



VICTOR VALLEY UHSD Athletics Reopening Guidance

Victor Valley Union High School District (VVUHSD) recognizes that athletics programs are not only essential to the learning of all students involved, but also a key to lifelong success for many of our students. As such, VVUHSD is committed to following federal, state and local health agency guidelines during our tiered reopening of our athletics programs while minimizing the risk of transmission of illness to students, families, coaches, staff and the community. The VVUHSD tiered reopening of our athletics programs will be guided by what is feasible, practical, acceptable, and tailored to the needs of the community so that we may help our student-athletes participate in these highly meaningful and essential programs in the safest way possible.

VVUHSD Self-Screening Protocols

The district requires all staff and students to be vigilant in daily self-assessing for possible symptoms of illness. If you are experiencing one or more of the following symptoms, you **MUST** stay home from work/school until symptom free, without medication, for 72 hours and at least 10 days after symptoms first appeared. Staff/students must notify their school/employer of their absence due to illness.

- **Persistent dry cough**
- **Persistent shortness of breath**
- **Fever of 100.4 degrees or higher (flushed, red cheeks, lethargic)**
- **Overall body aches**
- **Persistent red eyes (not from allergies or environment)**
- **Any other significant cold-like/flu-like symptoms**

VVUHSD Visual Screening Protocols

The district requires that all staff be vigilant in observing possible symptoms of illness. If you see one or more of the following symptoms, send the individual (adult or child) to the health office for secondary screening.

- **Persistent dry cough**
- **Persistent shortness of breath**
- **Fever of 100.4 degrees or higher (flushed, red cheeks, lethargic)**
- **Overall body aches**
- **Persistent red eyes (not from allergies or environment)**
- **Any other significant cold-like/flu-like symptoms**

Note: All Victor Valley UHSD staff have been assigned a Target Solutions training which pairs with the guidance above.

VVUHSD Secondary Screening Protocols

If an individual is referred to secondary screening, trained staff should take the following steps to determine the proper course of action:

1. Secondary screener **MUST** wear a mask during screening
2. Temperature check
3. Reassess symptoms
4. Review underlying health conditions and personal history
 - a. Ask about the duration of the symptoms
 - b. Ask if anyone else in the household is showing symptoms
5. Determine plan of action based on screening

Return to class: Call home to notify parents that a secondary screening was completed and the student was sent back to class.

OR

Isolate and send home: Isolate the student, call home to notify parents that a secondary screening was completed and the student must be picked up as soon as possible. The student may NOT ride the bus home for any reason with other students.



Student-Athlete Illness Prevention Pledge

I understand that, in this time of elevated illness concerns, it is my responsibility to do what I can to prevent the transmission of illness/disease to my teammates and coaches. By signing this document, I pledge to protect myself and every individual with whom I encounter from potential exposure by:

Adhering to VVUHSD Self-Screening Protocols:

I will daily self-assess for possible symptoms of illness **BEFORE** attending any athletics practice/game/event. If I am experiencing one or more of the following symptoms, I **MUST** stay home from practices/games/events until symptom free, without medication, for 72 hours and at least 10 days after symptoms first appeared. I agree to **NEVER** conceal, mask and/or downplay any perceived symptoms. I will notify my coach of my absence due to symptoms/illness.

- **Persistent dry cough**
- **Persistent shortness of breath**
- **Fever of 100.4 degrees or higher (flushed, red cheeks, lethargic)**
- **Overall body aches**
- **Persistent red eyes (not from allergies or environment)**
- **Any other significant cold-like/flu-like symptoms**

Limit Outside Interactions:

I will limit my physical interactions with individuals outside my household to no closer than 6 feet of separation whenever possible in order to limit exposure to my teammates, staff and coaches.

VVUHSD Athletic Protocols:

I agree to **STRICTLY** adhere to the VVUHSD tiered protocols. I understand that failing to adhere to the protocols may jeopardize my position on the team and my ability to participate in VVUHSD athletics.

Student-athletes Name (Print): _____ ID#: _____

Student-athletes Signature: _____

Date: _____

Parents: By signing this document you agree to support your child in his/her adhering to the Student-Athlete illness prevention pledge.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Note: Athletics programs are not to apply consequences as a direct result of attendance related issues due to illness or general safety concerns. Students who were ill or had general safety concerns will be afforded the opportunity to try out for the teams when they are capable and feel safe to do so.



COVID-19 Acknowledgement

Dear Parents/Guardians

:

The best way to prevent infection is to avoid being exposed to this virus. Safety and health procedures to help prevent the spread of COVID-19 include but are not limited to:

- Keep student home from school, practices, or events when ill.
- Practice social distancing from others when possible.
- Frequently wash hands with soap and water for at least 20 seconds.
 - Use hand sanitizer with at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Place used tissues in a wastebasket.
- Avoid using other students' school supplies, technology equipment, or athletic equipment.
- Adhere to the VVUHSD recommendation of wearing facial coverings, when feasible and safe, in general settings and adhere to specific environment facial covering guidance (i.e. athletic events, bus, etc.).
- Notify school staff if you experience symptoms of acute respiratory illness (i.e., persistent dry cough, persistent shortness of breath, fever of 100.4 degrees or higher, overall body aches, persistent red eyes not from allergies or environment or any other significant cold-like/flu-like symptoms) so you can be separated from others and be sent home immediately.

I acknowledge the following (please initial):

___ There is a potential risk for contracting COVID-19 while attending school or participating in school activities or athletics.

___ Cleaning and disinfecting practices may help to reduce the spread of COVID-19, but cannot stop the spread.

___ Due to the nature of our facilities and programs, social distancing of 6 feet per person among students and staff in a school setting is not always possible.

Acknowledgment

I have read Victor Valley Union High School District (VVUHSD) COVID-19 Acknowledgement, and fully understand the potential risks of COVID-19. While VVUHSD is making significant efforts to ensure the safety of students and staff, I acknowledge our schools, transportation, and athletic environments are not guaranteed to be COVID- 19 free environments.

Student Name / ID #

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date