when possible and where social distancing is easier to execute. (RECOMMENDED)

Face coverings shall be worn by officials during pre-contest responsibilities. (REQUIRED)

The officials/scorer's table is limited to home team essential personnel exclusively and is to be socially distanced. (REQUIRED)

Visiting team personnel are not deemed essential and need to find an alternative socially distanced seating location. (REQUIRED)

PLAYING RULES

Various playing rule modifications are available for use during the pandemic and may help ensure social distancing and other key criteria being able to be met while minimizing unnecessary contact. For references, see the KHSAA website at https://bit.ly/2R4dvzz and https://bit.ly/3byx1xH.

RULES REQUIREMENTS

Limit length and attendees during Pre-Game/Match Conference (See specific sport requirements). (REQUIRED)

Suspend handshakes, fist bumps, bro hugs, etc. (pre/during/post contest). (REQUIRED)

Execute social distancing when communicating with coaches, players, other crew members. (REQUIRED)

Execute social distancing in substitution procedures during contests. (REQUIRED)

To maintain social distancing, officiating positions may need to be changed in a manner that is not necessarily in conformance with standard officiating procedures. (RECOMMENDED)

UNIFORM AND EQUIPMENT FOR OFFICIALS (ADOPTED FOR OPTIONAL CONSIDERATION FOR ALL OFFICIALS 2020-21)

Long sleeves are permissible provided there are no color restrictions in the specific sport.

Long pants are permissible.

Undergarments are permissible but must be of similar length for the individual and solid color for the crew unless otherwise specified.

Mask/face coverings are permitted without color restrictions.

Air horns/electronic whistles are permitted and officials should choose a whistle whose tone will carry outside such as:

- Fox 40 Mini -
- Fox 40 Unisex Electronic – (3 tone) -
- Ergo-Guard - (3 tone) - orange
- Windsor - (3 tone)
➢ Check the market for other choices.
➢ Gloves are permitted.
➢ Headsets for communication are permitted.
➢ Officials should not be required to wear jackets during pre-game field/court/player/warm-up observation.
KMA Committee on Sports Medicine COVID-19 Medical Evaluation and Return-to-Activity Guidance for Middle and High School Student-Athletes

Diagnosis of COVID-19 (Positive Test (PCR or Antibody) or Presumptive Diagnosis by Classic Symptoms)

- Asymptomatic since Laboratory Diagnosis
  - No Exercise for 14 days after positive test
  - Medical Evaluation by Physician (MD or DO)
    - Medical Evaluation Should Include Thorough Symptom Screen As Well As ROS for Evidence of Cardiac or Systemic Illness
    - Consider ECG*, Echocardiogram, and hsTroponin
    - Return to Exercise Progression Decision Should Be Individualized and Shared Between Physician, Athlete, and Parent / Guardian

- Mild to moderate illness (managed at home)
  - 14 days since symptom-onset or positive test, AND symptom-free for at least 7 days without use of fever-reducing medications
  - Medical Evaluation by physician (MD or DO)
    - Medical Evaluation Should Include Thorough Symptom Screen As Well As ROS for Evidence of Cardiac or Systemic Illness
    - Consider ECG*, Echocardiogram, and hsTroponin
    - Further work-up/cardiology consult as indicated**
    - Return to Exercise Progression Decision Should Be Individualized and Shared Between Physician, Athlete, and Parent / Guardian

- Severe Symptoms (hospitalized, abnormal cardiac testing, multisystem inflammatory syndrome in children (MIS-C)) OR Prolonged Symptoms (Symptoms lasting >14 days)
  - Medical Evaluation by physician (MD or DO)
    - Evaluate Carefully for Cardiopulmonary Effects of COVID-19 Infection and Readiness to Return to Sport
    - Recommend Cardiology Consultation as Part of the Evaluation Process**
    - Cardiac MRI Should Be Considered
    - Return to Exercise Progression Decision Should Be Individualized and Shared Between Physician, Athlete, and Parent / Guardian


* ECG changes suggestive of myocarditis include: diffuse ST elevation, ST depression, T wave inversion, pathologic Q waves, and PR depression

**Testing considerations: ECG, hs-Tn, Echo, Cardiac MRI, Holter, Stress test, Chest X-ray, Spirometry, PFTs, D-dimer, and Chest CT as Indicated
KMA Committee on Sports Medicine:
Return to Activity (RTA) Protocol After COVID-19 Infection

Any return to play should be preceded by a gradual and progressive return to physical exertion. Athletes should complete the progression below without the development of cardiopulmonary symptoms (chest pain, chest tightness, palpitations, shortness of breath, excessive fatigue, lightheadedness, pre-syncope, or syncope). Monitor the student-athlete closely for the development of any symptoms during this active progression. If any symptoms develop, the athlete should stop exertion immediately and be referred back to the evaluating physician for consideration of additional evaluation, including cardiology consultation, before resuming activity.

- **Step 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.
- **Step 2: (1-day minimum)** Add simple movement activities (For example, running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.
- **Step 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.
- **Step 4: (2-days minimum)** Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.
- **Step 5: Return to full activity**


Disclaimer: This document is provided for physicians who may evaluate and treat student-athletes diagnosed with COVID-19 infection. The information contained herein is based on the compilation and summary of expert recommendations of national and international sports medicine organizations.

The Kentucky Medical Association (KMA) is not engaged in rendering medical advice or professional services and expresses no opinion as to the feasibility, applicability, or impact to your particular practice. References and links to third parties do not constitute an endorsement or warranty by the KMA, and KMA hereby disclaims all express and implied warranties of any kind. The information is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. Instead, appropriate professional judgment, consultation with specialists and other resources, independent verification, and individualization of patient care should guide physicians in patient diagnosis and treatment decisions. Therefore, the use of this information is voluntary, and reliance on it should only be undertaken after an independent review of its accuracy, completeness, efficacy, and timeliness.
KHSAA COVID-19 Return to Play Form

If an athlete has tested positive or was presumed positive for COVID-19 based on symptoms, he/she should rest from physical activity for at least 14 days beginning the day following the onset of symptoms or positive test results. He/she must then be cleared for progression back to activity by an approved health care provider (MD/DO). Any return to activity should follow the recommended Return to Play (RTP) Progression described below and illustrated on the back of this form.

Athlete’s Name: ___________________________DOB: __________________ Date of Positive Test: ______________

THIS RETURN TO PLAY IS BASED ON TODAY’S EVALUATION

Date of Evaluation: ________________________

Criteria to return to be completed by MD or DO. (Please check below as applies)

☐ 14 days have passed since the onset of symptoms or a positive test (starting the day following the onset of symptoms or the receipt of the results of positive test)

☐ All symptoms (cough, shortness of breath, fever (≥100.4F), etc.) have resolved for at least 7 days without use of fever reducing medication AND

☐ The athlete was not hospitalized due to COVID-19 infection.

☐ PLUS Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be NO)

  Chest pain/tightness with exercise
  Unexplained Syncope/near syncope
  Unexplained/excessive dyspnea/fatigue w/exertion
  New palpitations
  Heart murmur on exam

NOTE: If any cardiac screening question is positive or if athlete had greater than mild symptoms during the illness, consider further workup as indicated. Additional workup may include ECG, Echocardiogram, High Sensitivity Troponin, Cardiac MRI, Cardiology Consultation, CXR, Spirometry, PFTs, Chest CT, etc.

☐ The athlete HAS satisfied the above criteria and IS cleared to start the return to activity procedures (RTP).

☐ The athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Medical Office Information (Please Print/Stamp):

Evaluator’s Name: ___________________________ MD or DO

Evaluator’s Address: ___________________________

Office Phone: ___________________________

Evaluator’s Signature: ___________________________

Return to Play (RTP) Procedures After COVID-19 Infection

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, presyncope or syncope. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form. This progression cannot begin prior to the 14th day following the onset of symptoms or the receipt of the results of a positive test.

- 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 (For example, 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

Cleared for Full Participation: ___________________________

ISOLATION PARAMETERS AND EXAMPLE (STUDENT-ATHLETE WITH A POSITIVE TEST)

SYMPTOMS
• Per CDC, the primary symptoms of COVID-19 are: Fever (above 100.4) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake and bluish lips or face.

NOTE: Any individual showing signs of trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake and bluish lips or face should seek emergency medical attention immediately!

DAY 1
• For a student-athlete testing positive for COVID-19, Day 1 is the first day of showing symptoms if such student-athlete shows symptoms as listed above.
• For a student-athlete not showing any of the above symptoms but testing positive for the COVID-19, the date of receipt of the positive test results is Day 1.

ISOLATION PERIOD (This period may not be shortened by any amount of testing (PCR or other), even if such test produces a negative result)
• The CDC standard isolation period is ten (10) days starting the day after Day 1.
• Isolation for the student using the CDC parameters would be at minimum Day 2 through Day 11.
• Per CDC, for most persons with COVID-19 illness, isolation and precautions can generally be discontinued ten (10) days after symptom onset and resolution of fever for at least 48 hours (without the use of fever-reducing medications) and with improvement of other symptoms.
• This ten (10) day period would then be the minimum isolation period, and no negative test during the interim can shorten this period.
• Per CDC, a limited number of persons with severe illness may produce replication-competent virus beyond ten (10) days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider a consultation with infection control experts.

INTERIM PERIOD
• Days 12 to Day 15 represent an interim period between the ISOLATION period and the permitted beginning of the Return to Play protocol.
• The interim period should be extended in the event that there has not been resolution of fever for at least 48 hours (without the use of fever-reducing medications) and there has not been improvement of other symptoms.
• Practitioners may choose to use this period for additional analysis or diagnostic testing or supplemental rest for the student-athlete; however, the Return to Play protocol may not begin during this period.

STEP-WISE RETURN TO PLAY (This period may not be shortened, but any and all segments may be extended by order of the attending physician)
• If the isolation and interim periods have been satisfied, and absent any continued symptoms as listed above, and absent a doctor’s order for a more extended period, the student-athlete could begin the stepwise return to play protocol on Day 16.
• The return to play protocol is at minimum six days per the KMA recommendation as detailed at https://bit.ly/3j6k3Jw and with the authorization of a physician (MD or DO).
  o Step 1: (2-Days Minimum, days 16 and 17 at 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
  o Step 2: (1-day minimum, day 18 at minimum) Add simple movement activities (For example, running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
  o Step 3: (1-day minimum, day 19 at 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.
  o Step 4: (2-days minimum, days 20 and 21 at minimum) Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.
  o Step 5: Return to full activity (day 22, including Day 1 with physician authorization (MD or DO).

References: