

RHS Policy for Athlete Return to Sport Following Infection with COVID-19

This policy is designed for all Roseburg High School athletes with a history of a positive test result for COVID 19, and should give guidance to athletes, families, coaches. staff, and health care providers on return to play requirements following athlete infection with COVID-19.

This document was developed from the guidance and recommendations of the OSAA Sports Medicine Advisory Committee, local medical centers, as well as various medical and sporting societies, including the AAP, ACC, AMSSM, NFHS, Providence, OHSU, and Children's Hospital of Philadelphia.

Asymptomatic or Mild Symptoms (no fever and symptoms less than 3 days)

- Rest for a minimum of 10 days from the date of first symptoms or positive test and recover from symptoms.
- Primary Care Provider may choose to allow them to begin graduated return to play progression without additional testing or evaluation.
- Must submit a clearance note by the Primary Care Provider to the Athletic Trainer before return to play progression can begin.

Moderate Symptoms (fever, symptoms more than 3 days, no hospitalization)

Severe Symptoms (prolonged symptoms or hospitalized)

- Rest and improve for 10 days **AFTER symptoms have resolved**
- PCP or cardiologist may consider following evaluation based on age and symptoms, such as:
 - o ECG, troponin, echocardiogram
 - o Additional imaging, evaluation, and cardiology referral if indicated.
- Must submit a clearance note from Primary Care Provider or Cardiologist to the Athletic Trainer before return to play progress can begin.

Individuals who had asymptomatic or **mild** COVID-19 illness, **and recovered, more than 28 days prior to return to sports activity** should be permitted to fully participate and return to activity without additional formal medical evaluation. They will still be required to submit a clearance note from their Primary Care Provider to the athletic trainer

Return to Play Progression:

After 14 days of asymptomatic rest, athletes **MUST** be cleared by an **approved health care provider** and turn in a clearance note to the athletic trainer. This note should state if the individual was asymptomatic, or had mild, moderate, or severe symptoms. If they had moderate/severe symptoms, the note should state if the individual has rested for an additional 10 days past resolution of symptoms. Once this is completed the athlete will begin gradual return to play progression under the supervision of the athletic trainer and/or coach.

An approved health care provider is considered a licensed MD, DO, PA, or NP; no other health care provider clearance will be accepted.

The athlete should complete the progression below **without** development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. Any individual who experiences cardiac symptoms during return to play progression or other participation will be pulled from activity immediately and re-evaluated as indicated. This progression is 5-7 days; however, length of progression may be longer at the discretion of the health care provider, athletic trainer, or coach.

- <u>Stage 1</u>: (1-2 Days) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- Stage 2: (1-2 Days) Add simple movement activities (EG. Running drills for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- <u>Stage 3</u>: (1-2 Days) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- Stage 4: (1-2 Days) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.
- Stage 5: Return to full activity

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