

Ready to Return. Reconnect. Learn.

COVID-19 Guidance for Athletics



Updated January 2022

Hawai'i State
Department of Education



Table of Contents

Introduction	2
Requirements for Student-Athletes, Athletic Staff and Volunteers	3
Participation in Athletics Activities January 2022 update	4
General Guidance for Athletics	5
Close Contacts in Athletics defined	5
Primary Series Completion Definition and Booster Eligibilities	5
Assessing risk	6
Return to play following exposure to COVID-19	6
Center for Disease Control and Prevention (CDC) Definitions	6
Return to play after testing positive for COVID-19	7
Travel for Athletics	8
Core Essential Strategies to Reduce the Spread of COVID-19	8
Promoting Vaccination and Boosters	8
Stay Home when Sick	9
Masks	9
Hand Hygiene (Handwashing and Respiratory Etiquette)	9
Additional Mitigation Strategies to Maintain Healthy Operations and Environments	11
‘Ohana Bubbles or Cohorting	11
Ventilation	11
Physical Distancing	11
HIDOE-Approved Modes of Transportation	11
Screening Testing	12
Cleaning and Disinfecting	12
Additional Considerations for Athletics	13
Visitors, Spectators, Fan Attendance	13
Records	13
Drop-off and Arrival Times at Athletic Facilities	13
Communications	13
Resources	13
Summary of Updates to COVID-19 Guidance for Athletics	14

Introduction

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

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



Requirements for Student-Athletes, Athletic Staff and Volunteers

Effective September 24, 2021, all student-athletes and athletic staff and volunteers are required to provide proof of vaccination prior to participation in all school-sanctioned athletic activities. For the 2021-22 school year, student-athletes, athletic staff and volunteers participating in all school-sanctioned athletic activities shall be vaccinated by September 24, 2021.

By August 20, 2021, proof of primary series vaccination¹ or receipt of the first and/or second vaccination dose must be submitted to the school in order to initially qualify to participate in school-sanctioned athletic activities.

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

All sports practices will be conducted with masking, except where masking poses a risk to athletes' health, along with layering of mitigation strategies (e.g., physical distancing, hand sanitizing, wellness checks). Note: There is no current requirement that surgical masks must be used. Cloth masks are acceptable.

Masks may be removed only when actively eating and drinking. Schools must enforce correct and consistent use of well-fitting masks in all indoor settings and in outdoor settings where crowding may occur regardless of vaccination status. During times in the school day when students or staff members may typically remove masks (i.e. during eating or drinking) schools should implement layered mitigation strategies if possible or to the greatest extent possible to minimize risk.

If the Hawai'i State Department of Health (DOH) determines a cluster of COVID-19 cases, teams will follow DOH directions to contain the spread of infection. According to DOH, a disease cluster refers to multiple cases of disease occurring at one time in one geographic location or among people with the same or similar shared exposure.

Vaccination cards will be collected by the school and a copy will be made to keep in the student's health record. Copies of vaccination cards shall be treated as confidential health information and protected as such.

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

Students and adults may seek exemption from COVID-19 vaccination requirements for religious or medical reasons, with proper documentation. For religious reasons, parents are asked to fill out and submit the request for a [religious exemption form](#). Medical exemptions shall be verified in writing by a licensed physician. Parents are asked to fill out and submit the request for a [medical exemption form](#). If an exemption is granted, the individual is allowed to participate in team activities but is required to take a COVID-19 test two times a week, with a minimum of 72 hours between tests. The results must be negative and submitted to the schools before further participation. To fulfill COVID-19 test requirement, an antigen or PCR test taken through a CLIA-certified laboratory or under an approved CLIA Certificate of Waiver will be accepted. Home-based COVID-19 test results will not be accepted. Individual schools are authorized to impose more stringent testing protocols, including but not limited to testing unvaccinated students and adults more than two times a week, including testing all students and adults regardless of vaccination status prior to the start of the season, and testing unvaccinated students and adults before games.

Participation in Athletics Activities January 2022 update

- Individuals who have tested positive, regardless of vaccination status, must remain out of athletics until 10-days have passed since symptom onset or test collection date, even if asymptomatic.
- Individuals who are a close contact of a person with COVID-19 and are not up to date with **all recommended COVID-19 vaccines and boosters for their age group** must remain out of athletics until 10-days after their last exposure. See primary series completion definition and booster eligibility.
- Individuals who are a close contact of a person with COVID-19 and are up to date with **all recommended COVID-19 vaccines and boosters for their age group**.
 - Do not need to quarantine.
 - A well-fitting mask must be worn at school.
 - Test recommended on day 5.
 - Watch for symptoms 14 days after close contact.
 - If symptoms develop, immediately isolate and get tested.

Summary of Participation January 2022 Update above

Vaccination Status	Return to School Status (See HIDOE Return to School/Work criteria for details)	Athletic Participation Status
Individuals who test positive , regardless of vaccination status	Stay home from school for 5 days after symptoms first appeared or 5 days after test collection if no symptoms.	No athletic participation 10 days minimum, need M.D. clearance and gradual return to play protocol (see page 7 for protocol)
Individuals considered Close Contact , <i>not</i> up to date with all recommended vaccines and boosters	Stay home 5 days after close contact. If ongoing close contact, quarantine 5 days after the person with COVID is released from isolation.	No athletic participation for 10 days minimum
Individuals considered Close Contact , up to date with all recommended vaccines and boosters and asymptomatic	DO NOT need to quarantine from school.	DO NOT need to quarantine, may participate in athletics

General Guidance for Athletics

Close Contacts in Athletics defined

Close Contacts in Athletics: is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period (regardless of mask use). An infected person can spread SARS-COV-2 starting from 2 days before they have any symptoms.

Primary Series Completion Definition and Booster Eligibilities

People are considered to have completed their primary series 2 weeks after their second dose in a 2-dose series, such as Pfizer-BioNTech or Moderna, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

Ages 18 and older are eligible for a booster 5 months after receiving the second dose of Pfizer-BioNTech, 5 months after receiving the second dose of Moderna, or 2 months after receiving the first dose of J&J.

Ages 12-17 are eligible for a Pfizer-BioNTech booster 5 months after receiving the second dose of Pfizer.

Note: The Department of Health does not provide isolation “clearance” letters. Schools should **not** require a negative COVID-19 test or a clinician’s note to return to school if the person has completed 5 days of **isolation** and meets the conditions in the HDOE [Return to School/Work Criteria](#).

Assessing risk

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

Return to play following exposure to COVID-19

Communication

Staff and families should self-report to the school if they or their student-athletes have symptoms of COVID-19, a positive COVID-19 test, or were in close contact with someone with COVID-19 within the last 14 days.

Individuals who are a close contact of a person with COVID-19 and are unvaccinated or not up to date with **all recommended COVID-19 vaccines and boosters for their age group** must remain out of athletics until 10-days after their last exposure.

Center for Disease Control and Prevention (CDC) Definitions

Isolation:

Isolation is for people who have tested positive for COVID-19

Who needs to isolate?

Individuals who have tested positive, regardless of vaccination status, should remain out of athletics until 10-day have passed since symptoms onset or test collection date, even if asymptomatic.

Quarantine:

Quarantine is for people who have been in close contact with a person who has COVID-19.

Who needs to quarantine?

Individuals who are a close contact of a person with COVID-19 and are unvaccinated or not up to date with all recommended COVID-19 vaccines and boosters for their age group should remain out of athletics until 10-days after their last exposure. See primary series completion definition and booster eligibility.

Close Contacts who have recovered from COVID-19 in the Last 90 Days:

- If they do not have symptoms:
 - They do not need to quarantine
 - They do not need to be tested for COVID-19
- Well-fitting masks should be worn around others at all times in school settings.
- Watch for symptoms for 14 days after last contact with the person with COVID-19
- If symptoms develop, immediately self-isolate and get tested.

Return to play after testing positive for COVID-19

Individuals who have tested positive, regardless of vaccination status, must remain out of athletics until 10-days have passed since symptom onset or test collection date, even if asymptomatic. The athlete must also be fever-free for 24 hours and **asymptomatic** before returning to athletic team activities.

Athletes who have recovered from COVID-19 must be cleared to return to sports by their physician and undergo further evaluation if they sustained any cardiac symptoms such as chest pain, shortness of breath, fatigue, palpitations or syncope. (see references below)

A positive cardiac screen or other concerning findings should prompt an electrocardiogram (ECG) and potential referral to a pediatric cardiologist for clearance.

Those with severe COVID-19 symptoms (ICU stay and/or intubation) or multisystem inflammatory syndrome in children (MIS-C), should be restricted from exercise for a duration of three to six months. These athletes must be cleared to resume participation by their primary care physician and obtain a cardiology clearance.

For all athletes, a graduated return-to-play protocol is required, refer to return to play medical referral form for COVID-19. Consideration for extending the progression should be given to athletes who experienced more severe COVID-19 symptoms as outlined below.

- Review and follow the latest American Academy of Pediatrics (AAP) [COVID-19 Interim Guidance: Return to Sports](#)
- [Return to play medical referral form for COVID-19 revised January 2022.](#)

Those who have recovered from COVID-19 in the Last 90 Days with a medical or religious exemption

Students and staff who have an approved medical or religious exemption who were diagnosed with COVID-19 in the past 90 days should not participate in screening testing (routine testing for a person without symptoms or known exposure). They are eligible to receive COVID-19 vaccine as soon as they have completed their isolation period and can participate in athletics after showing proof of completion of their primary vaccination series. Students and staff who are not vaccinated because of a medical contraindication or religious exemption may be permitted to participate in athletics without screening testing for 90 days following their COVID-19 diagnosis date if the following conditions are met:

1. They remain asymptomatic and without known exposure to COVID-19.
2. They must submit a letter from a medical provider that documents the COVID-19 diagnosis (first positive test) date.
3. For student athletes, the provider letter should also attest that the student is medically cleared to resume play following recovery from COVID-19.

4. Wear a mask and follow core mitigation strategies.
5. Monitor for COVID-19 symptoms and isolate immediately if symptoms develop.
6. Consult with a healthcare professional for testing recommendations if new symptoms develop.

Travel for Athletics

Teams will follow the school transportation guidelines for ground transportation. When flying interisland, the school must consider all routines of travel including overnight stays, possible quarantine or isolation at destination if exposed to COVID-19, and adult supervision at all times. Any individual who is not fully vaccinated must receive approval from the school principal and Complex Area Superintendent to travel. Protocols must be put in place to ensure the individual is healthy and safe to travel with the team, and can meet the learning expectations, if not able to participate in school instruction **in the event they must quarantine or isolate at travel destination**. At this time, no out-of-state travel will be approved if anyone on the team or adults in the traveling group are not fully vaccinated.

Core Essential Strategies to Reduce the Spread of COVID-19

Promoting Vaccination and Boosters

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

- COVID-19 vaccination is the most important core essential strategy.
- Everyone who is eligible should get fully vaccinated for COVID-19 and receive a booster when recommended.
- All teachers, staff, and families, including extended family members who have frequent contact with students, should get vaccinated as soon as possible.
- See the [State of Hawai'i COVID-19 Portal](#) for vaccine information, including where to get vaccinations and boosters.
- Schools can help increase vaccine uptake among students, families, and staff by providing information about COVID-19 vaccination, promoting vaccination and boosters, and establishing supportive policies and practices that make it easy and convenient for eligible students, staff, and others to get vaccinated.
- To request religious exemptions, parents/guardians will use the request for a [religious exemption form](#). Parents/guardians requesting a medical exemption must have a physician complete the linked [medical exemption form](#). Medical exemptions shall be verified by a licensed physician. Students or adults who receive exemptions for religious or medical reasons must show a negative test result taken within the last 48 hours, twice a week, between four days.

Stay Home when Sick

Please see [DOE Daily Wellness Check Revised 1/7/2022](#)

Complete daily wellness check and check for recent exposure before going to athletic events or practices.

Check for Recent COVID-19 Exposure

Do any of the following apply? If yes, **do not go to school or attend athletic events and practices.**

- Are sick or recently tested positive for COVID-19.
- Are **not fully vaccinated and boosted** and have had recent **close contact** with a person with COVID-19.
 - Close contact is defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period. An infected person can spread SARS-COV-2 starting from 2 days before they have any symptoms.

Masks

All sports practices will be conducted with masking, except where masking poses a risk to athletes' health, along with layering of mitigation strategies (e.g., physical distancing, hand sanitizing, wellness checks). Note: There is no current requirement that surgical masks must be used. Cloth masks are acceptable.

Masks may be removed only when actively eating and drinking. Schools must enforce correct and consistent use of well-fitting masks in all indoor settings and in outdoor settings where crowding may occur regardless of vaccination status. During times in the school day when students or staff members may typically remove masks (i.e. during eating or drinking) schools should implement layered mitigation strategies if possible or to the greatest extent possible to minimize risk.

Suitable cloth masks should have two layers of cloth and should fit snugly, covering both mouth and nose.

Hand Hygiene (Handwashing and Respiratory Etiquette)

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

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
 - If soap and water are not readily available, use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer).

- Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children less than 6 years of age.
- Provide frequent reminders to wash hands and assist young children with handwashing.
- Players, staff, coaches, officials and all participants should wash or sanitize hands:
 - Before and after practice and games.
 - During games and practices with shared equipment or facilities, especially when balls or equipment are touched by more than one person
 - Have hand sanitizer containing at least 60% alcohol, disinfecting wipes, soap and water, or other sanitizing materials readily available at entrances, exits, benches, dugouts and any other area prone to gathering or high traffic.
- Monitor to ensure adherence among students and staff.
- Avoid touching eyes, nose, mouth and mask.
- Encourage staff and students to cover coughs and sneezes with a tissue.
 - Throw used tissues in the trash and wash hands immediately with soap and water for at least 20 seconds or use hand sanitizer.

Adequate Hygiene Supplies

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

Signs and Messages

- Post signs that promote everyday protective measures in highly visible locations.
- Use simple, clear, and effective language about behaviors that prevent COVID-19 spread when communicating with staff and families.
- Translate materials into common languages spoken by students, faculty and staff in the school community.
- Consider using the following resources:
 - [DOH Guidance for schools](#)
 - [Stop the Spread of Germs](#)
 - [CDC Wash your Hands!](#)
 - [COVID-19 Protective Hand-washing](#)

Additional Mitigation Strategies to Maintain Healthy Operations and Environments

The following strategies should be applied in combination to the greatest extent possible.

‘Ohana Bubbles or Cohorting

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

Ventilation

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

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

Physical Distancing

Schools should implement physical distancing to the extent possible.

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

HIDOE-Approved Modes of Transportation

- The CDC issued an order on January 29, 2021, requiring the wearing of masks by people on public transportation conveyances, including school buses, to prevent spread of COVID-19.
- Drivers and passengers must wear a mask on HIDOE-approved modes of transportation.
- Have spare masks available to ensure all students wear masks on HIDOE-approved modes of transportation.
- No eating or drinking.
- Keep vehicle windows open when it does not create a safety or health hazard.

- More open windows are better; opening a few windows even a few inches is better than keeping all windows closed when possible.
- Sanitize hands before students get on the HIDOE-approved modes of transportation, when possible.
- Have household members sit together, when possible.
- Load HIDOE-approved modes of transportation back to front, and unload front to back to limit students standing in the aisles next to those seated, as practical.
- Create physical distance between students on HIDOE-approved modes of transportation, when possible.
- Assign seats in order to facilitate cohorting.
 - Assigned seating will assist in identifying close contacts if there is a person with COVID-19 infection.

Screening Testing

Screening testing identifies people infected with COVID-19, including those without symptoms or before symptoms develop early, to help prevent the spread of COVID-19. If clusters of persons infected with COVID-19 are identified through screening testing, DOH will provide support to schools.

Cleaning and Disinfecting

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

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

Additional Considerations for Athletics

Visitors, Spectators, Fan Attendance

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

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

Records

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

Drop-off and Arrival Times at Athletic Facilities

When possible, stagger arrival and drop off times between sports that share facilities, to minimize overcrowding and close contact.

Communications

Staff and families should self-report to the school if they or their students have symptoms of COVID-19, a positive COVID-19 test, or were in close contact with someone with COVID-19 within the last 14 days.

Notify staff, families and the public of school closures and any restrictions to limit COVID-19 exposure (e.g., limited hours of operation).

Resources

- [HIDOE COVID-19 Health and Safety Guidance for School Year 2021-22](#)
- [DOH COVID-19 Guidance for Schools](#)
- [Cleaning and Disinfecting your facility](#)

Summary of Updates to COVID-19 Guidance for Athletics

Updated January 2022

Page 3, Requirements for Student-Athletes, Athletic Staff and Volunteers

Updated wording on masking to match DOH Home Isolation and Quarantine for K-12 Schools

Pages 4-5, Participation in Athletics Activities January 2022 update

Added participation in athletics update with information from DOH Home Isolation and Quarantine for K-12 schools and DOE Daily Wellness Check and Return to School/Work

Page 5, Primary Series Completion Definition and Booster Eligibilities

Added definition for Primary series completion definition and booster eligibilities with wording from DOH Home Isolation and Quarantine for K-12 schools

Page 6, CDC Definitions

Added CDC definitions for Isolation and Quarantine from DOH Home Isolation and Quarantine for K-12 schools

Added who needs to isolation and who needs to quarantine chart for athletics with information from DOH Home Isolation and Quarantine for K-12 schools and DOE Daily Wellness Check and Return to School/Work

Page 7, Linked Return to Play Medical Referral form for COVID-19 revised January 2022

Updated from 10 to a 5 day rest period from school for those who test positive for COVID-19.

Pages 7-8, Those who have recovered from COVID-19 in the Last 90 Days with a medical or religious exemption

Added return to play information for those who recovered from COVID-19 in the last 90 days

Page 8, Stay Home When Sick

Updated Stay Home When Sick section by removing language and adding updated DOE daily check flyer

Page 9, Linked Medical Exemption form for Student-Athletes

Page 9, Masks

Updated Masks language to match DOH Home Isolation and Quarantine for K-12 schools