

Athletics
COVID-19 Return to Play Protocol
(DRAFT)
2020 - 2021

Athletics COVID-19 RTP Protocol (DRAFT)

COVID-19 Parent Letter & Physician Clearance

To the parent/guardian of _____: Date: _____

Your child has reported to a [school] High School athletic trainer that he/she has been diagnosed, exposed to, or has symptoms of COVID-19. [school] ISD requires that your child to be evaluated and cleared by a physician and to be symptom free before beginning the COVID-19 Return to Play protocol (RTPP). The [school] Athletics RTPP has been developed based on current research and has been approved by the team physician. The [school] Athletics RTPP will be updated as additional information becomes available.

COVID-19 Management

- Individuals who report a positive COVID-19 diagnosis with no symptoms should stay at home and should not be allowed on campus until the criteria for return has been met.
- In order to begin the [school] ISD RTPP it may be recommended that the patient have a normal ECG¹. Medical clearance is required for any individual that has a positive COVID-19 diagnosis or is quarantined for possible COVID-19; and is at least 7 or 14 days symptom free; and (if symptomatic) 10 days since symptoms have started or (if asymptomatic) 14 days since last COVID-19 exposure or positive COVID-19 diagnosis.
- Individuals who report not experiencing symptoms but report close contact with a confirmed COVID-19 case should stay at home and should not be allowed on campus through the 14-day incubation period.
- Individuals who report a positive COVID-19 diagnosis with symptoms OR any Individuals who report experiencing symptoms & reports close contact with a confirmed COVID-19 case OR Individuals who report symptoms of COVID-19 with no close contact or confirmed COVID-19 case should stay at home and should not be allowed on campus until the following criteria is met:
 - At least ten days have passed since symptoms first appeared.
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications.
 - The individual has improvement in symptoms (e.g., cough, shortness of breath).
 - Medical clearance is required for any individual that has a positive COVID-19 diagnosis or is quarantined for possible COVID-19.

Return to Play

Based on the recommendations of the American Academy of Cardiology an ECG is recommended for certain pediatric patients including but not limited to those who have moderate symptoms, prolonged fever and/or bedrest. Additional cardiac screening is recommended for pediatric patients who have more significant symptoms and/or have been hospitalized. The [school] ISD Athletic Training Department has the equipment and training to perform an ECG onsite which will then be sent out for review by a cardiologist. The cost of this service is \$20 should you choose this option.

The [school] High School COVID-19 RTPP consists of phases that must be completed before the athlete may resume interscholastic athletics. The athlete may not begin the RTPP until he/she has received written clearance from the treating physician clearing them to do so. It is the student and parent's responsibility to obtain this clearance. The COVID-19 RTPP is outlined below:

¹<https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

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[school] High School COVID-19 RTPP

Phase	Description
1	Athlete has been symptom free for 7 or 14 days ECG Performed (if prescribed by the doctor or preferred by parent) and cleared by physician Activities of daily living Athlete completes above criteria without excessive fatigue or breathlessness
2	Athlete is symptom free 15 minutes of aerobic exercise (walking, light jogging, stationary cycle, no resistance training) at <70% of MHR Athlete completes above criteria without excessive fatigue or breathlessness
3	Athlete is symptom free 30-45 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% of MHR Athlete completes above criteria without excessive fatigue or breathlessness
4	Athlete is symptom free 45-60 minutes of sports specific aerobic activity (including warm up) at <80% of MHR Athlete completes above criteria without excessive fatigue or breathlessness
5	Athlete is symptom free Return to play with no restrictions Athlete completes above criteria without excessive fatigue or breathlessness

Please understand for your child's safety, he/she will remain out of participation until they have been cleared by a doctor and completes the RTPP. Returning an athlete before this happens may predispose them to any other type of injury.

Please do not hesitate to contact us regarding your child's condition.

[school] Athletic Trainers

AT Name

Head Athletic Trainer

Office:

Cell:

AT Name

Assistant Athletic Trainer

Office:

Cell:

AT Name

Assistant Athletic Trainer

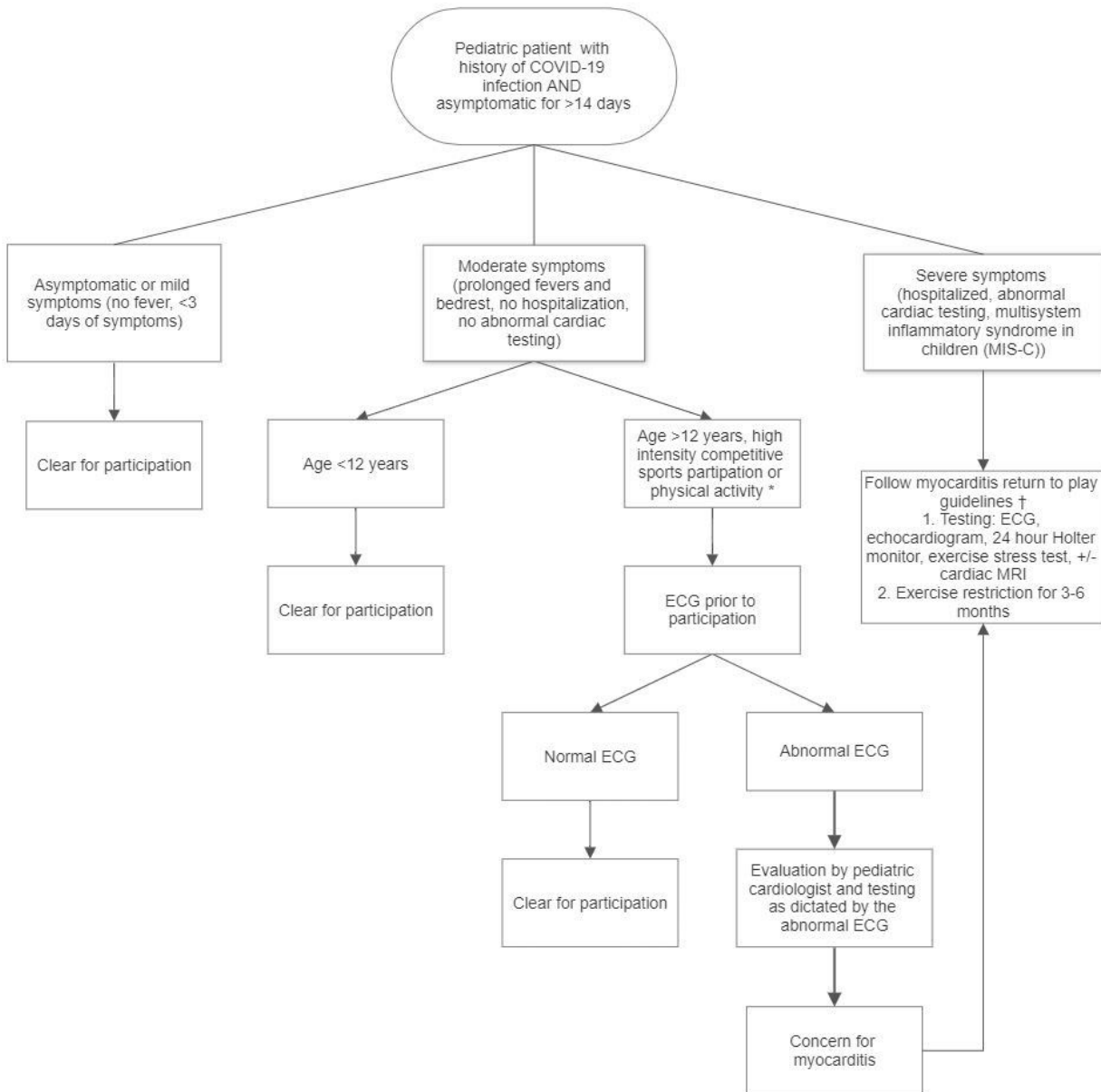
Office:

Cell:

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American College of Cardiology: Suggested algorithm for approaching pediatric patients with a history of a COVID infection who want to return to sports participation and physical activity.

Return to Play After COVID-19 Infection in Pediatric Patients



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²<https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

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COVID-19 Physician Clearance Form for Athletes

Dear healthcare provider,

The [school] ISD Athletic Training Department has developed a COVID-19 Return-to-Play Protocol (RTPP) that considers recommendations of the UIL, NFHS, CDC, KSI, ACC, and local health authorities. [school] ISD employs licensed and certified athletic trainers to monitor the progress of athletes. Feel free to contact the [school] ISD athletic trainers if you have any questions.

The American College of Cardiology (ACC) recommends that in certain circumstances following the diagnosis of COVID-19, a pediatric patient have a normal ECG prior to returning to participation. The patient's physician will determine if this is necessary based on his/her evaluation. The [school] ISD Athletic Training Department has the equipment and training to perform an ECG onsite which will then be sent out for review by a cardiologist. The cost of this service is \$20 should you choose this option.

In order to begin the [school] ISD RTPP the patient must have a physician's clearance on file with the athletic trainer; and be at least **7 or 14** days symptom free; and (if symptomatic) 10 days since symptoms have started or (if asymptomatic) positive COVID-19 diagnosis.

If activity at any step results in a return of symptoms, then activity should be immediately halted. If any symptoms occur (including excessive fatigue) while going through RTPP, the athlete must return to the previous stage and progress again after a minimum of 24 hours period of rest without symptoms. Multiple incidences of return of symptoms will result in referral back to the treating physician.

[school] Athletics COVID-19 Return to Play Protocol:

Phase	Description
1	Athlete has been symptom free for 7 or 14 days ECG Performed (if prescribed by the doctor or preferred by parent) and cleared by physician Activities of daily living Athlete completes above criteria without excessive fatigue or breathlessness
2	Athlete is symptom free 15 minutes of aerobic exercise (walking, light jogging, stationary cycle, no resistance training) at <70% of MHR Athlete completes above criteria without excessive fatigue or breathlessness
3	Athlete is symptom free 30-45 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% of MHR Athlete completes above criteria without excessive fatigue or breathlessness
4	Athlete is symptom free 45-60 minutes of sports specific aerobic activity (including warm up) at <80% of MHR Athlete completes above criteria without excessive fatigue or breathlessness
5	Athlete is symptom free Return to play with no restrictions Athlete completes above criteria without excessive fatigue or breathlessness

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Please complete the following regarding the patient's experience with COVID-19 and care plan:

Name of Patient: _____

COVID-19 Exposure: YES or NO If YES: Date of MOST RECENT Exposure: _____

COVID-19 Symptomatic: YES or NO If YES: Date of Start of Symptoms: _____
Date of End of Symptoms: _____

COVID-19 Diagnosis: YES or NO If YES: Date of Positive Diagnosis: _____

Electrocardiogram Performed: YES or NO If YES: Results: NORMAL or ABNORMAL

Echocardiogram Performed: YES or NO If YES: Results: NORMAL or ABNORMAL

Date of Medical Clearance to begin [school] Athletics COVID-19 RTPP: _____

Please check one of the following regarding the COVID-19 Return-to-Play Protocol:

Based on my evaluation of this patient:

- Athlete has had an ECG or other cardiac screening which was normal and may begin the [school] ISD COVID-19 Return-to-Play Protocol. Once the RTPP has been satisfactorily completed, this athlete may return to athletics with no restrictions.
- Athlete may begin the [school] ISD COVID-19 Return-to-Play Protocol without the need for an ECG or other cardiac testing. Once the RTPP has been satisfactorily completed, this athlete may return to athletics with no restrictions.
- Athlete is pending further cardiac screening and may not begin [school] ISD COVID-19 Return to Play Protocol. Athlete must be re-evaluated in my office on _____.
- Athlete may not begin [school] ISD COVID-19 Return to Play Protocol and must be re-evaluated in my office on _____.
- Athlete may not begin the [school] ISD COVID-19 Return to Play Protocol and will be referred to a cardiologist.
- Other recommendations of treating physician: _____

Name of Physician: _____

Address: _____ Phone Number: _____

Physician Signature: _____ Date: _____

Once a physician has completed this form, return it to the athletic trainer.

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Parent/Guardian COVID-19 Acknowledgement Form

Athlete Name: _____ **ID #:** _____ **Date:** _____

By signing below, I acknowledge that I have been informed of the following:

- The child listed above has been reported (check one):
 - Positive COVID-19 diagnosis with no symptoms.
 - Positive COVID-19 diagnosis with symptoms.
 - Not experiencing symptoms but reports close contact with a confirmed COVID-19 case.
 - Experiencing symptoms and reports close contact with a confirmed COVID-19 case.
 - Symptoms of COVID-19 with no close contact or positive COVID-19 case.
 - Other: _____
- Appropriate management of COVID-19
- Written medical clearance note must be provided to begin the [school] Athletics COVID-19 Return to Play Protocol (RTPP) and to return to participation
- [school] Athletics RTPP, including requirement of 7 or 14 days symptom free prior to beginning [school] Athletics RTPP
- Communicate with staff athletic trainers if any signs or symptoms of a COVID-19 appear, return or worsen

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Student Name (print)

Student Signature

Date

Staff AT Name (print)

Staff AT Signature

Date

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[school] Athletics COVID-19 RTP Coversheet

Name of Athlete: _____	Student ID#: _____
COVID-19 Exposure: YES or NO	If YES: Date of LAST Exposure: _____
COVID-19 Symptomatic: YES or NO	If YES: Date of Start of Symptoms: _____
COVID-19 Diagnosis: YES or NO	If YES: Date of Positive Diagnosis: _____
Electrocardiogram Performed: YES or NO	If YES: Results: NORMAL or ABNORMAL
Echocardiogram Performed: YES or NO	If YES: Results: NORMAL or ABNORMAL
Date of Medical Clearance: _____	

In order to begin the [school] ISD Return to Play Protocol the patient must have:

- a physician's clearance on file with the athletic trainer
AND
- At least **7 or 14** days symptom free
AND
- (if symptomatic) 10 days since symptoms have started
OR
- (if asymptomatic) 14 days since last COVID-19 exposure or positive COVID-19 diagnosis

Phase	Description	Date	Comments
1	<input type="checkbox"/> Athlete has been symptom free for 7 or 14 days <input type="checkbox"/> ECG Performed and cleared by physician <input type="checkbox"/> Activities of daily living <input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness		
2	<input type="checkbox"/> Athlete is symptom free <input type="checkbox"/> 15 minutes of aerobic exercise (walking, light jogging, stationary cycle, no resistance training) at <70% of MHR <input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness		
3	<input type="checkbox"/> Athlete is symptom free <input type="checkbox"/> 30 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% of MHR <input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness		
4	<input type="checkbox"/> Athlete is symptom free <input type="checkbox"/> 45-60 minutes of sports specific aerobic activity (including warm up) at <80% of MHR <input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness		
5	<input type="checkbox"/> Athlete is symptom free <input type="checkbox"/> Return to play with no restrictions <input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness		

If activity at any step results in a return of symptoms, then activity should be immediately halted and may be referred to PCP.