

# memo

## Henderson County Schools

To: Mrs. Marganna Stanley  
Dr. Bob Lawson  
Henderson County Board of Education

From: Andrews, Mark - HCH, Science

CC: Recipient names

Date: 8/7/2020

Re: Athletic Guidebook COVID Addendum

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I am requesting the following information to be added to the HCHS Athletic Guidebook for the 2020-21 school year.

## COVID-19 expectations for the 2020-21 school year.

All athletes, coaches and spectators are expected to adhere to social distancing and masking expectations.

### Check-In Procedures

When athletes arrive at practice or events, they will have their temperature taken. Athletes with a temperature of 100.4°F or greater will not be allowed to participate. Athletes will scan a QR Code and answer screening questions. When check-in is complete, athletes will be directed to a predetermined location to wait for the event to begin.

### Alternate Transportation

Athletes may be allowed to be transported to and from contests by the athlete's parents and/or two (2) parents of teammates (designees). A permission form signed by the athlete's parents and designees must be on file. The parent will take full responsibility during transport. Before transport, the athlete will check-in at a designated location following protocol that the district has established. Upon arrival, the athlete will report to the coach and become the coach's responsibility at the event. Before departure, the parent, or designee, will sign the athlete out to relieve the coach of his or her supervision duties. All are expected to adhere to social distancing and mask expectations.

\*COVID-19 EXPECTATIONS AND DOCUMENTS FOR THE 2020-2021 SCHOOL YEAR ARE SUBJECT FOR REVISION



## Extra or Co-Curricular Reporting Expectations (COVID-19) (as of 7/27/2020)

**CDC COVID-19 Symptoms:** Fever (greater than 100.4), New Cough, Shortness of Breath, Chills, Muscle pain (not due to physical activity), Sore throat, GI Symptoms, Rash, New loss of taste and or smell

1 Participant Status	2 Any ONE of the COVID-19 Symptoms listed above	3 FEVER plus ANY of the other COVID-19 Symptoms listed above	4 Close Contact*** with anyone with ONE of the COVID-19 Symptoms listed above	5 Close Contact*** with Someone with FEVER and ANY of the other COVID-19 Symptoms listed above	6 Close Contact with CONFIRMED COVID-19 Patient	7	8 IF YOU ARE DIAGNOSED WITH COVID-19
	Notify Coach or Sponsor	Notify Coach or Sponsor	No Participation Restrictions	Notify Coach or Sponsor Practice Social Distancing	<b>ASYMPTOMATIC</b>	<b>SYMPTOMATIC</b> Greater than 100.4° F using an oral thermometer OR respiratory symptoms (cough, shortness of breath, sore throat, GI Symptoms, Rash, New loss of taste and or smell)	Notify Coach or Sponsor and Local Health Department or Your Physician
<b>Participation Restrictions</b>	Unable to participate until symptom free for at least 24 hours and/or documentation/attest of an alternative diagnosis.	Unable to participate until free of fever (using an oral thermometer). No fever or any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants) AND at least 10 days have passed since your symptoms first appeared OR provide documentation of an alternative diagnosis.	Self-monitor** for symptoms (see above list)	Self-monitor** for symptoms (see above list)  May return participation after that person no longer has fever for 24 hours OR is confirmed negative for COVID-19	Notify Coach or Sponsor Self-monitor for symptoms (see above list)	Self-isolation Unable to participate for 14 days after known exposure AND no fever for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants) AND at least 10 days have passed since symptoms first appeared.	Self-isolation Unable to participate for 14 days after known exposure AND no fever for at least 24 hours without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants) AND at least 10 days have passed since symptoms first appeared.
<b>Return to Participation</b>	Parent must ATTEST to the coach or sponsor that they have spoken to qualified medical professional who has deemed COVID-19 Testing not warranted OR participant has received Negative Test result	Parent must ATTEST that they have spoken to qualified medical professional who has deemed COVID-19 Testing not warranted OR participant has received Negative Test result	N/A	No Doctor Statement Needed to participate	No Doctor Statement Needed to participate	Participant must get COVID test performed. Doctor Statement or Statement from Health Department REQUIRED to participate	Doctor Statement or Statement from Health Department REQUIRED to participate

*This document will be updated as necessary, or as laws necessitate, to maintain employee and student safety.*

**\*\* Self-monitor:** Take temperature twice a day and remain alert for COVID-19 symptoms and notify appropriate healthcare provider if COVID-19 symptoms develop.

**\*\*\* Close Contact:** (Living in same home is assumed close contact)

- Someone who has been within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated or
- Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

**REMEMBER: MAINTAIN 6 FEET BETWEEN YOU AND OTHER PARTICIPANTS AT ALL TIMES.  
WEAR REQUIRED PERSONAL PROTECTIVE EQUIPMENT WHEN NOT ACTIVELY TRAINING.**

Modified from Big River Area Health Vision Reporting Expectations (12/22/2020-8/30/2020)