



## **The Connecticut Interscholastic Conference**

### **2021 Fall Sports COVID-19 Guidance**

**August 12, 2021**

*This guidance is a fluid document and will be updated as more data, health metrics, and sport specific information become available.*

This document is aligned with the [most recent guidance from the Connecticut State Department of Public Health \(DPH\)](#) and was reviewed by members of the CSMS Sports Medicine Committee.

*The CIAC emphasizes that this plan is fluid and in a perpetual state of evaluation. COVID health metrics and data in Connecticut will continue to be closely monitored and the appropriateness of holding youth sport and/or interscholastic athletic contests can change at any time. The CIAC will continue to consult with our stakeholders and will adjust offerings as appropriate should the health metrics direct that action.*

The CIAC's rationale for these recommendations is based on its belief that maintaining a safe level of in-person instruction is the primary goal of our member schools and association. While prioritizing considerations that will sustain conditions for in-person learning, the CIAC strongly affirms that the value of structured physical activity is widely supported in research, especially in maintaining one's physical, cognitive, social, emotional, and mental health. As such, the CIAC will provide the best sports experiences possible to its member schools.

### **CIAC Fall Sports Categories**

As categorized by CT DPH sport guidance, fall CIAC sports include the frequent direct face-to-face direct contact sport of football; the intermittent direct contact sports of field hockey, soccer, and volleyball; the infrequent direct contact sport of cross country; and the no direct contact sports of golf and swimming.

All fall CIAC sports are scheduled to start on time, play full regular seasons, and compete in CIAC state championship post-season play. Schools should make every effort to reschedule postponed games before the last date to count for CIAC tournament qualification. Football should work with the opposing school to reschedule postponed games to the two bye weeks in the football calendar. CIAC sports committees will evaluate the percentage of games played throughout the regular season and adjust tournament qualifications if necessary.

### **Vaccination Joint Statement Issued by CT DPH (July 20, 2021):**

"The Connecticut Department of Public Health (DPH), the Connecticut Interscholastic Athletic Conference (CIAC), and many youth sports organizations in our state are joining together in this message to encourage interscholastic Athletic Directors and other youth athletic team administrators to help all of their athletes 12 years and older stay on the field and in the classroom this fall by helping them get vaccinated.

One strategy that is available right now for middle school and high school athletes that will help to ensure that they can have a healthy, safe, and uninterrupted fall sports season is getting vaccinated against COVID19. School Athletic Directors and club sports organizers are also encouraged to work with DPH and/or their local health departments to host and sponsor mobile or other vaccine clinics to get middle and high school students and their eligible family members vaccinated.

Vaccination of all eligible athletes, coaches, and officials is currently the most important mitigation strategy we have available for preventing COVID-19 outbreaks on youth sports teams, and in the surrounding communities that support them. The more athletes, coaches, officials, and supporting family members who are vaccinated, the more likely interscholastic and other youth sports teams will be able to avoid repeated quarantines and testing of participants, to keep practicing and playing throughout the scheduled season, and to get back to a "new normal" for youth sports in our state. One major perk for getting vaccinated: individuals who are vaccinated do not need to quarantine if exposed to a COVID-19 case.

#### QUICK FACTS:

- Everyone aged 12 and older is now eligible for vaccination. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>
- The Pfizer vaccine is currently approved for youth aged 12 and older. It requires two shots, scheduled 3 weeks apart, which means athletes and coaches should get vaccinated now to be ready for the Fall sport season.

- COVID-19 vaccines are safe, very effective, readily available, and free! Find the vaccine location nearest to you: [https://portal.ct.gov/vaccine-portal?language=en\\_US](https://portal.ct.gov/vaccine-portal?language=en_US)
- Remember: Fully vaccinated people do not have to quarantine or test after a known exposure to COVID-19, as long as they remain asymptomatic.

For more information on COVID-19 vaccination, including how to schedule a clinic for your participants, please visit: <https://portal.ct.gov/Vaccine-Portal> or [COVID19.DPH@ct.gov](mailto:COVID19.DPH@ct.gov).”

## **Masks**

Fall 2021 Interim recommendations for COVID-19 prevention in Connecticut’s PreK -12 schools were issued by the Connecticut State Department of Education (CSDE) and CT DPH on July 25, 2021. In alignment with those recommendations, the CIAC policy will follow current [Executive Order 13A](#), which provides that everyone must wear masks regardless of vaccination status while inside certain settings, such as schools, [pursuant to an order from the commissioner of the Department of Public Health](#). Federal Order (CDC) requires mask use on public transportation, including school buses. The CIAC will continue to collaborate with the CSMS Sports Medicine Committee and the CT DPH on mask requirements as back-to-school recommendations are finalized by the CSDE.

- **Volleyball** – In alignment with current executive orders pertaining to mask requirements in school buildings, athletes, regardless of vaccination status, will wear masks for all indoor activities including active competition, practice, and all events around active play. If volleyball practices/training sessions occur outdoors, masks may be removed while in the outdoor setting. This follows practices implemented in the 2020-2021 school year for both girls’ and boys’ volleyball.
- **Swimming** – Athletes, regardless of vaccination status, will wear masks for all activities around active practice and competition, however, will not wear masks while in the water. Masks may be removed for outdoor dry-land training while athletes are actively conditioning.
- **Cross Country, Field Hockey, Football, Golf, Soccer** – In alignment with current youth sport recommendations, athletes, regardless of vaccination status, will not be required to wear masks during outdoor activities, practice, or competition. When indoors (e.g. locker rooms, indoor practice, classroom team/film session, weight room, etc.), mask should be worn in alignment with current executive orders pertaining to mask requirements in schools.
- **Sideline/Exhibition Cheerleading and Dance** – In alignment with current youth sport recommendations, athletes, regardless of vaccination status, will wear masks indoors. For safety purposes, masks may be removed indoors when performing stunts and put back on after the stunt sequence is completed. Outdoors, masks are not required while actively cheering, dancing, or stunting during halftime performances. Masks are not required while cheerleading on the sideline.
- **Officials** – Swim and volleyball officials will wear masks in alignment with Connecticut mask requirements inside school buildings. Cross country, field hockey, football, and soccer officials are not required to wear masks while officiating outdoor competitions.

The CIAC recommends that school districts inform parents/students requesting an exemption from the required mitigation strategies (such as mask-wearing) that such mitigation strategies are mandatory for all students participating in interscholastic sports. However, students who have, or assert that they have, a disability may be entitled to reasonable modifications under Section 504 of the Rehabilitation Act (Section 504) and/or Title II of the Americans with Disabilities Act (ADA). School districts should inform students/parents that if they wish to request such modifications under Section 504 and/or the ADA, they must follow a process whereby the school district would determine (1) whether the student has a disability entitling him/her to “reasonable modifications,” and (2) if so, what “reasonable modifications” would be appropriate. This process must be highly individualized and case-specific and may warrant consultation with legal counsel in connection with specific requests for disability-related modifications. School districts may already have a process in place to evaluate such requests in connection with their curricular program, which process probably could be adapted for extracurricular programming, including athletics.

## Quarantine, Contacts, Isolation

Fully vaccinated students/staff who are a close contact with a known COVID-19 case do not have to quarantine from sports or other activities, provided they remain asymptomatic after close contact with a known COVID-19 case (Interim Recommendations for COVID-19 Prevention in Connecticut's PreK-12 Schools, July 2021), and wear a mask until receiving a negative COVID-19 test (taken between days 3 and 5 from the date of contact) or 14 days without a test.

Unvaccinated asymptomatic students who are a close contact of a known COVID-19 case will quarantine for 10 days (with a negative test on day 8 or later) or 14 days without a test.

Vaccinated and unvaccinated students who experience COVID-19 symptoms after close contact with a known COVID-19 case will quarantine for 10 days (with a negative test on day 8 or later) or 14 days without a test.

Weekly testing for unvaccinated athletes / coaches is recommended (Interim Recommendations for COVID-19 Prevention in Connecticut's PreK-12 Schools, July 2021).

**Guidance on Return-to-Play after COVID-19 Infection** (The following recommendations are informed by the AAP COVID-19 Interim Guidelines: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/> )

### **Returning to play after COVID positive test:**

COVID 19 can affect the heart and lungs of the person infected. One uncommon but serious complication of COVID 19 is a heart condition called myocarditis. Myocarditis is an inflammation of the heart muscle (myocardium). Myocarditis can affect the heart muscle and the heart's electrical system, reducing the heart's ability to pump and causing rapid, abnormal heart rhythms (arrhythmias) which can cause cardiac arrest. Exercise can increase the likelihood of permanent heart damage in myocarditis and increase the possibility of arrhythmias and sudden cardiac death. Student athletes who have tested positive for COVID 19 should follow the guideline noted below to decrease risk of developing complications from COVID 19 infection.

### **What to do if a participant had COVID-19 or has it during the season?**

In a covid19 positive child who is either **asymptomatic** or **mildly symptomatic** (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy) should not exercise until they are cleared by a licensed medical provider. The licensed medical provider will perform a history with emphasis on cardiopulmonary symptoms and complete physical examination. If this evaluation was completed and no contraindications to participation were identified, no further testing is warranted. The patient may then begin a gradual return to play after 10 days have passed from date of the positive test result and at least 24 hours without symptoms off-fever reducing medications. If the licensed medical provider identifies any new or concerning history or physical examination findings at this visit, appropriate further testing or consultation should be ordered and participation will not be allowed until that testing is completed and no contraindications to participation are identified. Written documentation of medical clearance for return to sport should be provided by the medical provider.

Children with **moderate** symptoms of COVID-19 (≥4 days of fever >100.4°F, myalgia, chills, or lethargy or were in a hospital not an intensive care unit), should not exercise until they are cleared by a licensed medical provider. In addition to a history and complete physical exam appropriate additional testing should be ordered as determined by examination. Consultation or referral to a cardiologist is recommended and they may request further, more extensive, testing. If cardiac evaluation is normal, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and at least 10 days of symptom resolution has occurred off fever-reducing medicine. Written documentation of medical clearance for return to sport should be provided by the medical provider.

For patients with **severe** COVID-19 symptoms (ICU stay and/or on a ventilator) or **multisystem inflammatory syndrome in children (MIS-C)**, it is recommended they be restricted from exercise for a minimum of 3 months. The student athlete should be evaluated by a licensed medical provider for a history and complete physical examination. In addition, they should be referred to a cardiologist prior to resuming training or competition. In addition to the initial evaluation and

work-up student athletes should have a coordinated evaluation at the time of returning to play for final clearance. Written documentation of medical clearance for return to sport should be provided by the medical provider.

A graduated return-to-play protocol can begin once an athlete has been cleared by a licensed medical provider (cardiologist for **moderate** to **severe** COVID-19 symptoms) and feels well when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to student athletes who experienced **moderate** COVID-19 symptoms as outlined above. If the student athlete experiences any symptoms of chest pain, palpitations, syncope, shortness of breath or exercise intolerance, during this return to play protocol, they should stop exercise and inform their medical provider.

**The following progression was 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 (eg. 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).**

**Spectator/Fan Attendance**

Allowance for regular season spectator/fan attendance should align with DECD sector rules. The CIAC supports the plans established by school districts that direct the presence of adults on campus at this time. Notwithstanding the above, permissible regular season spectator/fan attendance will be governed by local districts' current operating plan. The CIAC will determine spectator/ fan attendance protocol for its state championship tournaments.