

Housatonic COVID-19 Return to Play Guidelines

In accordance with the new guidelines released by the CIAC on January 11, 2022, Housatonic Valley Regional High School Athletics program will be adhering to the following COVID-19 Return to Play (RTP) guidelines, effective immediately.

After close contact with a positive COVID-19 case:

- **Fully vaccinated** - no need to quarantine if no symptoms, testing is recommended 5 days post exposure. If the test result is positive, continue isolation for five (5) additional days; clearance to return to play activities by a licensed healthcare professional required. Please see Return to Play Clearance Form/COVID-19 Infection Medical Clearance, which can be found at the end of this document.
- **Unvaccinated or partially vaccinated** - the athlete should test on day 5 or later, and may return on day 6 or later with a negative test. If not tested, the athlete may return on day 11 after completing a 10-day quarantine period.

After positive test result vaccinated or unvaccinated:

- Isolate for at least 5 days.
- Wear a mask when around others outside of your household for a full 10 days.
- Return to athletic activities on day 6 or later based upon severity and duration of symptoms and **with clearance to return to play activities (as described below) from a licensed healthcare professional.**

CIAC School Documentation and Protocol for Return-to-Play After Testing Positive for COVID-19

Asymptomatic or Mild Symptoms

- Fewer than 4 days of a fever less than 100.4; less than one week of myalgia, chills, or lethargy
 - Phone/telemedicine or in-person assessment by a healthcare provider that incorporates the AAP guidance for Return to Sports and Physical Activity
 - Student-athlete and parent/legal guardian must provide the school with a note from a healthcare provider confirming the assessment and specifying that AAP protocol has been incorporated in clearing the student-athlete to return to all athletic activities, including competition.
 - OR the healthcare provider will specify that a student athlete is clear to enter the AAP return-to-play protocol.
 - **If a healthcare provider's note does not specify for which activities the student-athlete is cleared, then it will be considered that the student athlete is cleared to begin the AAP return-to-play protocol.**

Moderate Symptoms

- Four or more days of a fever greater than 100.4; one week or more of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of MIS-C
 - In-person assessment by a healthcare provider, after symptom resolution and completion of isolation, that incorporates the AAP guidance for Return to Sports and Physical Activity

- Student-athlete and parent/legal guardian must provide the school with a note from a healthcare provider confirming the in-person assessment and that the student-athlete may begin the AAP return-to-play protocol.
- The return-to-play protocol may begin only after (1) 10 days since positive test result and (2) at least 10 days of symptom resolution of fever-reducing medications.

Severe Symptoms

- ICU stay and/or intubation, or MIS-C
 - Restrict from exercise for 3-6 months, obtain cardiology clearance prior to resuming training or competition

Return to Play Protocol

Based upon AAP Gradual Return-to-Play Algorithm adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020

Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (e.g., running drills) - intensity no greater than 80% of maximum heart rate.

Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less: Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes: Normal training activity - intensity no greater than 80% maximum heart rate.

Stage 5: Day 7 - Return to full activity/participation (i.e., - Contests/competitions).

Monitoring:

- The RTP protocol will be monitored by the athletic trainer and progression through the protocol will be determined at their discretion.
- The student athlete is responsible for reporting to the athletic trainer before practice for that day's protocol and after practice to report any symptoms that arose during exercise. If the athletic trainer is not physically present at practice, they will provide to the student athlete, parent and coach via email detailed instructions for that day's workout. The student athlete, parent and/or coach must report how the session went including any symptoms.
- It is the athlete's and parent/guardian's responsibility to monitor for chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope when returning to exercise. If a student-athlete develops any of the previously listed symptoms immediately stop all activity and go to a healthcare provider for an in-person exam. Once cleared by a healthcare provider the protocol will begin starting with the stage in which the student athlete experienced symptoms.

American Academy of Pediatrics (AAP)
Returning to Play after COVID-19 positive test

“The AAP recommends not returning to sports/physical activity until children or adolescents have completed isolation, the minimum amount of symptom-free time has passed, they can perform normal activities of daily living, and they display no concerning signs/symptoms. For all children and adolescents 12 years and older, a graduated return-to-play protocol is recommended. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to children and adolescents who experienced moderate COVID-19 symptoms.

All children and adolescents and their parents/caregivers should monitor for chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope when returning to exercise. If any of these signs and/or symptoms occur, the AAP recommends immediately stopping exercise and the athlete should see their pediatrician for an in-person assessment. Consideration should be given for pediatric cardiology consultation. Recent literature has reported a much lower incidence of myocarditis, 0.5% to 3%, than earlier in the pandemic. Children and adolescents who were found to have myocarditis were in the asymptomatic or mildly symptomatic category. Therefore, the phone/telemedicine visit should include appropriate questions about chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope. Any child or adolescent who reports these signs/symptoms should have an in-office visit that includes a complete physical examination, and consideration for an EKG should be given prior to clearance to return to physical activity.”

Complete CIAC Updated 2021-2022 Winter Sports Covid-19 Guidance can be found at the following link:

http://www.casciac.org/pdfs/CIACWinter2021-2022COVIDSportGuidanceFinalDraftv4_Approved.pdf

AAP Return to Play Algorithm can be found at the following link:

<https://downloads.aap.org/AAP/PDF/RTP%20algorithm%2012-1.pdf>

Return To Play Clearance Form COVID-19 Infection Medical Clearance

This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP). This form must be signed by the student-athlete's parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: _____

DOB: _____

Participating Sport(s): _____

Date COVID-19 Infection Diagnosed: _____

If symptomatic, date symptoms resolved: _____

COVID Case:

- ☐ Asymptomatic (no symptoms) or mild symptoms (fever, myalgia, chills, and lethargy < 4 days)
- ☐ Moderate symptoms (fever, myalgia, chills or lethargy lasting ≥ 4 days or hospitalized but not in ICU)
- ☐ Severe symptoms (hospitalized in ICU and/or MIS-C)

Some students, particularly those with moderate to severe illness, may require a graduated return-to-play (RTP) protocol once the student has been cleared by a LHCP (cardiologist for moderate to severe COVID-19 symptoms). The American Academy of Pediatrics COVID-19 Interim Guidance: Return to Sport provides a recommendation for RTP (page 2) if necessary.

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all signs and symptoms of COVID-19, and afebrile for 24 hours and is either cleared for resumption of activity or recommended for cardiology referral.

- ☐ Cleared for return to full participation in athletics, including competitions; based on an assessment incorporating AAP return to play protocol

****student athlete must complete at least one practice session before eligible for game play; under the direction of the athletic trainer in consultation with coaching staff****

- ☐ Cleared for return to athletics after completion of a graduated return to play due to the severity of symptoms and/or hospitalization associated with the student's positive COVID-19 diagnosis.

- ☐ Not Cleared: Cardiology consultation before clearance.

Signature of Health Care Provider

Please Print Name

Please Print Office Address & Phone Number

PLEASE RETURN COMPLETED FORM TO THE ATHLETIC TRAINER

Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics

I am aware that **Housatonic** requests the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been diagnosed with a COVID-19 infection. By signing below, I hereby give my consent for my child to resume full participation in athletics. I understand if my child develops symptoms such as chest pain, shortness of breath, excessive fatigue, feeling lightheaded, or palpitations (racing heart), that my athlete should stop exercising immediately and consultation with a Licensed Healthcare Professional will be necessary.

Signature of Parent/Legal Custodian _____

Date _____

Please Print Name _____

Relationship to Student-Athlete _____

PLEASE RETURN COMPLETED FORM TO THE ATHLETIC TRAINER

Return to Play Protocol After COVID-19 Infection

Student athletes who have had moderate or severe symptoms of COVID-19 or if their provider has any concerns for rapid return to play (RTP), the student athlete should complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the participant should be referred back to the evaluating provider who signed the form.

- Stage 1: (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Date completed: _____ ATC: _____

- Stage 2: (1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

Date completed: _____ ATC: _____

- Stage 3: (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Date completed: _____ ATC: _____

- Stage 4: (2 Days Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

Date completed: _____ ATC: _____

- Stage 5: Return to full activity.

Date completed: _____ ATC: _____

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020

If required by a healthcare provider, the participant has completed the 5 stage RTP progression

ATC signature

Date