

## **EXECUTIVE SUMMARY**

Governor Cuomo recently announced that effective February 1, 2021, participants in higher-risk sports may participate in individual or distanced group training and organized no/low-contact group training and other types of play, including competitions and tournaments, if permitted by local health authorities.

More than a dozen counties in the capital region, north country and Mohawk valley have consulted with subject matter experts from local health departments (LHDs), healthcare providers, and healthcare facilities to unify their approach and allow K-12 sponsored higher-risk school sports to resume. The resumption of these activities does not mean that they are safe or without risk. Districts/schools must meet sport-specific minimum requirements and communities must meet COVID-19 metrics. Sports-related travel outside these regions is strongly discouraged.

The minimum requirements include:

- Each school district's Board of Education or non-public school's Board of Directors (or other appropriate person/entity) must approve the district/school's participation in each specific higher-risk sport.
- Each school superintendent/school leader must oversee the creation of a sport-specific preparedness plan, to be approved by the district/school's medical director.
- Each parent/guardian must sign an informed consent.
- Each student-athlete must have medical clearance from their healthcare provider.
- Each parent/guardian, student-athlete, and school official must agree to fully cooperate with case investigations and contact elicitation and to adhere to isolation and quarantine orders.
- Each district/school must establish a confidential phone number and email address to allow student-athletes, parents, or others to report concerns.

The community COVID-19 metrics include:

- The 7-day rolling average percent positivity in the county, [as calculated by NYSDOH](#), must be at or below 4.0%. If the 7-day rolling average percent positivity is above 4.0%, then activities must be restricted to individual or distanced group training or organized no/low-contact group training.
- The region's hospital capacity (percent of hospital beds available) must be above 15%, [as calculated by NYSDOH](#).
- The region's rate of hospital admissions must not be unacceptably high or require additional interventions to control the rate of growth, as determined by NYSDOH.
- The absence of other emerging epidemiological data, information or factors as determined or identified by the Centers for Disease Control and Prevention (CDC), New York State Department of Health (NYSDOH) or the Columbia County Department of Health that impact COVID-19 control or mitigation.

Each county will conduct unannounced audits regarding adherence to the requirements. Failure to comply will result in approval for the given district's/school's team being rescinded.

While the Governor's announcement created a road for higher-risk sports to occur, this unified approach installs the guardrails, off-ramps and stop signs that are needed for safety on all roads. Districts/schools must choose to put different vehicles on the road (by approving specific higher-risk sports) and parents/guardians must choose whether to get in the vehicle (by allowing their child to participate).

This approach is consistent with CDC guidance for school decision-makers, which recommends that high-contact school athletic activities be postponed during periods with substantial or high levels of COVID-19 transmission in the community.

## **BACKGROUND**

New York State's [Interim Guidance For Sports And Recreation During The Covid-19 Public Health Emergency](#) categorizes sports and recreation activities as lower risk, moderate risk, and higher-risk. Wrestling, football, ice hockey, basketball, contact lacrosse, competitive cheer/dance and volleyball are among the sports categorized as higher-risk. The information contained in this document is specific to these higher-risk sports sponsored by K-12 schools.

On January 22, 2021, Governor Cuomo announced that effective February 1, 2021, participants in higher-risk sports and recreation activities may partake in individual or distanced group training and organized no/low-contact group training and may partake in other types of play, including competitions and tournaments, only as permitted by their local health authority.

In developing this plan, counties considered several factors, including but not limited to:

Local rates of SARS-CoV-2 transmission or rate of positivity. LHDs are not able to estimate the effective reproduction number ( $R_t$ ), which characterizes the COVID-19 transmission rate. While NYSDOH no longer publishes  $R_t$  estimates, the Department of Biostatistics at the [Harvard Chan School of Public Health publishes county-level  \$R\_t\$  estimates](#) based on publicly available NYSDOH data.

Percent Positivity can also be used as an indicator of transmission in a community. The percent positive will be high if the number of positive tests is too high, or if the number of total tests is too low. NYSDOH publishes [county level percent positivity data](#) daily.

The identification of COVID-19 variants in the area. NYSDOH's Wadsworth Center performs specialized testing (sequencing) of the COVID-19 virus. In general, this specialized testing is not performed by hospital or commercial laboratories. If a more transmissible variant is predominating in a community, the  $R_t$  and percent positivity can be expected to increase.

The counties are working together to advocate to NYSDOH to establish an enhanced surveillance system to identify variants that, while not having increased transmissibility, feature other concerning mutations (e.g., increased severity of disease, decreased vaccine efficacy).

Local ability to monitor and enforce compliance with requirements. Each county will conduct unannounced audits regarding adherence to the minimum requirements. Failure to comply will result in approval for the given district's/school's team being rescinded.

Updates in COVID-19 Science. Data serve an important role in informing efforts to prevent and reduce public health risks. Every day, studies are released to help answer critical questions about COVID-19. But given the large number and different types of studies being released, it can be difficult to stay on top of the latest research. The subject matter experts from the LHDs will work together and with the healthcare providers in our communities to evaluate the latest information in COVID-19 epidemiology, clinical treatment and management, and laboratory science. If this information or factors identified by CDC or NYSDOH threaten COVID-19 control and mitigation efforts, we will rapidly act in unison to ensure the health and safety of student-athletes, coaches, teachers, parents and our communities.

## **COVID-19, ATHLETICS, AND HEALTH**

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Regarding COVID-19 and participation in sports, the American Academy of Pediatrics (AAP) has indicated that re-engaging in sports activities has physical and psychological health benefits. Participating in sports allows youth to improve their cardiovascular health, strength, body composition, and overall fitness. Mentally, youth may experience benefits from increased socialization and from a more structured routine. Both the psychological and physical benefits support developmental growth and can have immune system benefits.

The State’s decision to permit higher-risk sports and recreation activities does not mean that their risk has changed. Any time people are gathered, there is a risk of exposure to COVID-19, which can lead to serious medical conditions. Symptomatic and asymptomatic individuals can spread the virus. Masking, distancing, and other mitigation measures reduce, but do not eliminate risk. Further, there is a risk of transmission to those in the home of an infected student-athlete.

At present, it cannot be predicted who will become severely ill, although older people and those with underlying health conditions are at higher-risk. The long-term effects of COVID-19 are not known; even people with mild cases may experience long-term complications.

Schools, players, parents, and coaches should understand that social interactions outside of an actual practice or competition (e.g., not wearing cloth face coverings in locker rooms or during transportation) are also potential pathways of transmission among student-athletes. Regarding clusters of COVID-19 cases among athletes, at this time, there is insufficient data to determine whether transmission is more likely to have occurred because of the nature of a given sport or because of the social factors and environment surrounding the athletes and teams. One recent study summarized COVID-19 transmission associated with a [high school wrestling tournament](#), in which masks were not worn (consistent with AAP guidance since a mask may become a choking hazard). While another recent study summarized the experience of the [National Football League](#) and found that indoor unmasked activities, ridesharing in personal vehicles, and eating and drinking in close proximity were of particular risk.

Ultimately, the decision falls on parents/guardians to decide whether they will allow their children to participate.

## **MINIMUM REQUIREMENTS FOR HIGHER-RISK K-12 SCHOOL SPORTS**

Effective February 1, 2021, and until otherwise indicated, student-athletes are permitted to participate in K-12 sponsored higher-risk school sports, provided that the requirements below are met. Districts/ schools can choose to enact stricter requirements. LHDs and NYSDOH monitor and evaluate COVID-19 data daily and if indicated, the ability for K-12 higher-risk sports to occur may be suspended.

- Each school district’s Board of Education or non-public school’s Board of Directors (or other appropriate person/entity) must approve the district/school’s participation in each specific higher-risk sport.
- Each school superintendent/school leader must oversee the creation of a sport-specific preparedness plan that delineates:

- A plan administrator, who is responsible for communicating the plan to student-athletes, coaches, parents, trainers, referees/officials, etc.
  - A plan coordinator, who will serve as a point of contact, should any cases be identified. The coordinator must facilitate and assist with case investigation and contact elicitation and notification.
  - A daily system to ensure that no one associated with the practice or competition is ill, including referees/officials and spectators.
    - This may involve a culture change for some teams – the message should not be to play through an illness, but to stay home to protect others.
    - Temperatures should be taken prior to practices and games/contests.
  - A system for logging attendance by all individuals associated with the practice or competition, including referees/officials and spectators. The system must capture names, phone numbers, email addresses and counties of residence).
  - How practice and game times can be staggered to avoid crowding and congestion when participants, referees/officials and spectators are arriving, playing, and leaving.
  - If feasible, how pods can be created to limit the potential for transmission in the event of an exposure. A pod is a group of student-athletes who only practice or play with members of their own pod.
    - Pods should either practice in physically separate rooms, facilities or areas or steps taken to ensure that pods are appropriately distanced.
    - Teams should avoid reassigning athletes to different pods to the maximum extent possible.
    - The smaller the pod size, the more the team can minimize potential transmission.
  - How sharing of objects and equipment (e.g., water bottles, towels, snacks) will be avoided and the use of dedicated personal equipment encouraged.
    - When not avoidable, how shared objects and equipment will be cleaned and disinfected between uses.
  - How frequently touched surfaces on the field, court, or play surface will be cleaned and disinfected at least daily, or between uses as much as possible.
  - If feasible, how practices or competitions can be held outdoors. If indoors, how large and well-ventilated spaces for play will be used and time spent indoors minimized.
    - Districts/schools may choose not to allow spectators to minimize risk.
    - If spectators are allowed, all NYS guidelines must be followed.
  - How locker rooms and facility shower use will be avoided. The use of locker rooms is strongly discouraged.
    - If locker rooms are used, they must be cleaned/disinfected as per NYSDOH guidance.
  - How carpooling will be discouraged to the extent possible.
  - How travel by school buses will conform to NYS requirements.
  - How congregate dining will be avoided, but when necessary, how NYS regulations related to dining and gatherings will be met.
  - How other methods of prevention (e.g., hand washing) will be emphasized.
  - How unnecessary physical contact among individuals (e.g., handshakes, high-fives) will be avoided.
  - If overnight travel is essential, how accommodations will be made to minimize the risk of COVID-19 transmission (e.g., avoiding room sharing, maintaining social distancing).
- Each sport-specific preparedness plan must be approved by the district/school's medical director.<sup>1</sup>
  - Each parent/guardian, student-athlete, coach, manager, referee/official must sign an agreement that a condition of ongoing participation includes full cooperation with case investigations and contact elicitation

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<sup>1</sup> Sport-specific preparedness plans, once approved by the school medical director, do not need to be submitted to NYSDOH or the LHD.

and adherence to isolation and quarantine orders.

- Each parent/guardian must sign a district/school developed COVID-19 informed consent. While the content of the informed consent must be determined by the district/school in consultation with their medical director, factors to be considered include but are not limited to:
  - Participation in the sport may expose the student-athlete to COVID-19.
  - Symptomatic and asymptomatic individuals can spread the virus.
  - Masking, distancing, and other mitigation measures reduce, but do not eliminate risk.
  - At present, it cannot be predicted who will become severely ill if infected.
  - COVID-19 can lead to serious medical conditions and death for people of all ages.
  - The long-term effects of COVID-19 are, at present, unknown; even people with mild cases may experience long-term complications.
  - There is a significant risk of transmission to those in the home of infected student-athletes.
  - Older people and people with underlying health conditions are at higher risk of serious disease.
- Each district/school obtains a medical clearance from the student-athletes healthcare provider.<sup>2</sup>
- Each district/school establishes and disseminates their own confidential phone number and email address to allow athletes, parents or others to report alleged failures to adhere to the obligations reflected in these requirements and/or those in NYS' [Interim Guidance For Sports And Recreation During The Covid-19 Public Health Emergency](#).
  - Each district/school should keep a log of any complaints and when indicated, [report the complaint to NYS](#).
- Cloth face coverings/masks that conform to recommendations from the [Centers for Disease Control and Prevention](#) (CDC) should be worn whenever possible by all student-athletes, coaches, managers, referees/officials, spectators, individuals dropping off or picking up student-athletes, etc.
  - It is important that the cloth face covering/mask fits the individual well and is worn over the nose and below the chin at all times when in use.
  - If the cloth face covering/mask is removed for a break, the individual should remain at least 6 feet away from all other individuals.
  - Cloth face coverings must be washed daily in hot water and not reused until cleaned.
  - Coaches, managers, and other school employees should monitor proper use of cloth face coverings/masks and correct improper use, when indicated.
  - The AAP has indicated that cloth face coverings have been shown to be well tolerated by the majority of individuals who wear them for exercise but acknowledges that the coverings may need to be removed under certain circumstances.
    - District/school medical directors should review AAP guidance and other scientific literature for recommendations regarding specific sports where a cloth face covering/mask could pose a hazard and address those in their sport-specific preparedness plans.
      - Boards of Education and Boards of Directors should, in consultation with the district/school medical directors, consider this information when approving individual sports.
      - Individuals with a medical condition that would be complicated by wearing a cloth face covering/mask can apply to the district/school medical director for an exemption by providing appropriate documentation that the condition will be present throughout the length of the sports season.
- Districts/schools must limit spectators to minimize the risk of transmission and comply with all NYS regulations regarding venues, gatherings and capacity limits.

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<sup>2</sup> A physical is not required to be performed as part of the medical clearance, but can be done if indicated by their healthcare provider.

- Vaccination status does not alter any requirements.
- Each district/school agrees to indemnify and hold harmless the County, its directors, officers, employees and agents from and against any and all claims, actions or liabilities of any nature that may be asserted against them by third parties in connection with participation in higher-risk school sports.
- All other guidance in NYS's [Interim Guidance For Sports And Recreation During The Covid-19 Public Health Emergency](#) must be followed wherever games and practices are held.

## **COMMUNITY COVID-19 METRICS**

- The 7-day rolling average percent positivity in the county, [as calculated by NYSDOH](#), must be at or below 4.0%. If the 7-day rolling average percent positivity is above 4.0%, then activities must be restricted to individual or distanced group training or organized no/low-contact group training.<sup>3</sup>
- The region's hospital capacity (percent of hospital beds available) is above 15%, [as calculated by NYSDOH](#).
- The region's rate of hospital admissions must not be unacceptably high or require additional interventions to control the rate of growth, as determined by NYSDOH.
- The absence of other epidemiological data, information or factors as determined or identified by the Centers for Disease Control and Prevention (CDC), New York State Department of Health (NYSDOH) or {LHD} that impact COVID-19 control or mitigation.

## **ONGOING REQUIREMENTS**

- If school is closed for in-person education due to an increase in COVID-19 cases, school-sponsored sports must be suspended until in-person education is resumed; however, this restriction does not apply to schools that are conducting only remote instruction.
- Travel to, or from, any area that has been [designated by NYSDOH as a red or orange zone](#) is not permitted.
- Travel to, or from, any area that has been [designated by NYSDOH as a yellow zone](#) is permitted so long as it adheres to all applicable NYS guidance.
- Superintendents/school leaders from districts/schools from outside the capital region, north country or mohawk valley must stipulate to the host district/school that no one associated with the team is known to be ill or currently infected with COVID-19 prior to their team traveling to the region to participate in a practice or competition.
- Monitoring and enforcement of New York Forward requirements are expected to be performed by districts/schools, as limited public health resources are focused on vaccination efforts, case investigation and contact tracing. Districts/schools must investigate complaints of non-compliance and report findings to the school district's Board of Education or non-public school's Board of Directors or their designee.
- Failure to comply will result in approval for the given district's/school's team being rescinded.

## **ADDITIONAL RECOMMENDATIONS**

- When and where feasible, districts/schools should consider weekly COVID-19 testing for each student-athlete, coach, manager, referee/official, or other individual associated with the higher-risk sport, unless the individual has documentation of a positive COVID-19 test within the previous 90 days.
  - Testing could be arranged or conducted by the district/school.

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<sup>3</sup>If the district/school is located in a county whose 7-day rolling average percent positivity is at or below 4.0% and is scheduled to compete against a district/school in a county 7-day rolling average percent positivity is above 4.0%, the competition should be postponed. District/schools should follow a similar approach for hospital capacity and hospital admission metrics.

- The district/school must report patient-specific results (positive or negative) to the LHD where the individual resides.
  - The ‘home’ team should be responsible for arranging for and reporting of results from officials/referees.
- Consider having additional cloth face coverings/masks on hand in case a student-athlete player forgets or needs to replace one.
- Sports-related travel outside the capital region, north country and Mohawk valley is strongly discouraged.
- Districts/schools should consider asking coaches and student-athletes to sign coach/player pledges. The pledges should help coaches and student-athletes understand what team members do outside of practice and games can affect their teammates, opponents, and their community. Their actions can directly impact the future of the sports season.
- Consider creating pod/bubble leagues to minimize contact. For example, if ten schools are in a league, have two mini leagues of five that only play one another.
- Participation in multi-team events or tournaments is not recommended.