

## Bronxville School COVID-19 RTP Protocol Draft

### Contents

- What is COVID-19 and how is it spread?
- Symptoms of COVID-19
- Categories of a positive diagnosis of COVID-19
- Return to Play Protocol
- Bronxville School COVID-19 Return to Play MD Form
- COVID-19 Return to Play Progression Worksheet
- References

## **What is COVID-19?**

COVID-19 is a respiratory illness that has caused a worldwide pandemic. COVID-19 is caused by the new coronavirus, SARS-CoV-2. COVID-19 is diagnosed with a laboratory test.

## **How is it spread?**

COVID-19 is spread from person to person, through respiratory droplets, when a person coughs, sneezes or talks. These droplets can enter a person by either their eyes, nose or mouth. COVID-19 can be spread by a person who is or is not showing symptoms of infection.

## **How can student-athletes help to prevent the spread of COVID-19?**

As student athletes, to help prevent the spread of COVID-19, please follow these guidelines:

- Wash your hands before and after practice/games
- Hand sanitizer, 60% alcohol, can be used if soap and water is not readily available
- Avoid touching eyes, nose, and mouth with unwashed hands
- Cover your mouth and nose with a mask while around others
- Clean and disinfect all equipment used, daily
- Do not share any equipment or water bottles
- Monitor your own health, daily
- If you are unsure about symptoms, reach out to a healthcare worker (ATC, MD, Nurse)

## Symptoms of COVID-19

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Please seek emergency medical attention immediately with any of the symptoms below:**

- Trouble breathing
- Persistent pain or pressure in chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

**Please note** that these are the most common symptoms of COVID-19. If you are unsure of a symptom that you may be experiencing, please call your medical provider for more information. If you are seeking medical attention, please call your medical provider prior to arrival and notify the facility that you or someone you are caring for may have COVID-19.

## Categories of a Positive COVID-19 Diagnosis

1. Asymptomatic, positive COVID-19 diagnosis
  - Restricted from sports and physical activity for 14 days, starting from the positive diagnostic test
  - MD clearance, consider ECG or echocardiogram
  - Return to play protocol may begin, under the supervision of Bronxville School ATC
  
2. Mild symptoms, managed at home, positive COVID-19 diagnosis
  - Restricted from sports and physical activity for 14 days, starting from the positive diagnostic test
  - Can return to MD for clearance after at least 14 days from positive test, little to no symptoms and 24 hours have passed without a fever and no fever reducing medication has been used
  - MD clearance consider ECG or. Echocardiogram
  - Return to play protocol may begin, under the supervision of Bronxville School ATC
  
3. Severe symptoms, hospitalized, positive COVID-19 diagnosis
  - Restricted from sports and physical activity for 14 days, starting from the positive diagnostic test
  - Can return to MD for clearance after at least 14 days from positive test, little to no symptoms and 24 hours have passed without a fever and no fever reducing medication has been used
  - MD clearance consider ECG or. Echocardiogram
  - Return to play protocol may begin, under the supervision of Bronxville School ATC. MD will determine if any extra days added to the monitored physical activity stages in the return to play protocol

## Return to play protocol

1. Completed required quarantine and rest following the category 1, 2 or 3 requirements (see categories of a positive COVID-19 diagnosis)
2. MD clearance for return to play protocol progression to begin. All student athletes are required to hand in signed MD clearance note, which is attached below.
3. **STAGE 1:** Light activity, minimum of 2 days for less than 15 minutes each day, and at less than 70% of heart rate maximum  
**STAGE 2:** Sport specific activity, minimum of 2 days for less than 45 minutes, non-contact play only, and at less than 80% of heart rate maximum  
**STAGE 3:** Full contact play, minimum of 2 days with **Day 1** being less than 60 minutes and at less than 80% heart rate maximum and **Day 2** having no restrictions for practice play  
**STAGE 4:** Full competition following the medical director's clearance. Dr Levitt is generally available to see student athletes on Mondays and Fridays at the Bronxville School Health office.
4. Medical director's clearance for full competition, no restrictions

\*The return to play protocol is required under the supervision of ATC, Danielle Villanova, for all positive cases of COVID-19 of student athletes.

\*Stage days are subject to change based on monitored symptoms by ATC or PE teacher or by the recommendation of the student's MD.

## Bronxville School COVID-19 Return to Play MD Form

This form is required for all student athletes who have tested positive for COVID-19, followed the required quarantine and are returning to MD for clearance to begin the return to play protocol.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of positive COVID-19 test: \_\_\_\_\_ Date of MD evaluation: \_\_\_\_\_

### Criteria to begin return to play protocol to be completed by MD:

14 days have passed since the onset of symptoms or a positive test OR has been asymptomatic throughout 14 days of quarantine

Symptoms have resolved (No fever ( $\geq 100.4F$ ) for at least 24 hours without the use of fever-reducing medication and improvement of symptoms (cough, shortness of breath)

Please circle YES or NO. All answers below must be NO to start the return to play protocol and return to Bronxville Athletics. (Cardiac screen for myocarditis/myocardial ischemia)

- |   |     |    |
|---|-----|----|
| • Chest pain/tightness                  | YES | NO |
| • Unexplained syncope/near syncope      | YES | NO |
| • Unexplained/excessive dyspnea/fatigue | YES | NO |
| • New palpitations                      | YES | NO |
| • Heart murmur on exam                  | YES | NO |

**PLEASE NOTE:** If any cardiac screening question is positive or if the athlete had greater than mild symptoms (hospitalization) during the illness, please consider further workup as indicated, including but not limited to: ECG, Echocardiogram, Cardiac MRI, Chest CT, etc.

The student athlete **HAS** satisfied the above criteria and IS cleared to begin the return to play protocol

The student athlete **HAS NOT** satisfied the above criteria and IS NOT cleared to begin the return to play protocol

### Bronxville School District COVID-19 Return to Play Protocol

**STAGE 1:** Light activity, minimum of 2 days for less than 15 minutes each day, and at less than 70% of heart rate maximum

**STAGE 2:** Sport specific activity, minimum of 2 days for less than 45 minutes, non-contact play only, and at less than 80% of heart rate maximum

**STAGE 3:** Full contact play, minimum of 2 days with **Day 1** being less than 60 minutes, at less than 80% heart rate maximum and **Day 2** having no restrictions for practice play

**STAGE 4:** Full competition following medical director's clearance.

MEDICAL OFFICE INFORMATION (Please print/stamp)

Evaluator's Name: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

**COVID-19 Return to Play Progression Worksheet**

**Student Athlete's Name:** \_\_\_\_\_ **Date of MD Clearance:** \_\_\_\_\_

**RHR:** \_\_\_\_\_ **MHR:** \_\_\_\_\_

**STAGE 1: Light Activity, < 15 minutes, < 70% MHR**

Day 1: HR after activity: \_\_\_\_\_

Activity completed: \_\_\_\_\_

\_\_\_\_\_

Day 2: HR after activity: \_\_\_\_\_

Activity completed: \_\_\_\_\_

\_\_\_\_\_

**STAGE 2: Sport Specific Activity, < 45 minutes, < 80% MHR**

Day 1: HR after activity: \_\_\_\_\_

Activity completed: \_\_\_\_\_

\_\_\_\_\_

Day 2: HR after activity: \_\_\_\_\_

Activity completed: \_\_\_\_\_

\_\_\_\_\_

**STAGE 3: Full Contact**

Day 1 (<60 minutes, <80% MHR) HR after activity: \_\_\_\_\_

Activity completed: \_\_\_\_\_

\_\_\_\_\_

Day 2 (no restrictions):

Activity completed: \_\_\_\_\_

**ATC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## References

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7371566/>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>

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