



Uwharrie Charter Academy Standard Operating Procedure (SOP)	
Issued: 11/5/2002	Revised:
SUBJECT: Investigation and Procedures of COVID-19 in K-12 Schools	
Randolph Center for Disease Control and Prevention Division of Disease Surveillance	

I. BACKGROUND AND RATIONALE

SARS-CoV-2, the virus that causes COVID-19, has become widespread globally and in the United States. Emerging evidence indicates that children of all ages are susceptible to COVID-19 although their clinical presentation is often less severe than that seen in adults. However, severe disease is possible, including rare fatalities and a multisystem inflammatory syndrome in children that can lead to a severe and life-threatening illness in rare cases.

Less clear is the role that children play in transmission of SARS-CoV-2, both to other children and to their adult family members, who could be at increased risk of severe illness. Reports from international settings suggest the possibility of secondary transmission from young children; however, due to school closures across the United States, little U.S.-based evidence is available to confirm these findings. As Pre-K-12 schools reopen in the fall of 2020, clusters of COVID-19 cases linked to school settings are a possibility. The number of COVID-19 cases will likely vary by community, depending on intensity of transmission in the community, adoption and access to prevention and control strategies, and timeliness of identification of index cases in schools.

II. PURPOSE

The goal of the Uwharrie Charter Academy is to prepare and to protect our staff and our students through this ever changing process. This SOP provides a framework for response to case(s) of COVID-19 among students, teachers, or staff within our community. It will be updated frequently as more is learned about transmission and mitigation of COVID-19. The guidance in this SOP is not exhaustive, nor does it replace direct engagement with Randolph Health Department. This SOP assumes that students, teachers, and staff comply with the NC Department of Health and Human Services Reference Guide for Suspected, Presumptive, or confirmed Cases of COVID-19 (K-12) and StrongSchoolsNC Public Health Toolkit (K-12) requirements for safely opening schools in the fall.

III. OBJECTIVES

The primary reason to investigate cases or outbreaks of COVID-19 in schools is to control the outbreak and, with lessons learned from that investigation, help prevent future outbreaks. Specific objectives of investigations may include, but are not limited to:

1. Implementing measures to prevent or mitigate transmission of COVID-19 within a school setting.



2. Determining the magnitude of the outbreak and characterizing chain(s) of transmission (e.g., secondary transmission among children, school staff members, and household members).
3. Describing characteristics of school populations, including demographic, health status, clinical characteristics (for cases), and exposures, stratified by COVID-19 case status.

IV. METHODS

A. **Case Definitions**

Randolph Health Department will follow CSTE case definitions for COVID-19. These case definitions are subject to change. COVID-19 interim case definitions can be found at <https://www.nh.gov/health/department/gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

B. **Investigation Approaches**

Interviews with school staff are useful to assess the school environment and strategies adopted by the school to prevent or mitigate COVID-19 spread. Gathering detailed information on school operations, space layout, number of staff members, teachers and students, class sizes (density), and daily schedule (pick up, drop off, rotation through different classrooms and other school spaces) will help with understanding the daily routine and potential mixing among students from different classes.

Uwharrie Charter Academy will initiate an investigation when it learns of a confirmed case (or cases) associated with a school. In the event that the school is informed of a confirmed case (or cases) of COVID-19 prior to Randolph HEALTH DEPARTMENT, the school or school representative will alert the Randolph Health Department, who is the primary point of contact for schools. The UCA representative will contact Randolph HEALTH DEPARTMENT's school liaison during business hours. During off hours, the Randolph HEALTH DEPARTMENT case investigator will call the school representative at the school for an individual case. If the school representative is unavailable the case investigator will leave a message. If there is an additional contact on the voicemail, the case investigator will reach out to that individual. If an outbreak investigation is opened during off hours, the outbreak investigator will call the superintendent.

Recommended public health actions will depend on the number of cases, the location of the cases, and the degree of contact those cases may have had with other students, teachers, or staff. Table 1 below summarizes the various stages of public health recommendations based on these factors. It is important to note that the circumstances of a specific outbreak may result in a deviation from these recommendations.

C. **School Representative Responsibilities**

The school representative (or other official designated) affiliated with the school where a positive case is identified will be an essential part of the public health investigation. The school representative will serve as the primary point of contact for public health investigators. The school representative or designee should also contact the applicable designated school administrators of the student who has tested positive.

As noted in Section V (Notification and Communication) below, the school representative or Dean shall serve as the primary point of contact with families of confirmed cases. When the school representative communicates with the family of a confirmed case, the school representative should share [isolation](#) information as well as [quarantine](#) information for family members living in the same household. The school representative should communicate that any school-aged siblings that live in the same household should be sent home from school and placed into quarantine.

The school representative should recommend that the parent/guardian monitor other family members for



symptoms of COVID-19. These include: fever (>100.4°F) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. The school representative should also advise families to ensure that the COVID-19-positive student remain in proper isolation, especially from people who are at higher risk for getting sick from COVID-19. Families where a member has tested positive for COVID-19 should alert their health care provider, especially if symptoms worsen. In addition, the school representative can provide a brief overview of the case investigation process.

The school representative can also then begin the process of determining who within the school may constitute a close contact.

In general, a close contact is defined as someone with exposure to the confirmed case within 6 feet for 15 minutes or more regardless of if individuals were wearing face coverings. To help protect students in the school and out of an abundance of caution, UCA and Randolph Health Department considers everyone within a classroom to be close contacts. In addition to close contacts from the classroom setting, the school representative can begin to compile information on close contacts from transportation and during extracurricular activities.

D. Isolation and Quarantine

With respect to isolation and quarantine recommendations, UCA and the Randolph Health Department follows the same guidelines for school-related cases as it does for other outbreaks. Students, teachers, or staff who test positive for COVID-19 will be isolated until they meet the U.S. HEALTH DEPARTMENT criteria for release for isolation. Randolph Health Department case investigators release COVID-19 cases from isolation.

All student close contacts of positive cases must remain in quarantine for at least 14 days following their last exposure to the confirmed case. In a school setting, close contacts may range from an entire classroom to the entire school, depending on the number and location of confirmed cases (*see* Table 1 below).

It is important to note that a close contact who receives a negative test result must remain in quarantine for the balance of the 14-day period. Close contacts will be identified using the exposure and infectious periods outlined in the NC Department of Health and Human Services, June 30, 2020.

School staff (teachers, representatives, bus drivers, etc.), however, are considered essential workers. The school staff members are required to take appropriate infection control precautions, including the use of PPE, and follow all UCA and Randolph Health Department guidelines.

UCA and the Randolph Health Department will use the following criteria when making recommendations around isolation and quarantine for exposed contacts of confirmed cases.

- (1) For one or two confirmed or probable case(s) in a student/staff/teacher who has/have been within a single classroom/pod for the entire day:
 - All other students/staff/teachers in that classroom/pod are considered close contacts regardless of the setup of the classroom or face covering use.
 - Art, library, recess, and cafeteria exposures for student/staff/teacher will be reviewed on a case-by-case basis.
 - The classroom where the confirmed case is located should be cleaned according to federal HEALTH DEPARTMENT guidelines found here: <https://www.HealthDepartment.gov/coronavirus/2019-ncov/community/reopen-guidance.html>.



- (2) For one or two confirmed or probable case(s) in a student/staff/teacher who has/have been in multiple classrooms/pods:
- All students/staff/teachers of any classroom where the student/staff/teacher attended a class are considered close contacts regardless of the setup of the classroom/pod or face covering use.
 - Art, library, recess, and cafeteria exposures for the student/staff/teacher will be reviewed on a case-by-case basis.
 - The classrooms where the confirmed case is located should be cleaned according to federal HEALTH DEPARTMENT guidelines found here: <https://www.HealthDepartment.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- (3) Bus exposures:
- In general, if a COVID-19 case is on a bus for fewer than 15 minutes, no one else on the bus is considered a close contact.
 - In general, if a COVID-19 case is present on a bus for greater than 15 minutes, without any assigned seating, and with closed windows, all riders will be considered close contacts.
 - Bus rides that fall between these two scenarios will be assessed on a case-by-case basis by Randolph Health Department.
 - An “open window” is defined as at least two windows fully opened (one in front and one in back) on each side of the bus.
 - Any bus that carried a confirmed or probable case should be cleaned according to federal HEALTH DEPARTMENT guidelines <https://www.HealthDepartment.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- (4) After school activities:
- Anyone with more than 15 minutes of cumulative contact will be considered a close contact.
 - Indoor extracurricular activities will have to be assessed independently depending on the nature of the activity, the setup of the activity, and the mitigation strategies in place.
- (5) Evaluation of sports-related activities
- If a COVID-19 case plays a sport in the “Higher Risk” or “Moderate Risk” category while infectious, the entire sports team is considered a close contact.²
 - If, during the period of infectiousness, a COVID-19 positive case plays against another team, the other team will be reviewed on a case-by-case basis for close contacts
 - If a COVID-19 case plays a sport in the “Lower Risk” category while infectious, contacts are evaluated on a case-by-case basis for close contacts.
 - Those deemed to be close contacts may not play sports during their period of quarantine.
 - Sections of The Randolph Community -Sport Guidance; including a table of the Higher, Moderate and Lower Risk category are now in Appendix B.

Randolph HEALTH DEPARTMENT recommends that school community members be notified when a confirmed or probable case has been detected that is associated with the school.

E. Outbreak Response

Once a school reaches outbreak status (3 or more confirmed cases from different households within 14 days):

- All individuals associated with the school should be notified by the school of the outbreak (*see* Section V below). School officials should make such notifications in writing, using a template provided by Randolph HEALTH DEPARTMENT (*see*



- Appendix A).
- A Randolph HEALTH DEPARTMENT outbreak investigator will coordinate with the school, and each case will still be assigned a case investigator who will follow the standard investigation protocol.
 - If all three cases are within a single classroom, the entire classroom shall be considered a close contact for purposes of quarantine and testing.
 - If three cases are spread across multiple classrooms:
 - There will be a presumption that all students, teachers, and staff within the school are close contacts and should be tested.
 - The school will follow cleaning guidance from U.S. HEALTH DEPARTMENT: <https://www.HealthDepartment.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
 - Students, teachers, and staff who test negative must complete a 14-day quarantine from the last day of exposure in the school.
 - Essential workers may return so long as they follow the guidelines outlined in Section F.
 - UCA and the Randolph Health Department will recommend suspending all in person extra-curricular activities during the 14-day quarantine.
 - In situations where students are cohorted in a single classroom and teachers rotate through the classroom, where there is a single case, all the teachers who rotated through the classroom will be considered close contacts.
 - A student, teacher, or staff member may return to the classroom after release from isolation or quarantine.
 - Outbreaks are closed 28 days after the last positive test or symptom onset, whichever is later.

The following table summarizes the public health actions that will be taken in response to cases detected within schools.

Table 1: Recommended Public Health Actions for COVID-19 in Schools

Number of Cases	Location	Testing Recommendation	Quarantine Recommendation	Cleaning/Closure Recommendation	Notes
1 or 2	Single classroom/cohorts/pod	All students/staff within the classroom	All students in the classroom	Clean or leave classroom dormant for 7 days	Additional potential locations for close contacts include busses, after-school activities, etc.
1 or 2	Two or more classrooms/cohorts/pod	All students/staff within both classrooms	All students in the classrooms	Clean or leave classroom dormant for 7 days	Additional potential locations for close contacts include busses, after-school activities, etc.
3+ (outbreak*)	Single classroom/cohort/pod	All students/staff within the classroom	All students in the classroom	Clean or leave classroom dormant for 7 days	Additional potential locations for close contacts include busses, after-school activities, etc.



3+ (outbreak*)	Multiple classrooms/ cohorts/ pods	<p>All students/staff in the same classrooms, cohorts, pods, buses, and extracurricular activities are considered close contacts and are recommended to be tested.</p> <p>Close contacts may expand to include the entire school depending on the epidemiological investigation, considering factors such as adherence with public health guidelines and the age of the students.</p>	<p>All students in the same classrooms, cohorts, pods, buses, and extracurricular activities are considered close contacts and will need to quarantine for 14 days, regardless of test results</p> <p>Close contacts may expand to include the entire school depending on the epidemiological investigation, considering factors such as adherence with public health guidelines and the age of the students.</p> <p>Non-close contacts may return to school with no testing after cleaning or the period of dormancy is complete.</p>	Clean or leave classroom dormant for 7 days	<p>Additional potential locations for close contacts include busses, after-school activities, etc.</p> <p>If and only if students are cohorted in one classroom, it is possible that only affected classrooms will be closed.</p>
*An outbreak is defined as 3 or more confirmed cases from different households within 14 days in a school.					

V. NOTIFICATION AND COMMUNICATION

A. Notification of a Confirmed or Probable Case to Schools

The Randolph Health Department case investigator will alert school representatives of a confirmed or probable COVID-19 case in the schools and begin an investigation. Uwharrie Charter Academy will have a designated liaison who will work closely with the Randolph Health Department on COVID-related matters in schools. UCA's school liaison and Randolph Health Department Representative Consultant will monitor new cases.

B. Notification of a Confirmed or Probable Case to Randolph Health Department

School officials may be notified of a confirmed or probable case among a student, teacher, or staff member by the individual or parents (if the case is a student). If school staff are notified by a parent/guardian that their child received notice from their health care provider that their COVID-19 test was positive, school staff should contact the school representative. The school representative will notify the Randolph Health Department of the suspect case. Once Randolph Health Department receives the positive lab report a case investigator will begin the COVID-19 investigation. The school representative will be the communication link among the family and the Randolph Health Department.

C. Communication with Family Members

Randolph Health Department recommends that the school representative communicate with the family of a confirmed or probable case (when that case is a student). The school representative will be best suited to



provide information to the family and reassure the family that Randolph Health Department investigators may be in contact with them. The school should notify family members of students that will be in quarantine. A sample letter is available in Appendix A.

D. Communication with School Community

Randolph Health Department recommends that school community members be notified when a confirmed or probable case has been detected that is associated with the school. The school is best able to notify parents, staff, teachers, and other community stakeholders (*e.g.*, Board of Directors, Superintendent, etc.) of the confirmed or probable case(s). Template letters for such communication are available in the appendices. Randolph Health Department strongly recommends confirming COVID-19 cases and outbreaks prior to schools sending public communications.

E. Public Reporting

Randolph Health Department will report publicly when an epidemiological investigation has been opened into a potential outbreak of COVID-19 associated with a school, as it does in other settings. In general, such investigations are opened after three or more epidemiologically linked cases are identified within a 14-day period.

F. After Hours

Randolph Health Department investigates COVID-19 cases seven days a week until 5 P.M. A Randolph Health Department case investigator will reach out to a school representative when a confirmed or probable case identifies a school exposure. If the school representative is unavailable the case investigator will leave a message. If there is an additional contact on the voicemail, the case investigator will reach out to that individual prior to 5 PM. If Randolph Health Department opens an outbreak investigation after hours, the outbreak investigator will contact the representative of the school district.

VI. CONTACT TRACING PROTOCOLS IN SCHOOLS

The Randolph Health Department will work with school officials to conduct contact tracing and symptom monitoring for close contacts of confirmed COVID-19 cases within schools. The Randolph Health Department will monitor those close contacts during their quarantine period and, if any of those individuals becomes symptomatic, will provide guidance on testing and other clinical evaluation.

VII. GLOSSARY

Term	Definition
Close contact	In general, being within 6 feet of an infected person (with or without a face mask) for at least 15 minutes (in aggregate for certain situations like extra-curriculars or athletics), or having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 during the infectious period
Community transmission	Occurs when individuals acquire COVID-19 through contact with someone in their local community, rather than through travel to an affected location.
Confirmed case	A person who has tested positive for SARS-CoV-2 infection (the virus that causes COVID-19)
Contact tracing	Process of identifying individuals who have had close contact (see definition above) with someone infected with COVID-19



Cohort	A consistent group of students and staff who interacts with each other but not with members of other groups on a regular basis. Groups should be as small as possible, with maximum numbers outlined in the different reopening scenarios. When in a cohort, each group must physically distance themselves from each other and from other cohorts.
COVID-19	Abbreviation for the disease caused by the novel coronavirus SARS CoV-2
Incubation period	The time between exposure to an infection and the appearance of first symptoms. The virus that causes COVID-19 has an incubation period of 2-14 days.
Infectious period (asymptomatic cases)	2 days prior to testing (the date of the swabbing was conducted) until HEALTH DEPARTMENT criteria to discontinue isolation are met
Infectious period (symptomatic cases)	2 days before symptom onset until HEALTH DEPARTMENT criteria to discontinue isolation are met
Isolation	Process of separating individuals who are infected with COVID-19 from others. Isolation lasts a minimum of 10 days from symptom onset if symptomatic. If a person infected with COVID-19 has no symptoms, isolation lasts a minimum of 10 days from the date of test specimen collection (test). For individuals with severely immunocompromising conditions, isolation is at least 20 days.
Outbreak	3 or more confirmed cases from different households within 14 days in a school
Protocol	Recommended actions to follow in the event of a probable or confirmed case of COVID-19 occurs
Probable case	Individual who has at least two of the following symptoms: fever (measured > 100.4 degrees Fahrenheit or subjective), chills (rigors), body aches(myalgia), headache, sore throat, nausea or vomiting, diarrhea, fatigue, or congestion or runny nose OR at least one of the following symptoms: cough, shortness of breath, or difficulty breathing, new loss of smell or new loss of taste AND is epidemiologically linked to another case or has a positive antigen test.
Quarantine	Process of separating and restricting the movement of individuals who were in close contact with someone who tested positive or had symptoms of COVID-19. Anyone who has been in close contact with someone who has COVID-19 must stay home for a minimum of 14 days since the last day of contact with the person with COVID-19 and watch for symptoms of COVID-19. Persons in quarantine should self-monitor for symptoms and seek medical advice and test if recommended by Randolph Health Department or healthcare provider.
Screening	Assessing individuals for symptoms of COVID-19 verbally or via self/parent attestation. Temperature checks may be performed by the school if desired.
Symptomatic individual	A person who is experiencing one or more of the symptoms of COVID-19 as defined in Health Department guidelines
Testing	Three types of tests are available for COVID-19: molecular, antigen, and antibody tests. Molecular and antigen tests indicate if you have a current infection while antibody tests indicate a previous infection. Throughout this document, 'testing' refers to either molecular or antigen-based tests to diagnose a person with current COVID-19 infection.



Appendix A: Sample notification letters to families for possible exposure

Dear Parents/Guardians/Caregivers of; _____

This letter serves to inform you that your child has been exposed to someone in the school setting who has tested positive for COVID-19 (CoronaVirus).

Since your child may have been within 6 feet of the person with a positive test for more than 15 minutes in the class or on the school bus, they are considered a “close contact” and therefore steps need to be taken;

1. Your child should begin to isolate away from other people immediately. Limit close contact with family members and practice physical distancing and hand hygiene in the home.
2. You should contact your medical provider and notify them of the exposure to a positive case and to determine if and when your child needs to be tested.
3. Your child needs to stay home for 14 days. However, if your child is tested for COVID -19 during those 14 days and tests positive they can return to school 10 days from the date of the COVID-19 test if they are no longer having symptoms. If they test negative during their 14 day stay at home, they must stay at home for the entire 14 days. Your child may return to school; _____.

It is of the utmost importance that during this time, you avoid contact with higher-risk individuals (ie. grandparents and those with underlying medical conditions)

Symptoms related to COVID-19 to watch for are listed below. Contact your Medical Provider if you or any member of your family/household develop any of the following symptoms;

- Fever (100.4 F or higher), chills OR shaking chills
- New cough (not due to other known cause such as a chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Muscle aches or body aches
- Nausea, vomiting or diarrhea
- Headache when in combination with other symptoms
- Fatigue when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes such as allergens) when in combination with other symptoms

If you have any questions, please contact your Dean or Assistant Dean. Please follow up with the Dean to report the results of your child’s test as well. We appreciate your cooperation and communication in this matter.

Staff Signature: _____

Date: _____



Sample notification letter for possible systems

2020-2021 NOTIFICATION OF POSSIBLE COVID-19 SYMPTOMS

Student Name: _____ Grade: _____

School: _____

Teacher: _____

While symptoms of COVID-19 and the Flu can be similar in nature, this is to inform you as the parent/guardian, that we did assess potential symptoms of COVID-19, Flu, or Cold in your child. Symptoms of COVID-19 could include cough, shortness of breath or difficulty breathing, fever over 100.4 F, fatigue, chills, muscle or body aches, headache, sore throat, congestion or runny nose, nausea, vomiting, diarrhea, or new loss of taste or smell. Below are the symptoms your child exhibited that suggest further evaluation for COVID-19 or Flu-like illness by your Medical Provider OR the Randolph County Health Department.

Symptoms (those circled were present):

Fever over 100.4 F degrees F and another symptom of _____

New Cough Shortness of Breath Loss of Taste or Smell Chills

Severe Headache Other: _____

If you are observing any of the symptoms below, contact your medical provider. Emergency warning signs include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips, face or fingertips
- Unexplained Rash or Swollen Tongue

This list is not all-inclusive. Please consult your medical provider OR the Randolph County Health Department at 336-318-6200 for any other symptoms that are severe or concerns regarding your child. Your medical provider may want to discuss testing or other concerns with you. If you can manage your student's symptoms at home, you may return your student to school when the following are true:

1. Your medical provider has determined a different illness other than COVID-19 and cleared your student to return. A note is required from your Medical Provider.
2. Proof of a negative test result for Covid-19 and NO symptoms
3. 10 days have passed since the first day your child was sent home from school
4. At least 24 hours has passed without fever OR other symptoms without the use of any medications, along with a note from your Medical Provider or the Health Department.

The earliest date we would expect your child to return is _____.



Any siblings living in the household of the sick student (Diagnosed with Covid-19) may not return to school for 14 days after the last day they were in contact with the sick student. You should try to isolate the sick student from well family members while at home.

Siblings' names:

Staff Signature _____

Date: _____

PLEASE NOTIFY YOUR CHILD'S DEAN or ASSISTANT DEAN OF TEST RESULTS OR IF YOU HAVE QUESTIONS REGARDING YOUR CHILD'S RETURN TO SCHOOL.



Appendix B: Community Sports Guidance

Phase 2: Community Sports

General Guidance for Community Sports Activities

Community sports activities for both youth and adults require careful consideration during the COVID-19 pandemic. Health experts recognize the role of outdoor recreation and exercise in promoting mental health, physical fitness, and cognitive development. Reducing exposure to respiratory droplets through physical distancing and face coverings, as well as increased hand hygiene and avoidance of shared and common touch items, remain the primary tools to mitigate the spread of COVID-19. Because of the increased possibility of infection through droplets, vigorous exercise in closely confined spaces should be avoided.

At this time, outdoor training with physical distancing may be prudent. These guidelines focus on maximizing opportunities for physical distancing and keeping small, stable cohorts of participants whenever possible. This guidance includes best practices recommended by the U.S. Centers for Disease Control and Prevention, Aspen Institute, and guidance documents from several states.

Students attending school and students participating in any group sporting activity (club, community or school-based) represent the mixing of cohorts. These cohorts are being used by schools for their public health protection measures. This increased mixing creates a high risk for potential spread both within schools and between schools and therefore this guidance must be diligently followed.

Sports activities present multiple challenges in the effective use of primary prevention strategies. These challenges include:

- Risk of exposure to the virus due to close physical proximity during sports activities through participation in the sport activity itself, group seating, and group travel.
- Increased risk during intense and sustained physical contact whether purposeful or accidental.
- Increased projection of respiratory particles during cardiovascular activities, yelling or shouting as part of play, or common sneezing or coughing. This increase in projection of droplets can be up to 14 feet, well exceeding the typical physical distancing recommendation of 6 feet between individuals.
- While face coverings are recommended to reduce the risk of viral transmission between individuals, face coverings may not be compatible with some activities. Face coverings are not currently required for players during vigorous exercise during practice or competition. Face coverings should be used when not engaged in vigorous exercise (e.g. during low to moderate intensity exercise, during coaching strategy sessions, in the bench area).

Framework for Assessing the Risk of Sports and Recreation Activities

The risk of participating in sports and recreation activities is determined by a combination of (1) risk of transmission of COVID-19 inherent to each sport in terms of duration and proximity of contact (e.g. golf versus rugby) and (2) risk associated with the type of play (e.g. skill-building drills, within-team competition, competition between teams from different geographic areas).

Type of Play

The following types of play are defined by level from least to greatest risk. Across all types of play, keep players together in small, stable groups (i.e. cohorts) with dedicated coaches or staff. Ideally, these cohorts should include fewer than 30 individuals.

Level 1: Performing skill-building drills or conditioning at home, alone or with household

members

Level 2: Team-based practice with physically distanced group activities

Level 3: Within-team competition (e.g. intra-squad scrimmages). This level of play involves one cohort of participants.

Level 4: Competition between teams from the same geographic area (e.g. the same county and in some cases adjacent counties). This level of play involves two cohorts of participants.

Level 5: Competition between teams from different geographic areas within Randolph

Level 6: Competition between teams from different states

Note: Individuals traveling or returning to Randolph must follow the executive order on travel and rules explained in the [Keep Randolph Healthy](#) plan. This includes a requirement that all out-of-state travelers coming into Randolph, as well as Randolph residents returning to Randolph, complete a 14-day quarantine upon arrival or have a negative COVID-19 test no longer than 72 hours of arrival with quarantine while waiting for the result (unless that travel is to or from an exempted state). Check the [website of the Randolph Centers for Disease Control](#) for updated information on exemptions to this requirement. Please note that competition between teams from different states is not recommended at this time.

Type of play allowed, based on risk level of sport or activity

At this time, sports are restricted to the types of play presented in the table below based on the level of risk associated with the sport or activity. During all activities, the public health measures in this guidance must be followed (e.g., hand hygiene, cleaning and disinfecting, face coverings, etc.) These recommendations will be updated as conditions change. Moreover, if transmission rates increase the county where sports teams have planned competitions, these competitions between teams should be cancelled.

Risk level characteristics	Examples	Levels of Play Allowed
Lower Risk		
<ul style="list-style-type: none"> Sports and activities that can be done with physical distancing and no physical contact Sports and activities that can be done individually 	<i>Examples:</i> Batting cages, tennis, pickleball, individual swimming, catch, disc golf, golf, individual biking, surfing, horseback riding, crew/sailing, fishing, hunting, motor sports, gymnastics, weightlifting, single sculling, throwing events (javelin, shot put, discus, hammer), jumping events (high jump, pole vault, long jump, triple jump), skiing, cross country events where physical distance can be maintained	Levels 1-5 (indoor or outdoor)
Moderate Risk		
<ul style="list-style-type: none"> Sports and activities that involve intermittent close 	<i>Examples:</i> Baseball, softball, team swimming, fencing, soccer, basketball,	Levels 1-3 (indoor or outdoor)

<p>proximity or limited, incidental contact, but with protective equipment or mitigating measures in place that may reduce the likelihood of respiratory particle transmission between participants (e.g., wearing masks, modifying play to maintain 6 feet of physical distance, cleaning and disinfecting)</p>	<p>lacrosse, ice hockey, competitive and sideline cheer, martial arts, ultimate frisbee, running events where physical distance cannot be maintained, field hockey, pair figure skating, volleyball, 7 vs. 7 flag (touch) football</p>	<p>Level 4 (outdoor only)</p>
<p>Higher Risk</p>		
<ul style="list-style-type: none"> • Sports and activities that involve sustained close contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants 	<p><i>Examples:</i> Football, wrestling, rugby, boxing</p>	<p>Levels 1-3 (indoor or outdoor)</p>

Limiting and Documenting Contact

1. For contact tracing purposes, to the extent practicable, organizers should maintain a record including contact information for athletes, coaches, or any other individuals (e.g. athletic trainers, team managers, etc.) who have direct prolonged interaction.
 - a. Based on current knowledge, a close contact is someone who was 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. Close contacts should stay home, maintain physical distancing, and self-monitor until 14 days from the last date of exposure.
2. Encourage players to wait in their cars until just before the beginning of a practice, warm-up, or game, instead of forming a group.
3. If practice or competition facilities must be shared, consider increasing the amount of time between practices and competitions to allow for one group to leave before another group enters the facility/venue. This will minimize interaction between individuals at points of ingress and egress and allow time for cleaning and disinfecting.
4. Prohibit activities and events such as off-site competitions or excursions (e.g., watching a professional team compete).
5. Limit the number of players sitting in confined player seating areas (e.g., dugouts). Ensure 6 feet of physical distance by allowing players to spread out into spectator areas if more space is available.
6. Provide physical guides, such as signs and tape on floors or playing fields, to make sure that coaches and players remain at least 6 feet apart.

Cleaning and Disinfection

1. Clean and disinfect frequently touched surfaces on the field, court, or play surface at least daily, or between uses as much as possible. Use of shared objects and equipment (e.g., balls, bats, gymnastics equipment) should be limited and objects should be cleaned between uses if

- possible.
2. Identify a staff member or volunteer to ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.
 3. Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
 4. Use gloves when removing garbage bags or handling and disposing of trash. [Wash hands after removing gloves.](#)
 5. Refer to the following documents for guidance on general cleaning and disinfection:
 - a. [COVID-19 Prevention Checklist General Guidance](#) (State of North Carolina)
 - b. [Cleaning and Disinfecting Your Facility](#) (NC Toolkit)
 - c. [Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes](#) (NC Toolkit)

Cohorting Players and Coaches

1. Keep players together in small, stable groups with dedicated coaches or staff, and make sure that each group of players and coach avoid mixing with other groups as much as possible.
2. Teams might consider having the same group of players stay with the same coach or having the same group of players rotate among coaches.
3. Consider staging within-team scrimmages instead of playing games with other teams to minimize exposure among players and teams.

Transportation

1. Transportation to and from sports activities require attention because of increased risk of close proximity and poor ventilation.
2. Limit the use of carpools or van pools. When riding in a vehicle to a sports event, encourage players to ride with persons living in their same household. Carpooling with individuals from different households is not recommended.
3. If carpooling with individuals outside one's household group is necessary, increase ventilation in the vehicle, and all riders must wear a facial covering, and use hand sanitizer.
4. If buses are used, spread individuals out to the extent possible, increase the airflow with open windows if weather permits, require use of face coverings, and provide hand sanitizer for use when entering and exiting the bus.

COVID 19: WHAT TO EXPECT WHEN YOUR CHILD NEEDS A NASAL SWAB TEST

- Help prepare your child for the COVID-19 test by telling them that they will have a swab put in their nose and twirled around for a few seconds to get the test done. It will feel a little itchy or might even tickle. Their eyes might water, or they might even sneeze or cough and that is all normal. They may have to swab both sides of the nose.
- The child's job is to lean their head back and sit as still as possible for the test.
- A child can bring a stuffed animal, toy, or comforting object to hold during the test.
- Everyone will need to wear a mask or face covering (over age 2).
- Have youth remove any nasal piercings prior to the test.
- If your child has had a problem with their nose, like a deviated septum, broken nose and/or recent surgery, you should call your child's doctor to discuss their recommendations for testing.
- If you are at a drive thru site, the team will ask you to stay in your car. Children and infants can remain in their car seats. You can sit next to the child and hold them or hold their hand.
- If a child has a hard time sitting still, a caregiver may be asked to have them sit in their lap in the front seat and give them a bear hug; using one leg to secure the child's leg, one arm to wrap around the child's chest and arms, and one arm to gently help secure the child's head against the caregiver. You can practice this at home.
- If the child is over 10 years old and willing, they may also be asked to collect the sample by putting the swab in their nose. The team will coach the child on how to collect the sample. A caregiver can assist them with the collection.
- The testing team will be wearing masks, gloves, and gowns in order to keep everyone safe. They will ask some questions and may take your temperature. They will explain what type of test is available at that site. They will give you a tissue to wipe your nose for before and after the test.
- The child or the testing team will insert a very skinny swab into the nose and twist it around to collect some material from inside the nose. It will not go far back, only ½-1 inch, depending on the test and the nose. It will only last a few seconds.
- The team will then put the swab into a tube and send it to a laboratory to see if the sample collected contained COVID-19. The results may take 3-4 days. Some sites have special kits with results available onsite, in just 15 minutes! The most important thing is to follow the instructions they give you after the test. If the test is positive, you will get a phone call. If the test is negative, an email may be sent instead of a phone call.