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BOARD OF EDUCATION

Working Meeting - August 23, 2021 - 4:00 PM
Central Middle School
305 Vicksburg Lane North
Plymouth, MN 55447

AGENDA

1. **ROLL CALL/CALL TO ORDER**
 - A. **Superintendent's Reports**
 1. School Opening Plan
 - i. COVID-19 Health and Safety Measures 2
 - B. **Board Reports**
2. **ADJOURN**

M E M O

School Board Work Session

8-23-21

“Health and Safety Measures”

To: Wayzata Public Schools School Board

From: Chace B. Anderson, Superintendent

Re: Health and Safety Measures - Background and Recommendations for 2021-2022 School Year

Background Information

Throughout the pandemic (mid-March, 2020 – the present) the Minnesota Department of Education (MDE) and the Minnesota Department of Health (MDH) have prepared guidance to help Minnesota’s public schools plan for the 2020-2021 and now the 2021-2022 school years. The guidance has included information about the creation of contingency learning models for instructional delivery and essential operations. For the **2020-2021 school year (last year)**, MDE defined three general learning models: 1) in-person learning, 2) hybrid learning, and 3) distance learning that were to be prepared and ready for implementation. For the **2021-2022 school year (upcoming school year)**, there is less focus upon specific learning models and the guidance is mostly related to health and safety protocols to help deliver on the high priority of a safe return of students to school for full time in-person learning. The Centers for Disease Control and Prevention (CDC), the American Association of Pediatrics (AAP), MDE and MDH are all supportive of and strongly encourage school districts to have students return for full time in-person learning for the 2021-2022 school year. This is where Wayzata Public Schools has placed its focus in preparing for the school year.

MDH COVID-19 mitigation strategies intended to enhance safety of in-person learning for students and staff include: screening and testing, social distancing, contact tracing/quarantine, masking for all persons, hand hygiene/respiratory etiquette, sick persons staying home, ventilation and cleaning/disinfecting. The district will continue focusing on all of these mitigation strategies based on the guidance and from what was learned by WPS staff during the 2020-2021 school year.

At the regular school board meeting on August 12, 2021, the following was shared as the primary goals for the 2021-2022 school year.

1. Ensuring the health and well-being of students and staff.
2. Keeping students in school every day throughout the school year.

The accompanying resolution, recommended for approval to the school board, includes statements of rationale for the recommendations relating to student, staff and visitor expectations for masking while in attendance at school, participating in athletics and activities and/or utilizing school facilities. It also outlines general health and safety strategies. During the course of the coming school year and throughout the duration of the pandemic, continuous monitoring of local (school district community and individual WPS schools and facilities) will occur. Further, continuous monitoring of county and state data/trends will occur throughout the school year and the district will be responsive to updated guidance from the CDC and MDH.

During the past 18 months, all school districts have been engaged in determining learning models for delivering education to students safely in Pre-K through Grade 12. The 2020-2021 school year included the implementation of several different learning models including in-person learning, distance learning and hybrid learning. The 2021-2022 school year will be challenging in different ways. Getting the school year started and maintaining a solid educational program for students will require the dedicated efforts of our leadership team, teachers, support staff, students, parents and community members. There are many wide ranging perspectives and opinions on how to best approach the school year. The topic that is most discussed currently is face covering (masks) protocols for students and staff.

Despite many differing opinions on how to best achieve the two goals above, there seems to be strong consensus from parents that they want their kids back in school as part of everyone's desire for a return to normalcy. Achieving the two goals listed above will require the efforts, persistence and patience of all parties. While the Centers for Disease Control and Prevention (CDC), the Minnesota Department of Health (MDH) and the Minnesota Department of Education (MDE) have provided guidance and recommendations to school districts, there are currently only two mandates:

1. Students riding public transportation (school buses) must wear a mask.
2. Cases of COVID 19 must be reported to the Minnesota Department of Health.

The CDC, MDH and MDE have not issued any other mandates relating to how schools should open. These organizations are not authorized to issue mandates. They have used terminology such as "recommended" or "strongly recommended" for various mitigation strategies. It is not expected that anything more directive than "strong recommendations" will be provided to superintendents and school boards from the medical associations and the MDs, epidemiologists, medical researchers and other medical personnel within those organizations. While the credibility of the CDC and MDH have been called into question by some parents and citizens in the community, the collective capacity of these organizations is impressive and each is comprised of talented and experienced professionals from the medical field. Given this, it seems prudent and appropriate to consider and base decisions from their guidance and recommendations crafted through the collective expertise of these professional organizations.

Centers for Disease Control (CDC) Guidance for COVID-19 Prevention in K-12 Schools

The health and safety protocol information provided below has been excerpted from the Centers for Disease Control and Prevention (CDC) document titled: [Guidance for COVID-19 Prevention in K-12 Schools](#) (August 5, 2021 version-link provided below.) The other information in this section is based on input from leadership staff, school board members, staff input, community input, etc. The text found below the gray shaded headers has been generated by district staff. The text found below the blue shaded headers is from the CDC guidance document (link provided below).

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#print>

It should be noted that the bulleted topics below are mostly covered in greater detail in the following pages. Although the bulleted points don't really serve as a "table of contents," the points do somewhat fall into alignment with the text provided in this packet. By seeing only what is included below in the CDC's summary of key takeaways, it may leave some readers with questions for which it is believed many answers can be found in the subsequent pages.

Key Takeaways Listed in the CDC Guidance Document (CDC Excerpt-link provided above)

- Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority.
- Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.
- In addition to universal indoor masking, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as screening testing.
- Screening testing, ventilation, handwashing and respiratory etiquette, staying home when sick and getting tested, contact tracing in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to keep schools safe.
- Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.
- Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning.
- Localities should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies (e.g., physical distancing, screening testing).

Masking Recommendations

The mitigation strategy of greatest interest prior to the start of the school year is what to do with masking for students, staff and others in school buildings and at athletic and activities facilities. Many inputs have been received from WPS students, families, staff and community members regarding the topic of student masking. These inputs include a wide range of viewpoints and perspectives. Along with local input, guidance from the state's leading authorities, the Minnesota Department of Education (MDE), the Minnesota Department of Health (MDH), as well as the Centers for Disease Control (CDC) were used in helping develop a plan regarding masking requirements as the district works towards the goal of keeping students in school. Whereas the 2020-2021 school year focused on differentiated learning models, the 2021-2022 school year will likely focus upon mitigation strategies for students.

Currently only students age 12 and above are eligible for a COVID-19 vaccination. Therefore, students in WPS early childhood through sixth grade programming are largely ineligible to receive a vaccination. The current guidance from MDE, MDH, and the CDC recommend universal masking for all students, regardless of grade level or vaccination status. The following guidance for masking in Wayzata Public Schools for the 2021-2022 school year will be presented to the school board for consideration and recommended approval at the August 23, 2021 school board work session/special board meeting.

Pre-K – Grade 8: That students in pre-K (age 2 or older) through grade 8 and all staff, volunteers and visitors working in these schools, as well as Adult Basic Education students and staff located at the Early Learning School, be required to wear masks inside the building on school days between the

hours of 7:00 a.m. and 6:00 p.m. Wearing of masks in buildings outside of these hours is still recommended but not required unless otherwise communicated. For students in pre-K through grade 8, the possibility of moving from “required masking” to “strongly recommended masking” will be considered after an appropriate amount of time elapses from when vaccinations become available for all students in these age groups; perhaps monthly and assuming local conditions are conducive to such a change. (Note: Pre-K through age 11 students are currently not eligible to be vaccinated.)

Grades 9-12: That students in grades 9-12 and all staff, volunteers and visitors working within WHS be required to wear masks inside the building on school days between the hours of 7:30 a.m. and 3:30 p.m. (exception made for indoor physical education classes engaged in physical activity where greater distancing can occur and for designated MSHSL after-school activities). Wearing of masks in the building outside of these hours and during indoor physical education classes is still recommended but not required unless otherwise communicated. Careful monitoring will occur at WHS during the early weeks of the school year as consideration is given to the possibility of moving from “required masking” to “strongly recommended masking” if viral spread at school is minimal and local conditions are conducive to making such a change. Beginning the school year with “required masking” is being recommended to help ensure a good start at WHS that will contribute to the sustainability of in-person learning. It is important that WHS and the district do everything possible to minimize viral spread and quarantining of students and staff.

Wayzata Transition: That students in the WPS Transition program and all staff, volunteers and visitors working at the school, be required to wear masks inside the Wayzata Transition School. Consideration will be given to moving from “required masking” to “strongly recommended masking” if viral spread is minimal and local conditions are conducive to making such a change.

Outdoors: Students in pre-K through grade 12, and the school staff are not required to wear masks outdoors for recess, physical education classes, athletic practices/contests and/or any other outdoor instructional or recreational activities.

School Buses: Students riding on school buses to and from school, to special events, field trips, athletic events or any other activity, are required to wear a mask as per federal law.

Implementation: The Superintendent shall develop procedures for the implementation of the above masking requirements. These procedures are to include, but not be limited to, applicable definitions and circumstances when wearing a mask is not practical, such as when eating, and when legal grounds exist for not wearing a mask, such as for certain medical conditions.

Rationale for Masking Recommendation

The determination to propose the masking recommendations that are being brought to the school board for action were based on a number of factors, primarily CDC guidance. At the Minnesota Department of Health “Situation Update” from August 4, 2021, the following CDC guidance was shared.

The Delta Variant:

1. Spreads more easily
2. Now the predominant variant
3. “Breakthrough Infections” occur but cases generally mild – vaccines effective in preventing severe illness, hospitalizations, and death
4. Those infected carry higher viral loads
5. Vaccinated people who are infected may be infectious to others

Top five things to know about the Delta Variant:

1. Getting vaccinated prevents severe illness, hospitalizations, and death; it also helps reduce the spread of the virus in communities.
2. Data show Delta is different than past version of the virus: it is much more contagious.
3. In areas with substantial and high transmission, CDC recommends that everyone (including fully vaccinated individuals) wear a mask in public indoor settings to help prevent spread of Delta and protect others.
4. CDC recommends that community leaders encourage vaccination and masking to prevent further outbreaks in areas of substantial and high transmission.
5. CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccinations status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place.

COVID 19 in children and adolescents

1. When community spread rates of COVID-19 are high, especially with lower vaccination rates for those eligible for vaccination/many who are unable to be vaccinated, there is an increased likelihood that COVID-19 will be introduced to, and potentially transmitted within, a school or ECE setting.
2. Evidence to date suggests that when prevention strategies are layered and implemented with fidelity, transmission within schools and early childhood programs can be limited.
3. Have an infection rate that is comparable, and in some settings, higher than adults.
4. Can transmit the virus to others even when they do not have symptoms and/or have mild nonspecific symptoms.
5. Compared to adults are more commonly asymptomatic or have mild, non-specific symptoms.

CDC Transmission Metric - core indicators/thresholds for community transmission levels of COVID-19

MMWR TABLE. CDC core indicators of and thresholds for community transmission levels of SARS-CoV-2

Indicator	Transmission level			
	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	0-9.99	10.00-49.99	50.00-99.99	≥100.00
Percentage of positive nucleic acid amplification tests in the past 7 days†	<5.00	5.00-7.99	8.00-9.99	≥10.00

* Number of new cases in the county (or other administrative level) in the past 7 days divided by the population in the county (or other administrative level) multiplied by 100,000.

† Number of positive tests in the county (or other administrative level) during the past 7 days divided by the total number of tests performed in the county (or other administrative level) during the past 7 days.

[Calculating SARS-CoV-2 Laboratory Test Percent Positivity: CDC Methods and Considerations for Comparisons and Interpretation: https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html](https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html)

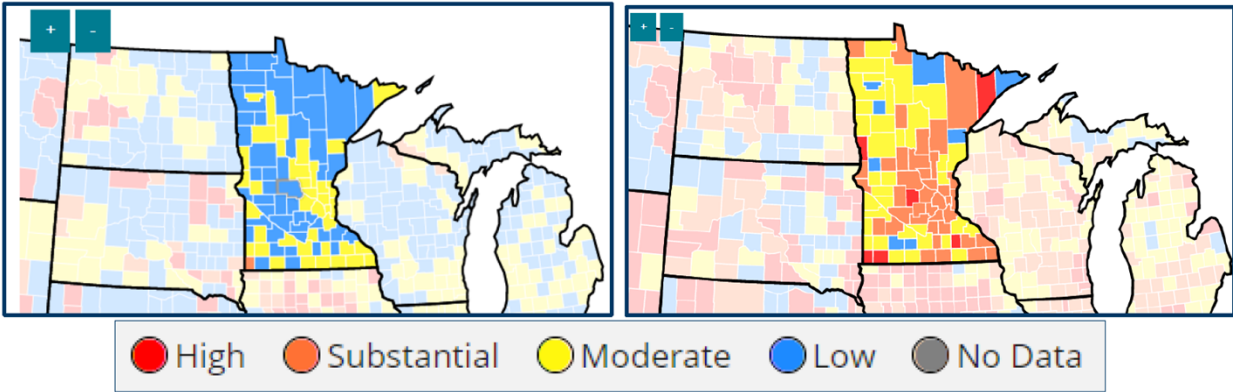
Hennepin County Transmission Metric: Comparison from Mid-July to Mid-August (2021)

(Note color coding key for levels of transmission under each graphic.)

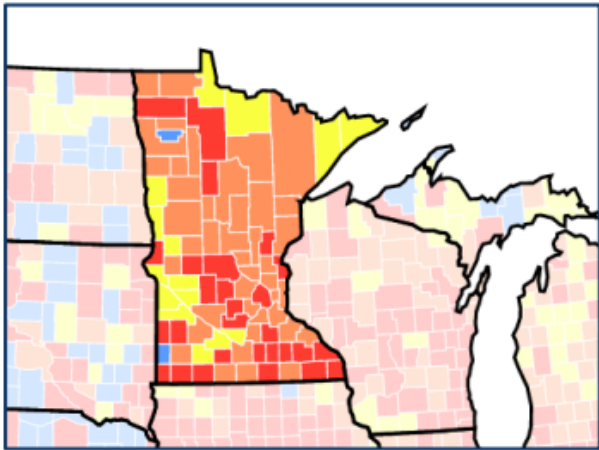
CDC COVID-19 Integrated County View Comparison

7/4/21 – 7/10/21

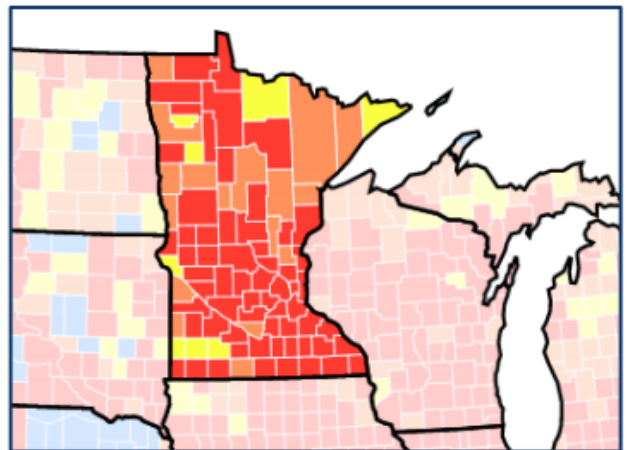
7/26/21 – 8/1/21



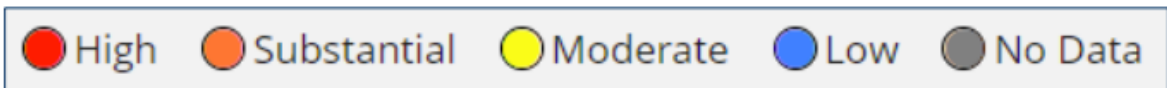
CDC COVID-19 Integrated County View Comparison: <https://covid.cdc.gov/covid-data-tracker/#county-view>



8/1/21 – 8/7/21



8/8/21 – 8/14/21



CDC Guidance for COVID-19 Prevention in K-12 Schools-Key Takeaways

1. In-person instruction in the fall 2021 is a priority.
2. Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic.
3. Masks should be worn indoors by all individuals regardless of vaccination status.
4. CDC recommends school maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people who are not fully vaccinated, to reduce transmission risk.
5. Students, teachers, and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.

CDC Contact Tracing, Isolation and Quarantine

1. Continue to isolate positive cases, notify contacts, and quarantine.
2. Close contacts generally include those within 6 feet for 15 minutes, but should consider duration, activity risk, and other factors to determine who meets the definition.
3. **Exception to quarantine: in an indoor setting, the close contact definition excludes students who were with 3-6 feet if masked – does not apply to adults.**
4. **Fully vaccinated people or those with recent infection generally do not need to quarantine – CDC’s new guidance does however recommend they test 3-5 days after exposure even if asymptomatic and mask either for 14 days or until negative test results are received.**

Letters of Support from Medical Organizations/County Commissioner and Research Links

As has been noted, the CDC and MDH strongly recommend students, staff, volunteers and visitors wear masks when at school. This approach is also supported by the World Health Organization, The American Academy of Pediatrics, the Minnesota Medical Association, Hennepin County Public Health, and endorsed by a large number of Minnesota medical doctors through a co-signed letter. The complete list of appendices below includes the letters received from medical associations/medical doctors. To review letters recently sent to school superintendents in Minnesota, please note the following appendices: A, B, C and D found at the end of this packet. Appendix E is an MDH press release overviewing CDC guidance. Appendices F and G relate to the Minnesota State High School League guidance and Wayzata High School protocols in place for the start of the fall sports season. Appendix H provides a number of research links, most of which are related to the effectiveness of masking, and were provided by a local medical doctor/parent in the district.

Appendix A: Letter of Support for Universal Masking from:

- | | |
|-----------------------|--|
| Dr. Marilyn Peitso | President, Minnesota Medical Association |
| Dr. Deb Dittberner | President, Minnesota Academy of Family Physicians |
| Dr. Sheldon Berkowitz | President, Minnesota Chapter of the American Academy of Pediatrics |

Appendix B: Letter of Support for Universal Masking from Dr. Susan Palchick, from Hennepin County Public Health

Appendix C: Letter of Support for Universal Masking from approximately 70 MDs from Minnesota

Appendix D: Letter of Support for Universal Masking from Kevin Anderson, Hennepin County Commissioner representing the Wayzata Public Schools

[Appendix E](#): Minnesota Department of Health Press Release-Overview of CDC Guidance

[Appendix F](#): Minnesota State High School League (MSHSL) Guidance

[Appendix G](#): Wayzata High School Fall Athletic Mitigation Strategies

[Appendix H](#): Additional Masking Research/Resources of Interest

The following article abstract (one of the links in Appendix H) provides compelling background and rationale for use of masking to mitigate spread. Note particularly the underlined statements.

<https://www.pnas.org/content/118/4/e2014564118?fbclid=IwAR3RqjzkXG5vNDm1ARJZ6mjGBuIKjWpOo1p6K0maTumjvbDvsIQgu3rJdhg>

Abstract

“The science around the use of masks by the public to impede COVID-19 transmission is advancing rapidly. In this narrative review, we develop an analytical framework to examine mask usage, synthesizing the relevant literature to inform multiple areas: population impact, transmission characteristics, source control, wearer protection, sociological considerations, and implementation considerations. A primary route of transmission of COVID-19 is via respiratory particles, and it is known to be transmissible from presymptomatic, paucisymptomatic, and asymptomatic individuals. Reducing disease spread requires two things: limiting contacts of infected individuals via physical distancing and other measures and reducing the transmission probability per contact. The preponderance of evidence indicates that mask wearing reduces transmissibility per contact by reducing transmission of infected respiratory particles in both laboratory and clinical contexts. Public mask wearing is most effective at reducing spread of the virus when compliance is high. Given the current shortages of medical masks, we recommend the adoption of public cloth mask wearing, as an effective form of source control, in conjunction with existing hygiene, distancing, and contact tracing strategies. Because many respiratory particles become smaller due to evaporation, we recommend increasing focus on a previously overlooked aspect of mask usage: mask wearing by infectious people (“source control”) with benefits at the population level, rather than only mask wearing by susceptible people, such as health care workers, with focus on individual outcomes. We recommend that public officials and governments strongly encourage the use of widespread face masks in public, including the use of appropriate regulation.”

Wayzata Public Schools Learning Model **Pre-K through Grade 12 In-Person Learning**

Consistent with the first goal cited earlier, WPS will implement a full in-person learning model for Pre-K-Grade 12 to start the 2021-2022 School Year. It is the district’s hope that this learning model will remain in effect throughout the school year. By implementing the recommended mitigation strategies outlined in this document, the district is optimistic that staff, students and families will be able to navigate the school year well and enjoy a very positive educational experience.

Special Education Services/IEPs/504 Planning

Specific information about special education services and 504 plans will be sent from the special services department and/or the school.

Distance Learning for Large Scale Quarantine

The Distance Choice model offered to families during the 2020-2021 school year is not allowed by the State nor is it an option for the 2021-2022 school year. For the 2021-2022 school year, school districts qualify to use up to 30 days of distance learning for emergency purposes for large scale quarantine needs or other unanticipated interruption to learning. Each district in the state of Minnesota qualifies for this option. In an effort to expand flexibility for such emergency needs, Wayzata Public Schools has applied for additional days of distance learning for emergency purposes if circumstances require such a need. Wayzata Public Schools does not have a certified on-line program. As noted earlier, in-person learning is the focus and priority for the 2021-2022 school year.

Technology Systems

The district technology team will work closely with teachers and other staff members to ensure students have all of the technology equipment they need for a successful school year. Examples include, but are not limited to:

- Students are supported if/when they are in quarantine;
- Students have appropriate access to iPads and software for students that are responsive to their developmental needs and that students know how to use the technology;
- Students have Internet Access at home or through wireless hotspots for home use as needed;
- Staff, students and parents/guardians understand and know how to use student operating systems (Canvas, Seesaw, Google, Zoom, etc.);
- The district is ready for flex solutions to ensure consistency in instructional delivery and maintenance of high expectations; and
- Shared technology spaces and equipment will undergo regular cleaning in labs, etc.

Student Teachers and Classroom Volunteers

Student Teachers

Student teachers will be allowed during the 2021-2022 school year and will be expected to follow health and safety protocols in the same way as for teachers and other staff members at those grade levels.

Classroom Volunteers

Classroom volunteers will be limited at the start of the 2021-2022 school year to students serving volunteer roles through curriculum-related activities, i.e., the WHS Y.E.S. program, etc. Such volunteers will be expected to follow health and safety protocols in the same way as for teachers and other staff members at those grade levels. Conditions will be monitored during the school year upon which to modify this classroom volunteer protocol.

Vaccination

The school district encourages and is supportive of eligible students and all staff receiving the COVID-19 vaccination. The district has worked in cooperation with local medical professionals to conduct some in-district/on-site vaccination clinics for interested parties out of convenience for the community, including staff and eligible students. It is possible that additional clinics will be held, particularly when vaccinations become available to younger children.

CDC Background Information and Resources (Excerpt from CDC Document)

COVID-19 vaccination among all eligible students as well as teachers, staff, and household members is the most critical strategy to help schools safely resume full operations.

Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A [growing body of](#)

[evidence](#) suggests that people who are fully vaccinated against COVID-19 are less likely to become infected and develop symptoms and are at substantially reduced risk from severe illness and death from COVID-19 compared with unvaccinated people.

Only a small proportion of fully vaccinated people get infected (breakthrough infections), even with the Delta variant. Moreover, when these infections occur among vaccinated people, they tend to be milder than among those who are unvaccinated. However, preliminary evidence suggests that fully vaccinated people who are infected with the Delta variant can be infectious and can spread the virus to others. To reduce the risk of becoming infected with the Delta variant and spreading it to others, students, teachers, and school staff should continue to use layered prevention strategies including universal masking in schools.

[People 12 years and older are now eligible for COVID-19 vaccination](#). Schools can [promote vaccinations](#) among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Teachers, staff, students, and their families may differ in their level of [vaccine confidence](#). School administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate, including those on social media, to promote COVID-19 vaccination among people who may be hesitant to receive it.

To promote vaccination, schools can:

- Visit [vaccines.gov](#) to find out where teachers, staff, students, and their families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near schools.
- Encourage teachers, staff, and families, including extended family members that have frequent contact with students, to get vaccinated as soon as they can.
- Consider partnering with state or local public health authorities to serve as COVID-19 [vaccination sites](#), and work with local healthcare providers and organizations, including school-based health centers. Offering vaccines on-site before, during, and after the school day and during summer months can potentially decrease barriers to getting vaccinated against COVID-19. Identify other potential barriers that may be unique to the workforce and implement policies and practices to address them. The [Workplace Vaccination Program](#) has information for employers on recommended policies and practices for encouraging COVID-19 vaccination uptake among workers.
- Find ways to adapt [key messages to help families, teachers, and staff become more confident about the vaccine](#) by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Use CDC COVID-19 [Vaccination Toolkits to educate](#) members of the school community and promote COVID-19 vaccination. CDC's [Workers COVID-19 Vaccine Toolkit](#) is also available to help employers educate their workers about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns. HHS also has an [On-site Vaccination Clinic Toolkit](#)[external icon](#) to help community groups, employers, and other host organizations work directly with vaccine providers to set up vaccination clinics in locations that people know and trust.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccine. Teachers, staff, and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.

- Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have [side effects](#) after vaccination. See CDC's [Post-vaccination Considerations for Workplaces](#).
- Promote vaccination information for parents and guardians, siblings who are eligible for vaccines, and other household members as part of kindergarten transition and enrollment in summer activities for families entering the school system.
- Provide students and families flexible options for excused absence to receive a COVID-19 vaccination and for possible side effects after vaccination.
- Work with local partners to offer [COVID-19 vaccination](#) for eligible students and eligible family members during pre-sport/extracurricular activity summer physicals.

Masking Expectations for Students and Staff & Community Ed

(See Background Information section on Pages 3-4 for specifics about masking expectations for pre-K -12.)

Masking Expectations for Community Ed User Groups and Programming

Early Learning School -- Required, to the best of their ability, for students ages 2-5, adult participants and staff.

Elementary Youth -- Required for elementary age students, staff and visitors during the school day and in district sponsored programs outside the school day, including but not limited to Wayzata Kids childcare, Community Ed youth classes, school clubs and activities.

Facility Rentals -- Masks are strongly recommended for people of all ages (no requirements though). This would apply to facility rental such as church groups, youth sports associations, community clubs and organizations. These activities are scheduled after 6 p.m. weekday evenings and on the weekends.

Adult Classes --Masks are strongly recommended in Community Ed classes for adults including evening and weekend enrichment classes.

Adult Basic Education -- Required for adults, because it is located in the Early Learning School.

Volunteers (Elementary Literacy Program) -- N/A -- Adult volunteer opportunities will be online only to start the school year. When we transition to having volunteers in classrooms again, they will follow mask requirements at that building.

CDC Background Information and Resources (Excerpt from CDC Document)

When teachers, staff, and students consistently and correctly wear a mask, they [protect others as well as themselves](#). Consistent and [correct mask use](#) is especially important indoors and in crowded settings, when physical distancing cannot be maintained.

- **Indoors:** CDC recommends indoor masking for all individuals age 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status.
- **Outdoors:** In general, people do not need to wear masks when outdoors. CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.

Exceptions can be made for the following categories of people:

- A person who [cannot wear a mask, or cannot safely wear a mask](#), because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of [reasonable accommodationexternal icon](#) with workers who are unable to wear or have difficulty wearing certain types of masks because of a disability.
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Masks should meet one of the following criteria:

- [CDC mask recommendations](#)
- [NIOSH Workplace Performance and Workplace Performance Plus masks](#)

During school transportation: [CDC's Order](#) applies to all public transportation conveyances including school buses. Passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, regardless of vaccination status, subject to the exclusions and exemptions in CDC's Order. Learn more [here](#).

Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. No disciplinary action should be taken against a student who does not have a mask as described in the U.S. Department of Education [COVID-19 Handbook, Volume 1external icon](#).

Effectiveness of Masks

There has been some input received questioning the effectiveness of masking. While no mitigation strategy alone is 100% effective, when there are layered strategies, the likelihood of becoming infected by COVID goes down. Masking provides one layer of mitigation where evidence demonstrates masks make a difference. This link provides information from the CDC regarding studies conducted about masking effectiveness. (See Appendix H for links for Additional Masking Research/Resources of Interest)

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>

Mask Wearing and Exposure to Excessive Carbon Dioxide

There has been some input received suggesting that students are exposed to an excess of carbon dioxide when wearing a mask. The CDC states the following regarding concerns about excessive carbon dioxide build-up as a result of wearing a mask. (See link below. After opening link, scroll down a page or two and it will be found.)

CDC Background Information and Resources (Excerpt from CDC Document)

Wearing a mask does not raise the carbon dioxide (CO₂) level in the air you breathe. Cloth masks and surgical masks do not provide an airtight fit across the face. The CO₂ escapes into the air through the mask when you breathe out or talk. CO₂ molecules are small enough to easily pass through mask material. In contrast, the respiratory droplets that carry the virus that causes COVID-19 are much larger than CO₂, so they cannot pass as easily through a properly designed and properly worn mask.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

Physical Distancing and Cohorting

The district will follow the CDC/MDH guidance for physical distancing of students and staff as outlined below. The CDC and MDH do not recommend a discontinuance of in-person learning if strict adherence to the 3 foot distancing rule can't be met. Rather, the CDC encourages meeting this distance rule "to the extent possible" and encourages layered mitigation strategies to help accommodate for times when this 3 foot physical distancing can't be achieved consistently.

CDC Background Information and Resources (Excerpt from CDC Document)

Because of the importance of in-person learning, schools should implement physical distancing to the extent possible within their structures but should not exclude students from in-person learning to keep a minimum distance requirement. In general, CDC recommends people who are not fully vaccinated maintain [physical distance](#) of at least 6 feet from other people who are not in their household. However, several [studies](#) from the 2020-2021 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other prevention strategies, such as the use of masks.

Based on studies from 2020-2021 school year, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated. Mask use by all students, teachers, staff, and visitors is particularly important when physical distance cannot be maintained.

Cohorting

School principals, teachers and other staff will establish, to the best of their ability and where practical, cohorts of students to minimize the possibility of spread and the burden of contact tracing. Such cohorting is somewhat more attainable at the elementary school level and increasingly difficult in middle school and quite challenging at the high school level due to the wide discrepancy of student academic schedules.

CDC Background Information and Resources (Excerpt from CDC Document)

Cohorting: Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education [COVID-19 Handbook, Volume 1](#)[external icon](#).

Screening Testing

Screening and testing protocols for the district are currently being considered for the 2021-2022 school year. During the 2020-2021 school year, the district Licensed School Nurses (LSN) did the contact tracing and

referring of families to community testing sites. As a convenience to WPS staff, optional testing for staff was established for the 2020-2021 school year. No formal plans are in place at this time for on-site screening/testing during the 2021-2022 school year. MDH/MDE, just a few days ago, provided school districts with new guidance and information about student and staff screening and testing which has not yet been reviewed in detail but will be considered in regard to how this may fit into our larger mitigation efforts.

CDC Background Information and Resources (Excerpt from CDC Document)

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and isolate cases, [quarantine](#) those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing and do not need to quarantine if they do not have any symptoms. Decisions regarding screening testing may be made at the state or local level. [Screening testing](#) may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. More frequent testing can increase effectiveness, but feasibility of increased testing in schools needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect student, teacher, and staff privacy. Consistent with state legal requirements and [Family Educational Rights and Privacy Act \(FERPA\)](#)[external icon](#), K-12 schools should obtain parental consent for minor students and assent/consent for students themselves.

Screening testing can be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to provide optimal physical distance between students. Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels (Table 1); at any level of community transmission, screening testing should be offered to all teachers and staff who have not been fully vaccinated. To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results. Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting [pooled testing](#) of cohorts. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools should consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools should consider implementing screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events. Schools can use different screening testing strategies for lower-risk sports. High-risk sports and extracurricular activities should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated.

Funding provided through the ELC Reopening Schools award is primarily focused on providing needed resources to implement screening testing programs in schools aligned with the CDC recommendations. Learn more [ELC Reopening Schools: Support for Screening Testing to Reopen & Keep Schools Operating Safely Guidance](#)[pdf icon](#). Resources are available to support school testing – see [Appendix 2: Testing Strategies for COVID-19 Prevention in K-12 Schools](#).

Ventilation

During the past 10-12 years, the Wayzata Public Schools has maintained a robust facility improvement effort whereby each school's air circulation systems have been updated with the latest technologies for air replacement. The buildings and grounds team in WPS is second to none when it comes to maintaining a safe and clean environment for students and staff. The district meets a very high standard in each of its facilities regarding air quality.

CDC Background Information and Resources (Excerpt from CDC Document)

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with [other preventive strategies](#), including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, refer to:

- [CDC's Ventilation in Schools and Child care Programs](#)
- [CDC's Ventilation in Buildings webpage](#)
- [CDC's Ventilation FAQs](#) and
- [CDC's Improving Ventilation in Your Home](#)

Additional ventilation recommendations for different types of school buildings can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance document](#)[pdf icon](#)[external icon](#).

Funds provided through the Elementary and Secondary Schools Emergency Relief Programs and the Governor's Emergency Education Relief Programs can support improvements to ventilation. Please see question B-7 of the [U.S. Department of Education Uses of Funds](#)[pdf icon](#)[external icon](#) guidance for these programs.

Handwashing and Respiratory Etiquette

All Wayzata Public Schools will maintain routines for student hand washing with regular reminders regarding covering coughs/sneezes and other respiratory etiquette reminders.

CDC Background Information and Resources (Excerpt from CDC Document)

People should practice handwashing and [respiratory etiquette](#) (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds.
- Remind everyone in the facility [to wash hands frequently](#) and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students 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 under 6 years of age.

Staying Home When Sick and Getting Tested

Staff at WPS schools and facilities will encourage students/parents to stay home/keep their child at home if they are not feeling well. Staff members are also encouraged to stay home when not feeling well.

CDC Background Information and Resources (Excerpt from CDC Document)

Students, teachers, and staff who have symptoms of infectious illness, such as [influenza](#) (flu) or [COVID-19](#), should stay home and be referred to their healthcare provider for testing and care, regardless of vaccination status. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies. If a student becomes sick at school, see [What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School](#). If a school does not have a routine screening testing program, the ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.

Schools should educate teachers, staff, and families about when they and their children should [stay home](#) and when they can return to school. During the COVID-19 pandemic, it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested.

Getting tested for COVID-19 when [symptoms](#) are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools, especially if key prevention strategies (masking and distancing) are not in use. Some localities might choose to use testing to [shorten quarantine](#) periods.

Contact Tracing in Combination with Isolation and Quarantine

The newest guidance from the CDC and MDH does not require students to quarantine due to close contact if they have been vaccinated, or if two (or more) students are all wearing masks and have been at least three feet apart. Students who have not been vaccinated, and are deemed to be a close contact, will need to quarantine. Students who have not been vaccinated and are within three feet of a student who tests positive for at least fifteen cumulative minutes during the school day, even if they are wearing masks, will need to be quarantined. The best mitigation to avoid quarantine is to practice physical distancing with other students while wearing a mask, or to be vaccinated.

Quarantine/Isolation of Students

- For COVID-19, a close contact is anyone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more in a single school day. A close contact for students who are correctly wearing masks, the distance drops to three feet of an infected person for a cumulative total of 15 minutes or more in a single school day.
- Should a student test positive for COVID, they will need to enter into isolation. Students will need to stay home until after
 - At least 10 days since symptoms first appeared and
 - At least 24 hours with no fever without fever-reducing medication and
 - Symptoms have improved

- While at school, continue to self-assess your health status. If you should feel ill or experience any of the symptoms, you should report how you feel to your building health professional immediately.
- For those who are determined to be a close contact and have been fully vaccinated, it is recommended that they are tested between day 3-5 and continue to wear a mask until a negative COVID test is received, or if not tested for 14 days after exposure.
- Students do not need to quarantine when masks are consistently and correctly worn and distanced by at least three feet.
- When six feet of physical distancing and masking cannot be achieved and when contact is more than 15 minutes - school cafeterias during daily breakfast and lunch times - student contact tracing practices will be implemented. When quarantine is warranted, WPS will require 10 days of quarantine without testing or 7 days of quarantine after receiving a negative test result (test must occur on day 5 or later).
- Students may be directed to leave the building and contact their healthcare provider.
- Students who have been identified as a close contact, who are not vaccinated, and were not wearing a face covering at the time of close contact/exposure, will need to follow the Minnesota Department of Health COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs, and be required to quarantine. An exemption would be if the individual tested positive for COVID in the past 90 days.
- If students are determined to be a close contact outside of the school environment, they are still required to follow all quarantine protocols listed above as necessary.

Quarantine/Isolation of Staff

- For COVID-19, a close contact is anyone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more in a single school day.
- Should a WPS staff member test positive for COVID, they will need to enter into isolation. Students will need to stay home until after
 - At least 10 days since symptoms first appeared and
 - At least 24 hours with no fever without fever-reducing medication and
 - Symptoms have improved
- Both vaccinated and unvaccinated staff who have been tested for COVID-19 and awaiting test results, must enter this information into Frontline and contact their building LSN. Staff, even those who have been fully vaccinated, who test positive will be expected to stay home for ten (10) days since symptoms first appeared, and are symptom and fever free, without medication, for 24 hours.
- While at work, continue to self-assess your health status. If you should feel ill or experience any of the symptoms, you should stop working and report how you feel to your building health professional.
- Staff, and students, who are determined to be a close contact, and are either fully vaccinated or have had COVID-19 within the past 90-days, do not need to quarantine.
- For those who are determined to be a close contact and have been fully vaccinated, it is recommended that they are tested between day 3-5 and continue to wear a mask until a negative COVID test is received, or if not tested for 14 days after exposure.
- Staff, if distanced by 6 feet (even unvaccinated and unmasked staff) would not be considered a close contact, and therefore, would not need to quarantine.
- Staff do not need to quarantine if vaccinated.
- Staff may be directed to leave the building and contact your healthcare provider.
- Staff who have been identified as a close contact, who are not vaccinated, and were not wearing a face covering at the time of close contact/exposure, will need to follow the Minnesota Department of Health COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs, and be required to quarantine. An exemption would be if the individual tested positive for COVID in the past 90 days.

- If staff are determined to be a close contact outside of the school environment, they are still required to follow all quarantine protocols listed above as necessary.

CDC Background Information and Resources (Excerpt from CDC Document)

Schools should continue to [collaborate with state and local health departments](#), to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which students, teachers, and staff with positive COVID-19 test results should [isolate](#), and which [close contacts](#) should [quarantine](#).

- Fully vaccinated close contacts should be referred for COVID-19 [testing](#). If asymptomatic, fully vaccinated close contacts do not need to quarantine at home following an exposure (they can continue to attend school in-person and participate in other activities). In addition to correctly wearing masks in school, they should wear a mask in other indoor public settings for 14 days or until they receive a negative test result.
- Close contacts who are not fully vaccinated should be referred for COVID-19 [testing](#). Regardless of test result, they should quarantine at home for 14 days after exposure. [Options to shorten quarantine](#) provide acceptable alternatives of a 10-day quarantine or a 7-day quarantine combined with testing and a negative test result.

See the added exception in the [close contact](#) definition for the exclusion of students in the K-12 indoor classroom who are within 3 to 6 feet of an infected student with masking. See the Department of Education's [Protecting Student Privacy FERPA and the Coronavirus Disease 2019](#)[external icon](#) for more information.

Schools should report, to the extent allowable by applicable privacy laws, new diagnoses of COVID-19 to their state or local health department as soon as they are informed. School officials should notify, to the extent allowable by applicable privacy laws, teachers, staff, and families of students who were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school has tested positive.

Cleaning, Disinfecting and Personal Protection Equipment (PPE)

The district will thoroughly clean each facility daily according to predetermined protocols established by the buildings and grounds team. During the 2020-2021 school year, an extra person was deployed to engage with continuous cleaning of high touch surfaces. New learning about COVID has determined that such transmission is minimal and therefore, this will be discontinued. However, the district will continue with enhanced cleaning protocols and providing cleaning products to each classroom to be used as teachers and other staff deem necessary.

Personal Protection Equipment (PPE) inventory includes an ample supply of student and adult disposable masks to be used as determined. Supplies will be sent to buildings as requested/needed. Other considerations such as room temperature monitors, plexi-glass dividers, etc. can be discussed with principals or program supervisors.

CDC Background Information and Resources (Excerpt from CDC Document)

In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19 list](#)[external icon](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).

If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.

Visitors

Visitors to schools will be limited to parents/guardians at the start of the 2021-2022 school year for those with a need to connect in person with school staff relating to their child. Such visitors will be expected to follow health and safety protocols in the same way as for teachers and other staff members at those grade levels. Conditions will be monitored during the school year upon which to modify this visitor protocol.

CDC Background Information and Resources (Excerpt from CDC Document)

Schools should review their rules for visitors and family engagement activities.

- Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations, particularly in areas where there is moderate-to-high COVID-19 community transmission.
- Schools should not limit access for [direct service providers](#), but can ensure compliance with school visitor policies.
- Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or [COVID-19](#), should stay home and seek testing and care, regardless of vaccination status.

Wayzata Cafes: Food Service and School Meals

- **CDC Background Information and Resources (Excerpt from CDC Document)**
- Staff should wear masks at all times during meal preparation and service, and during breaks except when eating or drinking.
- Students should wear masks when moving through the food service line.
- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing. Students should not be excluded from in-person learning to keep a minimum distance requirement, including during mealtimes.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Promote hand washing before, after, and during shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and seating areas.
- U.S. Department of Agriculture has issued several Child Nutrition COVID-19 Waivers. Learn more [hereexternal icon](#).

Recess and Physical Education

Students will not be required to wear face coverings when participating in outdoor recess or physical education activities. Indoor masking expectations for each grade level will apply if such activities are occurring indoors. Wearing of masks at Wayzata High School during indoor physical education classes is recommended but not required unless otherwise communicated.

CDC Background Information and Resources (Excerpt from CDC Document)

In general, people do not need to wear masks when outdoors (e.g., participating in outdoor play, recess, and physical education activities). CDC recommends people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised. Universal masking is recommended during indoor physical education or recess.

After School Activities, Sports and Other Extracurricular Activities

The WHS Athletics and Activities Director provided the following:

The Minnesota State High School League (MSHSL) has given school districts recommendations (See Appendix F) but they are leaving it up to local control on how far districts want to go with their recommendations. Lake Conference ADs have been working as a conference to distinguish which recommendations are going to be implemented consistently at each school for games, but there is a definite division among schools. For example, Edina and Hopkins will require masks on all spectators, coaches, and bench personnel but Eden Prairie, Buffalo, and STMA are operating more like a “normal” school year.

As for capacity limits, MSHSL has not set those on either indoor or outdoor events. The district is unaware of any conference school has set any capacity limits. WHS is moving forward with selling online tickets to events and expecting more people to attend events this fall when compared to last season.

Some of the other recommendations being discussed are: not switching sides for each game of a volleyball match, continuing to find alternative ways to promote good sportsmanship after competition instead of shaking hands, and possibly keeping the opposing team on the opposite side of the soccer field.

Right now, WHS coaches have been given an evolving document (See Appendix G) to follow district protocols. We sent all coaches this document last week outlining the WHS expectations. At the coaches’ meeting, the WHS AD went over these expectations while also letting everyone know this all could change at a moment’s notice, depending on what the district decides to do. COVID protocols will be updated regularly and communicated as appropriate/necessary. The overriding rationale for all of this was to make sure the district is minimizing risk as much as possible while still giving the student-athletes the best athletic experience possible.

CDC Background Information and Resources (Excerpt from CDC Document)

School-sponsored sports and extracurricular activities provide students with enrichment opportunities that can help them learn and achieve, and support their social, emotional, and mental health. Due to increased exhalation that occurs during physical activity, some [sports](#) can put players, coaches, trainers, and others at [increased risk](#) for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks might exist for other extracurricular activities, such as band, choir, theater, and school clubs that meet indoors.

Prevention strategies in these activities remain important and should comply with school day policies and procedures. People who are fully vaccinated can refrain from quarantine following a known exposure if asymptomatic, facilitating continued participation in in-person learning, sports, and extracurricular activities. Students should refrain from these activities when they have symptoms consistent with COVID-19 and should be tested. Schools are strongly encouraged to use screening testing (Table 1) for student athletes and adults (e.g., coaches, teachers, advisors) who are not fully vaccinated who participate in and support these activities to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks. Coaches and school sports administrators should also consider specific sport-related risks:

- **Setting of the sporting event or activity.** In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).
- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (such as wrestling, hockey, football).
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time.** The risk of COVID-19 spread increases the more time athletes, coaches, teachers, staff and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.
- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take [extra precautions](#).

Closing Thoughts

The staff are looking forward to the start of the school year. Although we were all hoping for a “normal” start to the school year, it will still be somewhat unique but a time that can still be filled with optimism as students return for in-person learning. The feedback received from parents, staff members, school board members, the professional medical community and others has been invaluable in crafting a plan that assembles many contrasting viewpoints. Although opinions vary from A to Z, it is recognized, acknowledged and appreciated that all parents and other constituents are advocating for their own children and others based on their beliefs.

The challenge for school staff and school board members is, in part, found in the fact that the staff and school board members are making decisions on behalf of more than 12,000 students who come from families with a variety of beliefs and wishes for their kids’ experience. Last year at this time, the district staff and community was immersed in many variables that had, perhaps, more challenges and complications. While this coming year is starting with its challenges, it seems the primary concern/consideration school districts are wrestling with is the masking policies to be implemented to get the school year started. When compared to all of the variables school officials were trying to figure out a year ago, it seems the start of school is positioned better than at that time.

The challenges school districts face with COVID-19 are somewhat unique when compared to other enterprises. Given that, it is true that a number of corporations are reinstating or extending current masking requirements and other mitigation strategies, including extensions for staff working from a distance and not coming together at the traditional workspaces. One feature that is unique for school age children and adolescents is that being together and enjoying the social aspects of school is important to their learning as well as to their social-emotional health and well-being. Therefore, the efforts to keep students safe and attending school are the right two goals.

It is important to note that where the school district starts the school year regarding masking and other mitigation efforts, is not necessarily where the school year will end. Local viral counts and considering how things are going within our schools and programs will be monitored carefully throughout the school year. While very few, if any, enjoy wearing masks and having extra rules necessary to keep students safe and in school, it is an inconvenience that will hopefully be lessened as the year unfolds. And, it is anticipated that this school year can and will feel far more normal than last year with all of the changing learning models, disruptions to activities, missed social opportunities and all else that came with terribly disrupted norms of school.

Regardless of the circumstances, the WPS staff and school board will work tirelessly to design and implement the best possible educational experience for students and modify course along the way as deemed appropriate. The district will continue, as its mission drives us to do, to deliver excellence for each and every student. There is great confidence that our staff will once again rise to the occasion amidst challenging circumstances to deliver on this mission.

Appendix A

Letter from the Minnesota Medical Association, The Minnesota Academy of Family Physicians & the Minnesota Chapter of the American Academy of Pediatrics



MINNESOTA
MEDICAL
ASSOCIATION

1300 Godward Street NE, Suite 2500
Minneapolis, Minnesota 55413
612-378-1875 | 800-342-5662
mnmed.org

Dear Superintendent,

In anticipation of the upcoming school year, the Minnesota Medical Association (MMA), together with the Minnesota Academy of Family Physicians (MAFP), and the Minnesota Chapter of the American Academy of Pediatrics (MNAAP), strongly urge your school district to require masks for all students, teachers, staff, and visitors to the K-12 schools within your jurisdiction, regardless of vaccination status. This recommendation is in accordance with recent guidance from the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH) in response to the widely circulating and highly contagious Delta variant of COVID-19.


This policy prioritizes the health, safety, and well-being of all individuals returning to in-person learning this fall. We recognize the proactive and responsible measures that many school districts have already taken by adopting masking requirements in their districts and, if you have already done so, thank you! Such efforts to protect school communities are greatly appreciated and we are eager for other school districts to follow suit.


Masking requirements in schools will help protect those who cannot yet be vaccinated or who remain at higher risk because of immune-compromised status or other conditions. The MMA, MAFP, and MNAAP strongly urge Minnesota school districts and private school leaders alike to monitor CDC and MDH public health guidance and adopt requirements consistent with their recommendations. Furthermore, the MMA, MAFP, and MNAAP strongly urge local leaders, such as yourself, to encourage eligible individuals to get vaccinated against COVID-19 to protect themselves and those around them. As physicians, we are doing the same.

Thank you for your consideration and attention to this important matter and we kindly request that you share this letter with members of your school board.

Sincerely,


Marilyn Peitso, MD
President, Minnesota Medical Association


Deb Dittberner, MD, MBA
President, Minnesota Academy of Family Physicians


Sheldon Berkowitz, MD, FAAP
President, Minnesota Chapter of the American Academy of Pediatrics

Appendix B

Letter from Hennepin County Public Health

HENNEPIN COUNTY

MINNESOTA

Hennepin County school superintendents and directors,

As we near the start of the school year, I'm writing to voice strong support for policies that require all students, staff, and visitors to wear masks inside school buildings. On behalf of Hennepin County Public Health, I applaud school districts that have adopted a masking requirement. And I encourage other districts who have not adopted a masking requirement to reconsider their policies.

The COVID pandemic is changing rapidly. Cases and hospitalization are rising among people 19 and younger. This group includes children 11 and younger who are not eligible for the vaccine. Here in Hennepin County, our test positivity rate and 14-day case rates are increasing. We've also moved into [CDC's high community transmission category](#).

These trends are very concerning. The CDC and MDH recommend masking indoors in places like Hennepin County where the community transmission is high. Although Hennepin County Public Health does not have the authority to mandate masking in schools, I strongly believe that masking policies are key to keeping your students, staff, and visitors safe and healthy.

Additionally, Hennepin County Public Health encourages school districts to implement other [MDH COVID-19 best practice recommendations for COVID-19 prevention in schools](#), including testing, social distancing, and vaccination for people 12+.

As the situation unfolds, Hennepin County Public Health is responding to the pandemic and is available for support and consultation. Please reach out to me if you have questions.

Sincerely,



Susan Palchick, PhD, MPH

Hennepin County Public Health Director

Hennepin County Public Health

525 Portland Avenue South, Minneapolis, MN 55415
612-348-3045 | hennepin.us



Appendix C

Letter from Minnesota Medical Doctors

July 27th, 2021

Dear Minnesota School Superintendents, School Boards, and other School Officials,

We write as Minnesota parents and physicians, regarding the 2021-2022 school year and the masking policies of our public schools. As Gov. Tim Walz, state officials, and school superintendents consider the risks and benefits of masking, we urge them to enforce a universal masking policy in our schools for all children and campuses this fall and winter as advised by the [American Academy of Pediatrics](#).

Studies show that the Delta variant of Covid-19 is quickly becoming the dominant variant among the unvaccinated – leading to what experts are now calling a [“pandemic of the unvaccinated.”](#) Further, there are a number of documented breakthrough cases among vaccinated individuals that lead to [transmissible disease](#). Given that children under age 12 do not yet have access to vaccines, it may soon become a pandemic of children.

Delta reproduction rate and transmissibility has increased the efficiency of the virus spread. Simply being in close proximity (2 feet or less) to an infected person for 5 to 10 seconds can be enough to transmit the disease. If we fail to enforce universal masking policies in schools that serve children under 12, we risk a massive uptick in the prevalence of Covid in our community.

FDA Commissioner Scott Gottlieb has warned that our schools and children may become [“a focal point of spread”](#) and has emphasized the importance of masking until all children have access to a Covid-19 vaccine. Per the CDC, “Masks should be worn indoors by all individuals (age 2 and older) who are not fully vaccinated. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.” The CDC has gone on to say that, given the prevalence of the Delta variant, everyone should mask indoors in areas of high incidence of the virus.

We know some institutions plan to work on the “honor system” – allowing people to forgo masks without checking vaccination status. Unfortunately, given the politicization of this public health crisis, the potential of asymptomatic spread by vaccinated individuals, and the inability to adequately distance in our classrooms, it is clear that relying on students/staff to mask voluntarily is not an effective means of mitigating the spread of Covid-19. Other institutions may choose to limit mask requirements to the unvaccinated. But, this is an ever evolving situation and we are now aware that the Delta variant can be both acquired and spread by vaccinated individuals. We must return to universal masking indoors if we are to contain this more contagious version of Covid-19.

We have learned a great deal since the first weeks and months of the pandemic. One such learning is that hospitalization and fatality rates are only part of the Covid story. Long Covid is characterized by an array of sometimes disabling symptoms weeks and months after initial infection. According to one study, of children ages 6 to 11 who have tested positive for Covid, 12.9 percent go on to develop Long Covid at five weeks after infection. Among children ages 12 to 16, 14.5 percent develop Long Covid. Long Covid in children has both social and financial

Appendix C (cont.)

costs. But these costs are not inevitable; we can prevent them. Those 12 and older must get vaccinated and we must maintain universal masking in our schools until all children have access to a vaccine.

Another consequence of Covid-19 is the emergence of Multi-system Inflammatory Syndrome in children, predominantly those between the ages of 3 and 12 years of age. [MIS-C](#) is a medical emergency and is characterized by the clinical and laboratory finding of severe inflammation of more than 2 organ systems. High dose steroids are required for treatment and, for some children, the adrenal insufficiency that results from long term, high dose steroids can be life altering.

At this time, 95 children in the state have been diagnosed with MIS-C and, cumulatively, 113,762 children 19 and under have tested positive for Covid-19. Each of these children represents multiple missed school days, quarantined family members who have missed work, lost income, classroom closures, and missed activities. Universal masking isn't just about protecting the masked individual – it's about protecting our entire community.

Our children should not be forced to risk unnecessary exposure at school because of the unwillingness of adults to protect them through vaccination and mask wearing. Universal masking in our schools will be essential this fall if we wish to end this “pandemic of the unvaccinated.” For the common good, for our children, for our future, keep masks in place, follow the recommendations of the CDC, the AAP, and the World Health Organization, and get vaccinated.

Sincerely,

Lona Caires, DO. Minneapolis, MN

Allison West, MD. Minneapolis, MN

Laura Kehrberg, MD.

James T. Lee, MD PhD FACS. Saint Paul MN

Laurel Ries, MD. Falcon Heights, MN

Kirsten Cowan, MD. Rochester, MN

Carolyn Naranjo, DO. Rochester, MN

Melinda Pierce, MD, MCR, FAAP. West St Paul and Inver Grove Heights, MN

Tara Y. Thomas, MD, FAAP. Edina, MN

Sara Oberhelman-Eaton, MD, FAAFP. Rochester, MN

Aditi Garg, MD, Plymouth, MN

Kathryn McKenzie, MD, Plainview, MN

Sarah Prebil, MD, Edina, MN

Charles Vang, MD, Maplewood, MN

Sherry Jester, MD, Rochester, MN

Megan Press, MD, St. Paul, MN

Nicole Stoik Dockter, MD, Lakeville, MN

Sarah Schmitz-Burns, MD St. Paul, MN

Rachael Harter, DO Chanhassen, MN

Appendix C (cont.)

Megan Stalpes, MD, Minneapolis, MN
Lara Al-Ejeilat, MD, North Oaks, MN
Rebecca Baudoin, MD, Victoria, MN
Sandra Turbes, MD, Northfield, MN
Amy Cho, MD, MBA, FACEP, Minnetonka, MN
Sarah N Cross, MD, FACOG, Minneapolis, MN
Kaisa Schmitz, DO, Savage, MN
Sarah Polcher, DO, Otsego, MN
Kathleen Bauer, MD, White Bear Lake, MN
Allison Golnik, MD, MPH, St. Paul, MN
Elizabeth Reed, MD, Minnetrista, MN
Kathleen Byron, MD, Hutchinson, MN
Tiffany Trenda, DO, Hutchinson, MN
Emelie Helou, MD, Edina, MN
Megan Jennings, MD, Greenwood, MN
Stacie Knutson, MD, Woodbury, MN
Kristina Whitesell, MD, Minnetonka, MN
Sonia Zechmann, MD, Edina, MN
Heidi Edsill, MD, Victoria, MN
Carly Dirlam, MD, Long Lake, MN
Cassandra Jones, MD, Deephaven, MN
Emily Rose, MD, Minnetonka, MN
Andrea Westby, MD, Minneapolis, MN
Laura Ford-Nathan, MD, St Paul, MN
Julie Laidig, MD, Stillwater, MN
Jennifer Svendsen, MD, Woodbury, MN
Erica Bowen, DO, White Bear Lake, MN
Valerie Whitcomb MD, Minneapolis, MN
Sarah Ray, MD, Edina, MN
Louise Ou-Yang, MD, Chanhassen, MN
Robert Long, MD, Chanhassen, MN
Maria Vu, MD, Saint Paul, MN
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Alison Bormann, MD, Minneapolis
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Laura Lara, MD, Maplewood, MN
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Anna Milz, MD, MPH, FAAP, Mendota Heights, MN

Appendix C (cont.)

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Lindsey McDonald, DO, Eagan, MN
Wenlan Cheng, MD, Eden Prairie, MN
Peter Lee, MD, PhD, Eden Prairie, MN
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Appendix D

Letter from Hennepin County Commissioner

KEVIN ANDERSON
DISTRICT 7



612-348-7887

HENNEPIN COUNTY BOARD OF COMMISSIONERS
A-2400 GOVERNMENT CENTER
MINNEAPOLIS, MINNESOTA 55487-0240

Tuesday, August 17, 2021

Dear Superintendent Anderson,

I am the Hennepin County Commissioner for District 7 which includes portions of Plymouth and 15 other cities in western Hennepin County. As a Commissioner, I serve as the Vice Chair of the Health and Human Services Committee, which has played a leading role in the local public health response to the global pandemic.

The COVID-19 pandemic has been challenging for everyone, whether owning a business, working front lines, working from home, or raising children while maintaining some level of normal life. Unfortunately, recent weeks have shown that our path to normal times will be longer than we had hoped for this past spring.

Local hospitals are operating at or above capacity, and a spike in COVID cases could endanger the lives of those who may become infected and need care. Hennepin Healthcare specifically has seen their pediatric cases surging in the last week. They have had to double up patients in their rooms, and COVID cases have doubled week over week for the last three weeks.

Knowing that people under 12 years are not eligible to be vaccinated their risk of infection is greater. We've also seen reports that the Delta variant is more contagious for all age groups regardless of vaccination status. With the increase in transmissibility comes greater risk for anyone, no matter their age, with compromised immune systems or pre-existing health conditions.

As a parent of four school age children, I want to make sure that the school year is safe and productive for all students. Part of ensuring students have a learning environment that is free of distractions, a consistent policy that covers all students, teachers and visitors in school buildings is needed. We saw how disruptive outbreaks in classrooms were to students learning last year and taking steps to mitigate outbreaks among students and teachers not only protects their health but protects their time for active learning.

Masking alone is not the solution and vaccination for anyone who is able is vital managing Covid in the future. Until then, I'm asking school districts to consider a uniform masking policy for all students, teachers, and visitors as useful tool to stem the spread of COVID-19.

Regards,

A handwritten signature in black ink, appearing to read "Kevin Anderson".

Commissioner Anderson
District 7

Kevin.Anderson@hennepin.us

www.hennepin.us/Anderson

Appendix E

MDH Press Release

Minnesota Department of Health News Release 7-28-21

“With students, families, and K-12 educators preparing for the start of the 2021-22 school year amid concerns about an uptick in COVID-19 cases driven by the Delta variant, health and education officials are recommending that schools follow CDC’s guidance for COVID-19 prevention in K-12 schools this fall. These best practice recommendations reflect the current state of the pandemic as well as the importance of in-person learning. The guidance document, [Best Practice Recommendations for COVID-19 Prevention in Schools for the 2021-22 School Year \(PDF\)](#) highlights CDC best practice recommendations for implementing layered prevention strategies (using multiple prevention strategies together consistently) to protect people who are not fully vaccinated. Among the specific points covered in the guidance:

- All people ages 12 years and older should get vaccinated for COVID-19 before returning to in-person school, sports, or other activities to protect themselves and people around them who cannot get vaccinated.
- All students, teachers, staff, and visitors in school buildings should wear masks indoors regardless of vaccination status in order to protect those who cannot yet be vaccinated or who remain at higher risk because of immune-compromised status or other conditions.
- Schools should maintain at least 3 feet of physical distance between students within classrooms whenever possible.
- Students, teachers, and staff should stay home if they have signs of any infectious illness, and should contact their health care provider for testing and care.
- Students, teachers, and staff who have been fully vaccinated do not need to stay home even if they have had recent close contact with a confirmed case, so long as they remain asymptomatic and do not test positive. Follow CDC testing guidance for anyone exposed to a confirmed case.
- People who are not fully vaccinated and returning to in-person school, sports, or extracurricular activities (and their families) should get tested regularly for COVID-19 according to CDC guidance.
- Schools should continue to strengthen good ventilation, rapid and thorough contact tracing in combination with isolation and quarantine, handwashing, respiratory etiquette, cleaning, and disinfection as important layers of prevention to keep schools safe.

While there are no longer mandates that schools follow this guidance, it does represent the most current science-based best practices for safe in-person learning. The recommendations are designed to support local school boards and school leaders as they make decisions for the upcoming school year, and help Minnesota students get back in the classroom safely.

“In-person learning is critical, not only when it comes to academics, but also for our students’ social-emotional well-being and mental health,” said Minnesota Education Commissioner Dr. Heather Mueller. “As we head back to school this fall, we must implement measures to protect the health and safety of all of our students, staff and families.”

Appendix E (cont.)

Proactive COVID-19 prevention strategies remain critical to protect people – including students, teachers, and staff – who are not fully vaccinated or who have certain medical conditions, especially in areas of moderate-to-high community transmission levels. According to Minnesota Health Commissioner Jan Malcolm, the basic tools for fighting COVID-19 remain the same even as the virus itself has evolved into new variants that spread more easily from person to person and make containment more challenging.

“Vaccination, masking, and physical distancing remain our best public health prevention strategies for slowing the spread of COVID-19,” Commissioner Malcolm said. “The Delta variant is proving to have an alarming ability to spread more easily, so it’s more important than ever that anyone eligible for vaccination get that protection as soon as possible, and follow the CDC’s guidance for continued masking, distancing and other prevention strategies to help avoid the widespread illnesses and community impacts we saw during the last school year.”

Education and health officials emphasized that Minnesotans 12 years of age and older should get vaccinated for COVID-19 before returning to in-person school, sports, or other extracurricular activities.

For more information on how to get vaccinated, visit [Vaccines.gov](https://www.vaccines.gov) or contact your health care provider. You can use the map on [State of Minnesota: Find Vaccine Locations](#) to search for providers who are offering COVID-19 vaccine.

-MDH-

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Appendix F

Minnesota State High School League Guidance



2021-2022

MINNESOTA STATE HIGH SCHOOL LEAGUE

Keeping all participants (students, coaches, officials and others) healthy and having opportunities to participate in education-based activities and athletics is critical and important. Below are recommendations for Minnesota State High School League member schools to consider as they develop COVID plans to be implemented at the local level.

Layering prevention strategies-using multiple preventative strategies is highly recommended:

- **Vaccines**
 - Minnesota Department of Health, in alignment with current scientific evidence and guidance from CDC, strongly recommends vaccination for all those ages 12 and older.
- **Masks**
 - Masks/face coverings are recommended and encouraged when individuals are not in active participation or competition.
 - Universal indoor masking for all students, staff, teachers, and visitors to K-12 schools, regardless of vaccination status is recommended.
- **Physical Distancing**
 - Maintain at least three feet of distance between people when possible. This includes participants, coaches, and spectators.
- **Cohorts/Pods**
 - Keeping participants in smaller pods that practice and compete together is recommended.
- **Screening**
 - Student-athletes, coaches, and team personnel should confirm that they are symptom free. These confirmations should be aligned with the CDC's "Coronavirus Self-Checker" or current recommendations.
 - A record should be kept of all student-athletes and team personnel at each practice session to allow for contact tracing and for notification purposes.
- **Testing**
 - Students and staff who are not vaccinated should get tested regularly; particularly if involved in group activities, such as athletics or clubs. (CDC)
- **General Hygiene Practices**
 - Promote regular handwashing and/or use of hand sanitizer.
 - Participants should use individual water bottles.
 - Clean equipment and uniforms consistently and frequently.
 - High touch areas should be cleaned and disinfected frequently.

Appendix F (cont.)

<ul style="list-style-type: none">○ Equipment should not be shared to the extent that it is possible. When equipment is shared it should be cleaned and disinfected frequently.○ No touch distribution and collection methods of equipment and other items are encouraged.
<h3>Staying home when sick, getting tested, and returning to school and participation</h3>
<ul style="list-style-type: none">● Staying home when sick with symptoms of COVID is essential.● Athletic programs should follow their schools' identified protocols for student-athletes or coaches who have tested positive, are experiencing symptoms consistent with a COVID-19 diagnosis or have had exposure to (close contact with) an individual who has been diagnosed with COVID.● It is recommended that fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID be tested 3-5 days after exposure, regardless of whether they have symptoms. (CDC)● People who test positive for COVID-19 should stay at home (isolation) until all three of these things are true:<ul style="list-style-type: none">○ They feel better. Their cough, shortness of breath, or other symptoms are better; and,○ It has been at least 10 days since they first experienced symptoms or tested positive; and,○ They have had no fever for at least 24 hours, without using medicine that lowers fever.
<h3>Use of Indoor Spaces recommendations:</h3>
<ul style="list-style-type: none">● It is recommended there be no use of school showers or locker rooms.● Increasing and maintaining air circulation is recommended.● When indoor spaces are used, keep participants in groups small using cohorts/pods.● The size of the indoor space should accommodate the size of the cohort/pod and allow for physical distancing.
<h3>Practice recommendations:</h3>
<ul style="list-style-type: none">● Develop cohorts or practice pods which are smaller in size and consistent in members.● Avoid large grouping of student-athletes at the start and end of practice or during transitions.● Stagger start times for practices and team meetings.● Non-essential personnel or spectators are not recommended at practices.
<h3>Interscholastic Scrimmage/Competition recommendations:</h3>
<ul style="list-style-type: none">● Follow the established host school guidelines and protocols.● Competition with out of state schools is not recommended and should be limited to 50 miles between competing schools.● Team introductions may take place; social distancing should be maintained.● Physical distancing should be used when addressing contest officials with questions or seeking interpretations.● Strategies to limit unnecessary contact are highly recommended. This would include suspending the post-game protocol of shaking hands. Encourage teams to show their appreciation for opponents in alternative ways.● Team celebrations or congratulations should be no-touch and conducted with appropriate physical distancing.● Separate the spectator pod and competitive pod by a 12-foot barrier.● Minimize game personnel to essential staff only.● Non-contest exhibitions or performances are not recommended.● Team personnel should leave the venue as soon as possible.
<h3>Off-court and off-field activities recommendations:</h3>
<ul style="list-style-type: none">● Off-court and off-field activities such as team meals, team bonding activities, etc. are not recommended. If held, they should be limited in size, duration and employ transmission mitigation strategies including masking, and physical distancing.

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Appendix F (cont.)

Transportation requirements and recommendations:
<ul style="list-style-type: none"> ● Mask use is required on any public transportation including school transportation. (CDC) ● Physical distancing while transporting is recommended.

Sport Specific Recommendations:

Adapted Soccer	No additional recommendations
Cross Country	<ul style="list-style-type: none"> ● Spectators should not have access to athletes and should be restricted to areas outside of the course width. ● When possible, design start area with boxes of 6' in width, with an empty 10' box between each school/team. If unable to accommodate in a straight line, consider use of a staggered/wave or interval start. ● Team camps areas, if permitted, should be isolated from spectators or other non-essential personnel. Team camps should be only available to members of that specific team, and not a shared/common space. ● If possible, set up a restricted area at the finish that maintains distance between spectators, athletes, and officials. ● Spectators should not interfere with the "quick exit" of each athlete. Additional flagging or signage may be necessary to identify restricted spectator areas. ● The use of an open finish corral is recommended to allow runners to immediately exit the finish area.
Football	<ul style="list-style-type: none"> ● Players, coaches and other personnel shall maintain distancing from the chain crew and allow them to perform their duties. ● Plastic shields covering the entire face (unless integrated into the face mask and attached to the helmet and clear without the presence of any tint) shall not be allowed during the contest. ● The kicker should retrieve the kicking tee following kickoffs/free kicks. ● Players should limit contact with tooth and mouth protectors. Tooth and mouth protectors should remain in place as much as possible. ● All conferences/time outs shall take place near the team box area while maintaining physical distancing.
Soccer	<ul style="list-style-type: none"> ● Goalies are recommended to use hand sanitizer or water to moisten their gloves (instead of saliva). ● Coaches are limited to regular team box, but box width for student-athletes and other bench personnel can be flexible to allow social distancing. (Rule 1-5-3) ● Prolonged injuries – Teams may be dismissed to the benches. (Rule 12-8-1a) ● Inclement weather – if a game has to be postponed due to lightning, when making the decision to wait 30 minutes or postpone to a later date (if the game is in the first half) or declare the competition complete (if the game is in the second half), administration and officials should work together to consider if student-athletes can be safely socially distanced while taking shelter. If taking shelter will put many participants in a tight indoor space (bus, practice shed, small hallway, etc.), officials and administration may choose to implement a contest-ending procedure prior to waiting 30 minutes.

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Appendix F (cont.)

Swimming and Diving	<ul style="list-style-type: none">• Athletes should not wear masks when swimming or diving.• Team seating: designate team seating area utilize both sides of the pool deck
Tennis	<ul style="list-style-type: none">• Follow the established host school guidelines and protocols.• Designate team areas for competing schools.• When playing indoors, schools are responsible to adhere to current guidelines for use of indoor courts and comply with guidelines and regulations as established by club rules.
Volleyball	<ul style="list-style-type: none">• Recommended that host school identify procedures for teams/players to safely switch sides between sets.

Resources:

[Best Practice Recommendations for COVID-19 Prevention in Schools for the 2021-22 School Year](#) MDH (7/28/21)

[Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#) CDC (6/10/21)

[Reportable Disease Rule \(Communicable Disease Reporting Rule\)](#) Minnesota Administrative Rules CHAPTER 4605, COMMUNICABLE DISEASES

[Guidance for COVID-19 Prevention in K-12 Schools](#) CDC (7/5/21)

8/16/2021

Appendix G

Wayzata Public Schools Fall Athletic Mitigation Strategies

Fall Athletic Mitigation Strategies - as of 8/12/21

As we prepare for the start of school, we will continue to operate under our current COVID-19 summer protocols and the newly established CDC guidelines. Masks are not required; however, the CDC recommends universal indoor masking for teachers, staff, students, and visitors to schools, regardless of vaccination status. We will keep coaches, athletes and families informed as we get closer to the start of school.

General overriding principles to be mindful of:

- Make the responsible decision to stay home when sick or experiencing COVID-19 symptoms. Staying home when sick with Covid symptoms is essential. This will help ensure we limit unnecessary exposure to more team members.
- If a positive Covid test of one of our athletes and/or coaches occurs, we will follow the District's quarantine processes, practices and procedures.
- If you are aware of a positive case, exposure, or close contact, please send an email to Meghan to get the ball rolling with Jean Parsons, WHS nurse on potential quarantining.
- If you can, create a team pods.
- Whenever possible, spread out athletes when standing idle during practices, during team talks, water breaks, equipment issuing, etc.
- Keeping a 3 ft distance between is recommended when possible.
- Smaller pods are recommended whenever possible.
- Have athletes bring and carry with them hand sanitizer to use before, during and after practice/competitions
- Follow proper hygiene practices:
 - Athletes should use individual water bottles
 - Clean uniforms and equipment consistently and frequently
 - Promote regular handwashing
 - No sharing of equipment

Carb-ups: If your team is planning a team carb-up, follow these guidelines:

- Avoid having carb-ups at private residences
- Have your carb-up outdoors on school grounds or at a park
- Schedule the high school cafeteria for your carb-up - ability to spread out and spread out students 4 at a table - send Barb an email to reserve the cafeteria - she will schedule with Sloan in Comm. Ed.
- Parents do not attend - except for the 2-3 parents who are providing the food. **Those parents need to be masked.**

Transportation:

- Masks **MUST** be worn on buses at all times by all riders. Coaches need to enforce that this takes place - **NO EXCEPTIONS!**
- When able, (smaller teams) spread out your athletes on the bus using the seating chart we used last year (enclosed here).
- Best practice will be for each coach to do a seating chart for your team
- Capacity of First Student buses is **45 riders** - leave the first 2 rows open on both sides.

Appendix G (cont.)

- **District expectation is that teams ride buses to away events as was normal practice prior to Covid.**
- If the comfort level of any parent/family is still at a point where they do not want their child to ride an athletic bus, we will need the Transportation Waiver filled out and on file in our office.

Locker Rooms:

- Locker Rooms will be available for use this fall.
- Coaches need to minimize the time spent in a locker room with your team at any one time.
- Work to get your team in and out of the locker room in 10 minutes or less and in smaller groups.
- This is important to have as our standard moving forward in the event we have to do contact tracing for a positive Covid case. 10 minutes or less will guard against a major covid exposure happening on your team.

Masks:

- Masks at this point are not required for practice or competition at WHS.
- Neighboring schools may be requiring their students to wear masks while indoors.
- We will abide and honor those schools' policies, so all student-athletes will need to have a mask available. Coaches and bench areas will have to be masked at the schools that require indoor mask wearing. (Edina and Hopkins so far.)

Appendix H

Additional Masking Research/Resources of Interest

<https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-updates-recommendations-for-opening-schools-in-fall-2021/>

<https://pubmed.ncbi.nlm.nih.gov/32973285/>

<https://pubmed.ncbi.nlm.nih.gov/33634786/>

<https://pubmed.ncbi.nlm.nih.gov/32473312/>

<https://pubmed.ncbi.nlm.nih.gov/32785565/>

<https://pubmed.ncbi.nlm.nih.gov/33347937/>

<https://pubmed.ncbi.nlm.nih.gov/33153145/>

<https://www.nejm.org/doi/10.1056/NEJMc2020836>

<https://www.pnas.org/content/118/4/e2014564118?fbclid=IwAR3RqjzkXG5vNDm1ARJZ6mjGBuIKjWpOo1p6K0maTumjvbDvsIQgu3rJdhg>

https://jamanetwork.com/journals/jama/fullarticle/2776536?fbclid=IwAR0EiZFdFPQ_EvcDxPZrglf_39NchESzc-iWEpUM4_mza-LKQ2s5Ox13bsM

https://www.nature.com/articles/s41591-020-0843-2?fbclid=IwAR0A9R5gePZbmBmvXyQL5L4bvJGdUfs1EUD_-EteCYDEzCciApbeRRbJnVU

https://www.researchgate.net/publication/342198360_Association_of_country-wide_coronavirus_mortality_with_demographics_testing_lockdowns_and_public_wearing_of_masks_Update_June_15_2020

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776928?fbclid=IwAR02B9zaKTDNks7D1GLHWwb-c-n_aG78pNbO8QuCuUe-IRHkHP1Egbeyaq0

https://www.idsociety.org/covid-19-real-time-learning-network/infection-prevention/masks-and-face-coverings-for-the-public/?fbclid=IwAR2ABSRnVHJtz8eW-NhWht4nqRHVtKzXe0FOusUS_eT8TDteLD3XtjJzK4