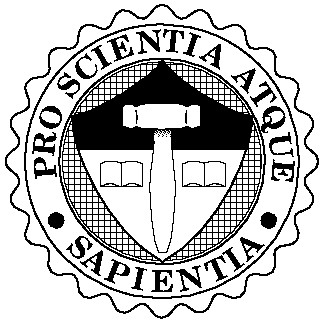
Department of Education of the City of New York



Stuyvesant High School

345 Chambers Street

New York, NY 10282

*Seung Yu, Principal.*

**Stuyvesant High School COVID-19 Plan of Action for Sports**

**Field Use and Physical Distancing**

* All athletes and staff will maintain proper social distancing, and when possible will stay at least 6 feet (about 2 arm lengths) from other players and coaches.
* Each practice session will be limited to no more than 50 members of Stuyvesant High School active athletes and staff.
* Staff will monitor the flow of traffic onto and off of the field/court, maintaining the social distancing and PPE requirements.
* Field entry will take place at the single gate, with temperatures taken prior to entry.
* Field exit will take place at the side gate by the stairs.

**Personal Protective Equipment (PPE) Protocol**

* Athletes are required to wear face coverings that cover their nose and mouth at all times, except when on the field.
* Coaches/staff are required to wear face coverings that cover their nose and mouth at all times. No exceptions.
* Whenever possible all athletes will have their own equipment.
* Each athlete and staff member will be advised to bring extra masks and hand sanitizer that is at least 60% alcohol.

**Cleaning and Disinfection Protocol**

* Clean or sanitize your hands before and after practices, games, and handling equipment.
* All equipment will be disinfected by staff and/or athletes after each use.
* Staff will have extra masks and hand sanitizer.

**Screening Measures**

* All coaches and staff are responsible for the athletes of their respective teams.
* Temperatures will be checked by staff daily at the front gate, before entering the field/court. CDC considers a person to have a fever when he or she has a measured temperature of 100.4° F (38° C) or greater, feels warm to the touch, or gives a history of feeling feverish.
* The DOE will administer weekly random Covid-19 tests to all students.
* All athletes and staff must fill out the DOE Health Screening form prior to practice or competition.
* No athlete or student will be allowed onto the field or court if not in compliance.
* Stuyvesant High School and Hudson River Park Trust will be notified immediately if a student/ staff member is found not in compliance.
* Each coach will maintain attendance records for their team.
* The Trust may require these records for tracing purposes, if necessary. The Trust agrees that the attendance record shall remain confidential and that the Trust shall not share such record except to the extent necessary for contact tracing
* The Trust must be notified of any positive COVID-19 tests as soon as practicable, no later than 24 hours after Permittee knows about the results.

**Spectator Site Plan**

* No fans will be allowed to attend practices or games.

**Total Number of Attendees**

* No more than 50 athletes and staff will use the field at one time.

**Miscellaneous Information**

* Students, Staff, and Coaches MUST quarantine for ten days if they have tested positive for COVID-19 or are waiting on test results, are showing COVID-19 symptoms, or have had [close contact](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) with a person who has tested positive for, or who has symptoms of COVID-19.
* Any student, staff and/or coach, that fails the prescreening, will be sent home immediately and must quarantine for ten day.
* If possible, bring your own equipment, such as gloves, head gear, helmets, and bats to limit shared equipment.
* Water bottles are required and not to be shared at any time.
* [Wear a mask](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) that covers your nose and mouth to help protect yourself and others.
* Clean or sanitize your hands before and after practices, games, and sharing equipment.
* Tell a coach or staff member if you do not feel well.
* Active roster only.
* No congregating by the lockers or bathrooms and changing facility.
* DOE Health Screening Questions:
  1. **Have you experienced any symptoms of COVID-19, including a fever of 100.0 degrees F or greater, a new cough, new loss of taste or smell or shortness of breath that started in the past 10 days?**
  2. **In the past 10 days, have you gotten a lab-confirmed positive result from a COVID-19 diagnostic test (not a blood test) that was your first positive result OR was AFTER 90 days from your previous positive result? Please note that 10 days is measured from the day you were tested, not from the day when you got the test result.**
  3. **To the best of your knowledge, in the past 10 days, have you been in close contact (within 6 feet for at least 10 minutes over a 24 hour period) with anyone who tested positive for COVID-19 for their first time or who has been told they have symptoms of COVID-19? Clinical staff who were in appropriate PPE are not considered close contacts in these scenarios.**
  4. **In the past 10 days, have you returned from a country with a**[**CDC level 2 or higher health alert**](https://wwwnc.cdc.gov/travel/noticescovid19)**or**[**US state or territory**](https://coronavirus.health.ny.gov/covid-19-travel-advisory)**other than New Jersey, Pennsylvania, Connecticut, Massachusetts, or Vermont?**