

The Ursuline School COVID-19

Return to Interscholastic Athletics Protocol 2020-21

How this Protocol is Implemented

The purpose of this protocol is to assist in the assessment of residual effects of COVID-19 that might occur with increased activity and intensity levels that are associated with athletic participation. This is a tool that we are utilizing to help identify variables that may not be seen but felt with exertion. According to the American Academy of Pediatrics, chest pain, shortness of breath, new-onset palpitations, or syncope can occur upon return to athletic activity after a COVID-19 diagnosis.

The progression of activity within this protocol will monitor your child's ability to recover from exertion properly after testing positive for COVID-19 and will be supervised by our Certified Athletic Trainer. It utilizes subjective information and the karvonen formula (a mathematical formula that helps you determine your target heart rate (HR) training zone) to assess recovery and raise awareness of any respiratory and cardiac challenges that might be present. Upon completion of the protocol, your child will be advised to continue communicating with the Certified Athletic Trainer on an "as needed" basis. The health and safety of our athletes will continue to be our top priority.

What you need to know as a parent:

Individuals who test positive for COVID-19 should not participate in interscholastic athletics until they are cleared by a Health Care Provider and receive a negative PCR test. Therefore, **any athlete who tests positive for COVID-19 or/and tested positive for COVID-19 antibodies are required to complete the "TUS COVID-19 Return to Athletics - Health Care Provider Clearance Form."**

Athletes who participate in athletics and have had a positive COVID-19 test 14-days prior to the start date of the season, or an athlete who is in-season and tests positive for COVID-19, will be required to complete this Return to Athletic Protocol under the supervision of the Certified Athletic Trainer. Please complete the consent form below so that information can be shared with the appropriate individuals to ensure your child's safety. Any information provided will remain confidential.

Important Note:

The Ursuline Certified Athletic Trainer, Ms. Tang at tangj@ursulinenewrochelle.org, and Nurse, Mrs. Holderman at holdermj@ursulinenewrochelle.org must be notified of each case and are required to clear each student. This review to clear may take time so it is imperative to get the necessary documentation to the nurse as soon as possible so that this process can be completed for clearance. Thank you in advance for your cooperation.

Consent to share student's medical information

I, _____ the parent/guardian of _____

give consent to the school nurse to share my child's medical information with the appropriate individuals to ensure my child's safety in facilitating the "Return to Play for Athletics" protocol. All information shared with this school professional will remain confidential.

This protocol is being implemented to take precautionary measures and can not detect residual effects of COVID-19 the same way a diagnostic test may be used. There is continued research and studies being conducted due to the unknown short and long-term effects of COVID-19. The Ursuline School will continue to monitor, stay updated on continuously evolving guidance, and implement adjustments to this protocol in accordance with recommendations by the CDC.

The Ursuline School
COVID-19 Return to Athletics - Health Care Provider Clearance Form

This form should be completed by the Health Care Provider and is required for all student-athletes who have tested positive for COVID-19. These individuals have negative PCR results, completed the required Isolation period, have a release letter from the Department of Health (DOH), or have been released from Isolation per DOH guidelines to return to school, and are returning to their Health Care Provider to complete this medical clearance form to participate in athletics. ***Please schedule an appointment and have your primary care doctor fill out the form when the student-athlete has completed isolation and is feeling better. (They cannot be cleared prior to the 10-day isolation period).*** For example, if a student-athlete began isolating on the 1st of the month, she can be cleared on the 11th of the month.

Student's Name: _____ **DOB:** _____

Date of positive COVID-19 Test: _____ **Date of HCP evaluation:** _____

Criteria to begin athletics (to be completed by Health Care Provider):

10 days from diagnosis of a positive test **AND** COVID-19 symptoms have resolved **AND** 3 days without a fever ($\geq 100.0F$) and no fever-reducing medication has been used.

Please **circle YES or NO**. All answers below must be NO to begin participating in Athletics.

- 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

Category of a Positive COVID-19 Diagnosis (Check one of the following):

____ Asymptomatic ____ Mild Symptoms ____ Severe Symptoms

Medical Doctor must answer the following questions:

1. Does this student NEED a Cardiologist assessment YES NO

2. Does this student NEED additional accommodations YES NO

If "YES" please provide specific accommodation requirements (i.e. extend return to play, extra days)

Medical Doctor must check one of the following:

The Student **HAS** satisfied the above criteria and IS cleared for Athletics.

The Student **HAS NOT** satisfied the above criteria and IS NOT cleared to begin Athletics.

MEDICAL OFFICE INFORMATION (Please print/stamp)

Evaluator's Name: _____

Evaluator's Signature: _____

Please submit this form to holdermj@ursulinenewrochelle.org and tangj@ursulinenewrochelle.org