

The East Penn School District will make the following changes to the NFHS Guidance For A Return To High School Marching Band:

Overall Changes:

1. In all three phases the Band will practice outside (never inside unless for bathroom use and retrieving equipment/instruments).
2. Each phase will last fourteen days, similar to our Athletic Plan. *Proposed Timeline (with board approval on 7/27/20)
 - o Phase 1- August 3rd
 - o Phase 2- August 17th
 - o Phase 3- August 31st
3. In all phases, masks will be worn whenever possible and students will bring their own water bottles. A mask must be worn during the screening process.
4. EPSD will use the Team & Event Screening Questionnaire Form, Appendix A, Two EPSD Confirmation of Review Forms, and the Covid Screening Tracking Form (see at end of document). EPSD will not use the NFHS Appendix I document.
5. The Band Director would also be required to complete three Covid Courses on SafeSchools and submit to Mr. Matt Spengler before practice would begin.
6. A mandatory educational session to review the plan will be run by the Band Director for parents and families.
7. The point of contact will be Ms. Rebecca George (rgeorge@eastpennsd.org) and Mr. Matt Spengler (mjspengler@eastpennsd.org).

Phase 1 Changes:

1. Students will be in a designated “pod” of twelve during rehearsal, which will occur outdoors only.
2. No indoor usage, except for access to the bathrooms; students must wear a mask. Lower Macungie Middle School and/or Emmaus High School are to have designated bathrooms available.
3. Six feet of social distancing must be practiced at all times.
4. Eliminate the three-step interval part in the NFHS guidelines.

Phase 2 Changes:

1. Students will be in a designated “pod” of twelve during rehearsal, which will occur outdoors only.
2. No indoor usage, except for access to the bathrooms; students must wear a mask. Lower Macungie Middle School and/or Emmaus High School are to have designated bathrooms available.
3. Six feet of social distancing must be practiced at all times.
4. Two groups of fifty individuals on-site in two separate spaces (outside only); students will remain in their designated pods.
5. Eliminate the three-step interval part of the NFHS guidelines.

Phase 3 Changes:

1. Two groups of fifty individuals on-site in two separate spaces (outside only).

STUDENT NAME: _____

EAST PENN SCHOOL DISTRICT ATHLETIC/ACTIVITY DEPT.
Team & Event Screening Questionnaire

To ensure your safety and that of others, please answer the following questions:

	YES	NO
Fever (temp. over 100.4 under age 18, temp. over 100.0 over age 18) ?		
New or worsening cough ?		
Shortness of breath / difficulty breathing ?		
Chills ?		
New loss of smell or taste or both ?		
Diarrhea or vomiting ?		
Sore throat (that is different from seasonal allergies) ?		
Recently been diagnosed/confirmed with COVID-19 infection ?		
Have you been recommended for social isolation or quarantine ?		
Recently been tested for COVID-19 and waiting for results ?		

If you answered yes to any of the above:

- Inform your Band Director or Athletic Director immediately
- Stay home / go home immediately
- You will not be permitted to return until you have been screened by an approved provider and results are shared with the Band Director and Athletic Director

APPENDIX A

East Penn School District Athletic/Activity Department

Participation Waiver for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented band organizations across the world with a myriad of challenges. The COVID-19 virus is a highly contagious illness that primarily attacks the upper respiratory system. The virus that causes COVID-19 can infect people of all ages. Research from the Centers for Disease Control, among others, has found that while children do get infected by COVID-19, relatively few children with COVID-19 are hospitalized. However, some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable. While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to students, individuals, and their families.

The EPSD will take the necessary precautions and recommendations from the federal, state, and local governments, CDC, PA DOH, as well as the NFHS. The EPSD realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations include but may not be limited to the recommendations and information outlined in the East Penn School District Athletic/Activity Department Guidance For a Return to High School Marching Band.

I understand that participating in the band, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. While particular recommendations and personal discipline may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation. I willingly agree to comply with the stated recommendations put forth by the SD to limit the exposure and spread of COVID-19 and other communicable diseases.

Prior to my participation I, as the parent/guardian, have reviewed the East Penn School District Athletic/Activity Department Guidance For a Return to High School Marching Band. *A full copy of the EPSD Athletic/Activity Department Guidance For a Return to High School Marching Band will be available on the Athletics website.

Activity: _____ Grade: _____ ID Number: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Printed Name of Student: _____ Date: _____

East Penn School District Athletic/Activity Department

Confirmation of Review Form - Band Director

(7/16/2020)

The East Penn School District will take the necessary precautions and recommendations from the federal, state, local governments, CDC, PA DOH, as well as the NFHS. EPSD realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations include but may not be limited to the recommendations and information outlined in the East Penn School District Athletic/Activity Guidance for a Return to High School Marching Band.

By signing below, I consent that I have reviewed the East Penn School District Athletic/Activity Guidance for a Return to High School Marching Band and completed the online COVID educational courses offered through the East Penn School District Safe Schools program prior to my participation in any school sponsored activities. I further understand I am subject to the normal discipline action if I do not follow the East Penn School District Athletic/Activity Guidance for a Return to High School Marching Band.

Signature of Director: _____ Date: _____

Printed Name of Director: _____ Date: _____

Activity: _____

East Penn School District Athletic/Activity Department

Confirmation of Review Form

(7/16/2020)

The East Penn School District will take the necessary precautions and recommendations from the federal, state, local governments, CDC, PA DOH, as well as the NFHS. EPSD realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations include but may not be limited to the recommendations and information outlined in the East Penn School District Athletic/Activity Guidance for a Return to High School Marching Band.

By signing below, I consent that I have reviewed the East Penn School District Athletic/Activity Guidance for a Return to High School Marching Band prior to my participation in any school sponsored activities. I further understand I am subject to the normal discipline action if I do not follow the East Penn School District Athletic/Activity Guidance for a Return to High School Marching Band.

Activity: _____ Grade: _____ ID Number: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Printed Name of Student: _____ Date: _____

Sport		Date			Time									
Name	Temp	Fever	Cough	Shortness of Breath/ Difficulty Breathing	Chills	Muscle Ache	Headache	Sore Throat	New Loss of Smell, Taste, or both	Recently Diagnosed with COVID-19 (Positive Test)	Recommended for Social Isolation or Quarantine because of a exposure to a patient with confirmed diagnosis	Recently Tested for Covid-19 and awaiting results?		
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Sample COVID Screening Tracking Form (to be used by the Band Director)