Updated: 8/4/2021

Arizona Interscholastic Association
Recommended Guidelines for Returning to Athletic Activity

The Arizona Interscholastic Association (AIA) strongly supports the return of athletics and competitive sports. However, it must be done so in the safest way possible. The following document provides guidance and recommendations for continuing athletic activity in AIA member schools and programs while COVID-19 is present in the community. As a living document, this may be updated as new information and recommendations become available. Authored by members of the Sport Medical Advisory Committee, this document includes recommendations for athletes, coaches, administrators, and facilities.

The Centers for Disease Control (CDC) recognizes the benefits of physical activity particularly in this time of the COVID-19 pandemic. The challenge is to support physical activity in a manner that follows federal, state, county, and district public health guidelines to reduce the spread of illness amongst athletes, coaches, athletic training staff, and the community. This document outlines current recommendations from the CDC regarding safe participation in sport.

Continued presence of COVID-19 in the Community

COVID-19 is and will continue to be present in our communities indefinitely. As long as there is active community spread which means that new cases are still increasing we must all be stewards of maintaining a healthy community by limiting the spread of disease.

There are now very effective vaccines to reduce the spread of COVID-19 and the severity of the illness. Vaccination is the single most effective measure at this time to prevent the spread of COVID-19 in the community. As of July 16th, 2021, the CDC updated the guidelines for fully vaccinated people. Fully vaccinated people are defined as those who are at least 2 weeks from their second dose in a 2-dose series (Pfizer-BioNTech or Moderna) or at least 2 weeks from a single dose vaccine (Johnson & Johnson/Janssen). There is currently no post-vaccination time limit for fully vaccinated status. COVID-19 Vaccine is now available for all people 12 years and older. The AIA **strongly recommends** that all members of the athletic community who are able to receive COVID-19 vaccine are vaccinated. Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people, from being infected with SARS-CoV-2, or having severe infection with SARS-CoV-2.

Fully vaccinated people can:

- Resume activities without wearing masks or physically distancing at all team activities except where required by federal, state, local, tribal, territorial, or school district laws, rules and regulations
- Resume competition schedules that require travel outside of their local community without testing before or after travel
- Resume domestic travel without testing upon return or having to self-quarantine after arriving back
- Refrain from testing following a known exposure if asymptomatic
- Refrain from quarantine following a known exposure if asymptomatic

Guiding principles for fully vaccinated people

- Indoor and outdoor activities pose minimal risk to fully vaccinated people
- Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people
- Fully vaccinated people should still get tested if experiencing COVID-19 symptoms
- Fully vaccinated people should monitor for symptoms of COVID-19 for 14 days following an exposure.

- Fully vaccinated people should not visit private or public settings if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
- Fully vaccinated people should continue to follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

The recommendations established prior to having an effective vaccine will remain in place for all unvaccinated people. These considerations include promoting behaviors that reduce the spread of illness, maintaining a healthy environment, maintaining healthy operations, and having protocols and procedures in place for when someone gets sick. These recommendations should also remain in place while there is still substantial or greater community spread for all members of the athletic community as no vaccine is 100% effective.

I. Guidelines for ALL Members to Maintain a Healthy Athletic Community

A. Promoting behaviors that reduce the spread of illness

a. Stay home when sick
b. Healthy hygiene
    i. Wash hands
    ii. Discouraging spitting
    iii. Cover your mouth and face if you sneeze or cough
    iv. Shower immediately upon arriving home and wash hands after placing clothes in a place to be washed that other people living in your house are not in contact with
c. Avoid touching face with hands
d. Ensure vaccinations are up to date
    i. Flu and COVID-19 vaccinations are also strongly recommended
e. Adequate supplies
    i. Soap
    ii. Hand sanitizer
    iii. Paper towels
    iv. Tissues
f. Posting signs and messaging
    i. Proper way to wear a mask
    ii. Proper hand washing
    iii. Proper way to disinfect surfaces

B. Maintaining healthy environments

a. Practice in areas with good outside airflow
b. Encourage **unvaccinated** members of the team to have his/her own ball, additional equipment, and protective gear
    ii. All gear shall be disinfected before and after all training sessions
    iii. Each athlete has own water bottle and towel
c. Encourage continued mitigation measures in **ALL** members, but especially unvaccinated members
    i. Continue wearing cloth face coverings
    ii. Maintain 6 feet between others when possible
    iii. Indoor classroom based activities when not physically active such as game film review
    iv. In athletic training room while receiving/administering treatment
d. Cleaning and disinfecting frequently touched surfaces between uses and deep cleaning daily

C. Maintaining healthy operations

a. Designated COVID-19 point of contact
b. Implement communication systems regarding COVID-19 exposures
    i. Add reporting pathway to emergency action plan for school
c. Provide education to coaches and staff on protocols for COVID-19

d. Daily symptom reporting of coaches, athletes, and staff

D. General Guidelines for Athletic Training Staff

a. Athletic training staff may continue treating athletes but are encouraged to follow guidelines to maintain a healthy environment and practice healthy operations in a medical environment
   - All members of the athletic community should wear a mask at all times while in athletic training facility and/or when receiving treatment
   - Athletic training facility shall be disinfected before and after athletes receive treatment

E. Protocol for sick athlete, coach, staff member, or person who is determined to be a close contact of a person who is sick with COVID-19 symptoms or who has tested positive for COVID-19

a. Do not come to practice or sports activity and do not return until he/she has met the CDC's criteria to discontinue home isolation.
b. Provide sick individual and his/her family with home isolation criteria
c. Avoid contact with other members of team
d. Notify team COVID-19 point of contact immediately
   i. Follow directive from county and state health department
e. If athlete, coach, or staff member becomes sick at athletic practice/contest/event:
   i. Remove person who is sick from contact with anyone else present
   ii. Notify team COVID-19 point of contact
   iii. Arrange for transportation of sick person to home or medical facility as needed
   iv. Area where individual was when they became sick should be closed for a minimum of 24 hours and then cleaned and disinfected per CDC protocol (see section on Recommendations for Facility Management)
   v. All close contacts of the sick individual shall be screened for symptoms by the team's COVID-19 point of contact and will be instructed to quarantine until they meet criteria to discontinue home isolation as determined by the COVID-19 point of contact. All members of the athletic community should monitor for symptoms over a 14-day period. If symptoms develop the sick individual will follow the return to play guidance for a sick athlete.
      - Definition of a close contact
         - Individual (mask or no mask) who has been <6 feet for greater than 15 minutes (does not have to be consecutive), has had direct physical contact, or who has had direct exposure to infected body fluids with a person who has tested positive for COVID-19 (with symptoms or without symptoms).
         - Period of contact occurred from 2 days before symptom onset or positive test whichever is first until that individual meets criteria for discontinuing home isolation.
f. Do not return to practice until they have met CDCs criteria to stop home isolation and are cleared by physician and athletic training staff if available to begin a return to play progression.
g. Close contacts will be cleared to return to sports related activities by the COVID-19 point of contact once they meet **ONE** of the following criteria
   1. Individual who is a close contact is fully vaccinated from COVID-19 which has been verified AND individual does not have any COVID-19 symptoms
      a. Individual should continue to monitor for symptoms for 14 days
      b. If any symptoms develop, athlete must quarantine at that time and should be tested with a PCR test as it is possible for vaccinated individuals to develop COVID-19, although it is rare. If the athlete is positive then they will need to follow the protocol for a COVID-19 + athlete.
   2. A negative COVID-19 PCR test
      a. Test should be performed a minimum of 10 days from last exposure to a person with COVID-19
      b. The individual has no symptoms of COVID-19
      c. The individual is a minimum of 14 days from last exposure to a person with COVID-19

3. A minimum of 14 days have passed from the last exposure to a person with COVID-19
    a. An athlete will need to obtain medical clearance AND follow the 7-day return to activity progression

h. Athletes who have positive COVID-19 test will require clearance by a qualified medical professional to return to practice and are required to follow the COVID-19 return to play protocol due to the risk of cardiac complications from COVID-19 (see section on Return to Play Recommendations after COVID-19 illness).
i. Athletes who had a positive COVID-19 test and meet the criteria for return to play after a positive COVID-19 test do not need an additional test that is negative prior to returning to sports. Per the most recent CDC guidelines, current data shows that "a person who has recovered from COVID-19 may have low levels of virus in their bodies for up to 3 months after diagnosis. This means that if the person who has recovered from COVID-19 is retested within 3 months of initial infection, they may continue to have a positive test result, even though they are not spreading COVID-19."

F. Recommendations for Athletes who are on Home Isolation or Quarantine

a. As long as the exposed athlete remains without COVID-19 symptoms while in self-isolation, they are encouraged to engage in stage 1 and stage 2 exercises as tolerated and as long as the athlete is able to maintain self-isolation while engaging in these activities.

If symptoms develop, the athlete is "presumed positive" and shall, follow the guidelines set forth in Section E, Part A for a COVID-19 positive individual.

If no symptoms develop in that 14 day period, the individual in self-isolation is encouraged to have a COVID-19 PCR test (nasal swab or saliva testing only) performed between 10-14* days from the last exposure to the COVID-19 positive individual. If documentation of this negative test is presented and the individual remains without COVID-19 symptoms, the individual is allowed to return to athletics on day 15 after the last known exposure without needing to complete the COVID-19 return to play clearance form or needing to complete a gradual return to play protocol.

*Negative tests obtained on days 1-9 of the self-isolation period will not be accepted for clearance under this protocol because of the high rate of "false negative" test results that may occur during this time.

Please direct families and members of the athletic community needing a COVID-19 test to the Arizona Department of Public Health and Maricopa County testing locations websites. It is also important to note, that test results may take several days to become available. It is important to ask the testing site how long it will take for the individual to receive the test results to make sure this does not limit their ability to return to play at the conclusion of the 14-day self-isolation period if the individual is negative.
https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-testing

https://www.maricopa.gov/5588/COVID-19-Testing

If the member returning to athletics after a 14-day self-isolation period is unable to provide documentation of a negative COVID-19 PCR test through the process described above, the individual will remain "presumed positive" and must complete a COVID-19 return to play clearance form and complete the gradual return to play protocol as outlined in the following section.

G. Returning to Participation Following COVID Exposure or Diagnosis

a. COVID-19 Positive Athlete

Should an athlete have a positive COVID-19 test they should follow the return to participation protocol outlined below. The AIA has developed the COVID-19 Return to Play Form and strongly recommends that this form (or a district specific equivalent form) be completed by a qualified medical provider prior to the athlete returning to practice. **Individuals who have had COVID-19 are at risk of developing severe cardiac complications that can affect participation in sport**. There is limited research in this area particularly in youth athletes to standardize clinical decision making. For these reasons, **it is strongly recommended that this form be completed by the patient's primary care provider who is preferably an MD or DO**. Evaluation and management by the primary care provider allows for the patient's past medical and cardiac history to be known.

The school's medical staff (athletic trainer and team physician) should develop a list of referrals for local pediatric and family practice providers that includes all health systems (to account for various insurances) for patients who may not currently have a medical home. This list should be provided to families who do not have an identified primary care physician along with information on the CDCs self-isolation criteria and the COVID-19 return to play form.

Families have a minimum of 10 days to establish and arrange an appointment with a primary care provider for clearance to begin the return to sport protocol.

The evaluation to determine whether an athlete is ready to begin the return to play progression should include:

- ❑ A minimum of 10 days have passed from the date of the positive test result
- ❑ Symptoms are resolved or nearly resolved, any remaining symptoms are not interfering with daily activities without medication
- ❑ No fever (≥100.4F) for minimum of 10 days without fever reducing medication
- ❑ COVID-19 respiratory and cardiac symptoms (moderate/severe cough, shortness of breath, fatigue) have resolved
- ❑ Athlete was not hospitalized due to COVID-19 infection.
- ❑ Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with daily activities	YES ❑ NO ❑
Unexplained Syncope/near syncope	YES ❑ NO ❑
Unexplained/excessive dyspnea/fatigue w/ daily activities	YES ❑ NO ❑
New palpitations	YES ❑ NO ❑
Heart murmur on exam	YES ❑ NO ❑

*If any cardiac screening question is positive or if athlete had moderate or severe COVID-19 infection as defined by 4 days or more of fever, a week or more of myalgia, chills, or lethargy, non-ICU hospital stay, or ICU hospitalization, or diagnosis of MIS-C, further workup is recommended based on the Return to Play After COVID-19 Infection in Pediatric Patients Clinical Pathway, an example of which is found on the AIA website for reference.

If the athlete has met the above criteria, they may begin a return to play progression under the supervision of the school's athletic trainer or other school personnel. It is recommended that each stage be completed without development of chest pain, chest tightness, palpitations, excessive fatigue, lightheadedness, pre-syncope or syncope. If these symptoms develop at any stage, the patient shall be referred back to the evaluating provider who signed the form. This protocol will take a minimum of 7 days to complete.

Stage	Timing	Activities
Stage 1	2 days minimum	Light activity for 15 minutes or less at an intensity no greater than 70% of maximum heart rate (eg. walking, jogging, stationary bike). No resistance training
Stage 2	1 day minimum	Light activity with simple movement activities (eg. Running drills) for 30 minutes or less at an intensity no greater than 80% maximum heart rate. No resistance training
Stage 3	1 day minimum	Progress to more complex training for 45 minutes or less at an intensity of no greater than 80% maximum heart rate. May add light resistance training.
Stage 4	2 days minimum	Normal training activity for 60 minutes or less at an intensity no greater than 80% maximum heart rate
Stage 5		Return to full activity

II. Recommendations for Athletes and Coaches

Five factors for safer participation in sport while there continues to be moderate or substantial community spread are addressed in this section. These factors include the continued presence of COVID-19 in the community, metrics and benchmarks for level of community spread, heat related illness, injury prevention upon return to sport after a prolonged period of relative inactivity, and the pre participation physical.

A. Return to Athletics with a Continued Presence of COVID-19 in the Community

There are five key components to continuing school sponsored athletics. First, is the risk of spread of illness from the way sports are played and the way equipment is shared. Second, is the setting of the sport activity. Third is the quality of the school's mitigation plan, or what they have put in place to reduce the spread of COVID-19 amongst players, coaches, and athletic staff. Fourth, is the level of spread occurring within the community. Fifth, is the number of vaccinated versus unvaccinated members of the team. Each of these components and the factors to consider as decisions are being made regarding sports participation and what mitigation strategies should remain in place. These factors serve as the foundation for the recommendations for return to sport found at the end of this section.

a. **Factors to consider when assessing risk of spread in sports activities**
    a. Physical closeness of players and the length of time that players are close to each other or to staff.
    b. Amount of necessary touching of shared equipment and gear.
    c. Ability to engage in social distancing while not actively engaged in play.
    d. Players or staff at higher risk of developing serious disease.
    e. Size of the team.
    f. Nonessential visitors, spectators, volunteers.
    g. Travel outside of the local community.

b. **Risk of COVID-19 spread in athletic sports settings**
    a. Lowest Risk: performance skill-building drills or conditioning at home, alone or with family members.
    b. Increasing Risk: team-based practice.
    c. More Risk within-team competition.
    d. Even More Risk: Full competition between teams from the same local geographic area.
    e. Highest Risk: Full competition between teams from different geographic areas.

c. **Strategies to reduce the spread of COVID-19**
    a. Promoting healthy behaviors
        i. Stay home when appropriate
            1. Actively sick

2. If you have tested positive for COVID-19
3. If you are UNVACCINATED have close contact with a person who tests positive for COVID-19

ii. Frequent and proper handwashing
1. Hand sanitizer with a least 60% alcohol available

iii. Discouraging spitting
iv. Proper disposal of tissues
v. Teach and reinforce the use of masks
vi. Signs and messages promoting above behaviors

b. Maintaining healthy environments
i. Clean and disinfect frequently touched surfaces
ii. Identify adult staff members/volunteers to ensure proper cleaning and disinfection of objects and equipment at practice especially if needed to be shared.
iii. Develop a schedule for increased routine cleaning and disinfecting
iv. Adequate supplies to minimize sharing of protective gear or equipment
1. If equipment must be shared, limit to one small group and clean and disinfect between use

v. Keep player's belongings separated from others'
vi. Modified Layouts and Social Distancing
1. Assign staff to ensure social distancing is occurring
a. Provide physical guides
2. Space players 6 feet apart at all times
a. Warmup
b. Skill building activities
c. Simulation drills
3. Discourage unnecessary physical contact
a. High fives
b. Handshakes
c. Fist bumps
d. Hugs
e. Hands-on coaching
4. Practice outdoors whenever possible
a. Minimize indoor practice time and/or maximize outdoor air circulation
5. Athletes should remain masked at all times when not actively playing including during bus/car transportation to/from sports events
6. Closed shared spaces such as locker rooms
a. If they must be used, clean and disinfect between use

c. Maintaining healthy operations
i. Provide low risk options for players or staff who are considered high risk of severe illness from COVID-19
ii. Follow public health department guidelines for group gatherings/events
iii. Limit non-essential visitors particularly if **unvaccinated**
iv. Identified COVID-19 points on contact
v. Communication systems
1. Symptom reporting for players, coaches, umpires and athletic staff
2. Ensure school has worked with local public health department to draft a letter for COVD-19 point of contact to distribute to anyone identified as a close contact of a person who is positive for COVID-19 and their family when appropriate.

vi. Recognize signs and symptoms of COVID-19
1. Encourage sick players to stay home

d. Have a COVID-19 emergency action play for when someone gets sick
i. Refer to section on Protocol for sick athlete, coach, staff member or a person with whom they live

d. **Level of spread within the community**
   a. Minimal community spread (green)
      i. <10 cases/100,000
      ii. <5% of COVID-19 PCR tests performed are positive
      iii. <5% of hospital visits due to COVID-like illness
   b. Moderate community spread (yellow)
      i. 10-100 cases/100,000
      ii. 5-10% of COVID-19 PCR tests performed are positive
      iii. 5-10% of hospital visits due to COVID-like illness
   c. Substantial community spread (red)
      i. > 100 cases/100,000
      ii. >10% of COVID-19 PCR tests performed are positive
      iii. >10% of hospital visits due to COVID-like illness

e. **Vaccination Status**
   a. Verify and record vaccination status of athletes on annual sports physical form
   b. Attach/Scan a copy of their vaccination card to sports physical form
   c. All support staff for athletic teams should provide proof of vaccination status
   d. If vaccination status is not able to be verified, then individual will be assumed to not be fully vaccinated and appropriate protocols should be followed.

B. Heat Related Illness

a. **Please refer to the recently updated AIA HEAT ACCLIMATIZATION & EXERTIONAL HEAT ILLNESS MANAGEMENT POLICY** https://www.aiaonline.org/files/16362/article-41-sports-medicine.pdf

C. Injury Prevention Recommendations for Return to Sport after a Prolonged Period of Inactivity

Return to sport considerations should take place throughout the different phases of reopening to ensure that athletes are adequately prepared to participate in their respective sport. Due to school closures and a statewide stay at home order, Arizona interscholastic athletes have been out of sports participation for several months. During this time, Arizona athlete's activities levels have been variable. As athletes begin returning to sports, coaches, parents, and athletes must understand the potential consequences of this period of inactivity and the resulting detraining.

Detraining is defined as a decrease in performance and loss of physiological adaptations following a reduction in the frequency, volume, and/or intensity of training. In athletes, periods of detraining can lower maximal oxygen uptake, shorten the time to exhaustion during activity, and reduce strength and power. In addition, detraining can have negative consequences on health metrics such as higher resting, submaximal, and maximal heart rates, lower blood volume and stroke volume, higher blood pressure and weight gain. Lastly, after periods of inactivity there is a greater risk of non-contact (exertional or systemic) injury, such as sudden cardiac death, exertional heat illness, and exertional rhabdomyolysis if the return to training is not adjusted to account for an athlete's lower fitness level (NCCSIR).

The current transition period should follow a similar approach as to returning to sport following an extended time away due to injury. Reconditioning will take time and needs to be done slowly to avoid injury. The Collegiate Strength and Conditioning Coaches Association and the National Strength and Condition Association outline recommendations for safe return to training following inactivity (Caterisano, 2019). In general, workouts should have lower work to rest ratios (i.e. more breaks) and progress on a weekly basis. The general structure of the return to training protocol should be used for high school athletes, but the specific workloads may need to be adjusted for the adolescent age group. The table below provides an overview of recommendations for transitioning after periods of inactivity with percentage reduction of volume and workload for the first 2-4 weeks of returning to training.

Table 2 Overview of recommended guidelines for training after transition periods				
Status	**Conditioning activities**	**Testing**	**Weight training**	**Plyometrics**
Midseason athletes	Conditioning program on file with appropriate sport administrator			
Returning athletes or new sport coach	50/30% weekly reduction from max conditioning volume on file over 2 weeks. Even distribution per week.	20/10% weekly reduction in workload (volume, intensity, or rest time) for any tests over 2 weeks.	FIT rule to guide volume, intensity, and W:R ratio over 2 weeks. IRV between 11 and 30 (Tables 7 and 8).	<70 foot contacts per session first week, 1:4 W:R. <100 foot contacts/session, 1:3 W:R second week. Intensity as appropriate.
New athletes or new head strength coach	50/30/20/10% weekly reduction from max conditioning volume on file over 4 weeks. Even distribution per week.	50% reduction in testing volume, completed on first day. 30/20/10% weekly reduction in test volume if repeated in following 3 weeks.	FIT rule to guide volume, intensity, and W:R ratio over 2 weeks. IRV between 11 and 30 (Tables 7 and 8).	<70 foot contacts per session first week, 1:4 W:R. <100 foot contacts/session, 1:3 W:R second week. Intensity as appropriate.

(Caterisano, 2019)

Specific to weight training, special care should be made in the first two weeks in regards to volume, intensity, and frequency. The table below summarizes recommendations for returning to weight training.

Table 8 The FIT rule			
Category	**Week 1 parameter**	**Week 2 parameter**	**Citation**
Frequency	3 sessions/wk maximum	4 sessions/wk maximum	McMaster et al., (95)
IRV	11–30 units	11–30 units	McMaster et al., (95)
Time rest interval	1:4 W:R minimum	*1:3 W:R minimum	Casa et al., (25)
*W:R ratio after 2 weeks should be a minimum of 1:2 for the remainder of the preseason (21).			
IRV = intensity relative volume.			

(Caterisano, 2019)

D. Pre Participation Guidelines

a. All AIA athletes are required to have a Pre Participation Sports Physical for the 2021-2022 season dated on or after March 1st, 2021.
b. Vaccination status should be documented on sports physical form
c. If vaccinated, a copy of the vaccination card should be uploaded or attached to annual sports physical form

III. <u>Recommendations for Administrators</u>

It is recommended that administrators strive to meet the guidelines for all of your athletic and activity programs on a daily basis. Athletes, coaches and staff should be informed, encouraged, and reminded to practice healthy habits to minimize the spread of infection. Your training facilities, courts, fields, and athletic training facilities should be healthy environments for athletes, coaches and staff. Establish protocols for maintaining healthy operations with consistent delivery through all programs at your school. Lastly, establish protocols for when there is a sick member or household contact of a member of the athletic community in one of your programs.

A. Promoting Behaviors that Reduce the Spread of Illness

a. Ensure signage is posted throughout institution
    i. Signs and symptoms of COVID-19
    ii. How to protect yourself and others
    iii. Healthy habits

1. Proper hand washing and frequency
2. Cover coughs and sneezes
3. Don't touch your face

iv. What to do if you are sick

b. Water bottles
   i. Athletes shall fill up their own water bottle in a contactless system when possible
   iii. Alternatively, athlete shall use hand sanitizer before and after filling up his/her water bottle

B. Maintaining Healthy Environments

a. Ensure that adequate supplies that reduce the spread of illness are available and accessible for all in person sessions
   i. Hand sanitizer
   ii. Soap
   iii. Paper towels
   iv. Tissues
   v. Garbage cans
   vi. Equipment surface cleaners and rags – one per piece of equipment

C. Maintaining Healthy Operations

a. Designate a COVID-19 point of contact for each of your programs
   i. Athletic trainer
   ii. School nurse
   iii. Athletic director
b. Educate athletic community on the COVID-19 communication pathway
   i. Add to the school's emergency action plan
   ii. Shall start with reporting any illness to the COVID-19 point of contact
c. Provide education to all coaching staff on COVID-19 protocols and procedures at your institution
d. Ensure that screening of ALL **at-risk** members of the athletic community prior to all in-person activities
   i. Fever (reported or measured)
   ii. Loss of smell and/or taste
   iii. Sore throat
   iv. Cough
   v. Difficulty breathing
   vi. Body aches
   vii. Runny nose
   viii. Sinus congestion
   ix. Headache
   x. Lymph node enlargement
   xi. Contact with COVID19 positive person
e. Ensure daily symptom reporting is occurring
f. Develop accommodations for athletic community members who are at increased risk of severe illness or have a person living in their home who is in one of these high risk groups and is unable to be vaccinated
   i. Please refer to the CDC (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html/) for a list of groups at higher risk for severe disease from COVID-19
g. Enforcement of established cleaning protocols

D. Communication with Community

a. Message to public – primarily parents and families of athletes
   i. Steps being taken to reduce the risk of illness in athlete and his/her family
      1. Encouraging all members of the athletic community to receive COVID-19 vaccine
      2. Encouraging **ALL** athletes and coaches to wear masks when not exercising in enclosed spaces
   ii. Facility cleaning and disinfecting plan
      1. What you are doing
      2. How you are doing it
      3. Why you are doing it
   iii. New facility policies

1. Keep your child home if he/she is sick and notify coach and/or COVID contact point for team
2. If there is a sick family member at home and the athlete is unvaccinated, he/she should also remain at home to monitor for symptoms

b. Utilize your resources to deliver the message
   i. COVID-19 point of contact person
      1. Helps to establish his/her presence in the community
   ii. Team physician(s) and/or other medical personnel who work directly with the athletics community
   iii. School nurse
   iv. Coaches and staff
      1. Encourage them to be the example
   v. Signage around the institution
   vi. Website, social medial, other electronic communication

F. SUSPENSION OR DISCONTINUATION OF COMPETITION

Attempting to play sports during the COVID–19 pandemic involves significant risk. The strategies and guidelines outlined in this document are recommended to mitigate that risk to a level that allows for safer participation in sport while COVID-19 continues to be present in the community. Participation in sport is reasonable as long as there are established policies that are followed with strict enforcement.

The ability to participate in sports should be continually reassessed based on local and state levels of community spread as well as the school's mitigation practices. The level of community spread is determined by the CDC, local, county, and state public health departments based on benchmarks based on number of positive tests per 100,000 people, percent of positive tests, and hospital bed availability to name a few. If the local, county, or state public health department changes the level of community spread for a community, then the schools in that community should limit athletic participation to those activities that are permitted for the current level of community spread. Qualified medical professionals, school administrators, and school boards should work closely with local public health officials to stay up to date with standards and guidelines to ensure continued safe play.

Each school (or district) should develop plans based on these criteria to temporarily suspend or stop individual or all sports as appropriate. The following criteria can be used to create a stop/pause protocol that can be applied at the school, district, local and state level. Considerations regarding suspending sport-related activities where physical distancing cannot be maintained should include:

1. Inability to isolate new positive cases and/or quarantine high risk unvaccinated contacts.
2. Inability to provide appropriate medical care or screening within the school to provide a safe environment.
3. Lack of ability to supply appropriate cleaning materials or staff needed to maintain a safe environment.
4. Lack of availability or inability for members of the athletic community to obtain COVID19 testing.
5. Inability to perform adequate contact tracing.
6. Anytime in-person school instruction is suspended due COVID-19 cases, in-person sports activities should also be suspended until it is determined to be safe to resume in-person activities by school officials in conjunction with the local public health department.
7. Staff members, coaches or students not following mitigation standards put forth by their institution or AIA and after appropriate education and warnings have been instituted.

Limitations of Activity due to COVID-19 positive athletes, coaches, or athletic staff on a team

- An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

- Anytime there are multiple members of a team who develop COVID-like symptoms or have a positive COVID-19 PCR test a consideration of suspending athletic activity for unvaccinated members should be considered.

- The number of team members, coaches, or staff working with a team who develop acute COVID-like illness or positive COVID-19 PCR tests on a team that call for a suspension of in person activities is defined as >2 members per team for teams with 25 or more members and 2 members for teams with less than 25 members.

- Once the above numbers are reached, all team activities for unvaccinated members should be paused for a minimum of 8 days from the last exposure of the team to the sick individual and if the sick members were fully vaccinated consideration should be made to suspend activities for the whole team.

- The time should be extended if other members of the team develop symptoms.

- The team should not resume activities until 8 days have passed from start of symptoms of the last team member to develop symptoms or the last member to have a positive COVID-19 PCR test.

- During the suspension of team activities, the school should work closely with the local public health department to ensure that appropriate contact tracing is completed so that those who are ill or determined to be close contacts of those who have a positive COVID-19 PCR test are placed in quarantine to reduce the spread of illness.

- All unvaccinated athletes, coaches and staff with acute COVID-like illness or positive COVID-19 PCR testing will be quarantined for at least 14 days and then will be cleared only by a health care professional utilizing the AIA Return to Play Form.

  "Team" in this context is defined as an individual sport plus its sub-category: Example JV football is one team; Varsity football is another team. If more than one sub-team practices together, for example JV Women's Volleyball and Varsity Women's Volleyball practice together sharing equipment, completing drills or scrimmages together than they would be considered ONE team for the purpose of this document.

IV. Recommendations for Facilities Management

In addition to hand washing and social distancing, maintenance of athletic facilities is essential to preventing the spread of infection. For facility staff, particularly those charged with regular cleaning of high-touch areas and equipment, proper training can help slow and prevent the transmission of disease.

Below are key points for maintaining healthy environments that are recommended for review with facilities management personnel.

A. Prior to opening of facilities, institutions shall ensure the following

a. Ventilation systems are operating properly
b. Increasing circulation of outside air as much as possible
c. All water systems and features are safe to use after a prolonged shut down
d. Minimize frequent touch points throughout facility
    i. Ensure no-touch features are working properly
        1. Faucets
        2. Soap dispensers
        3. Hand dryers
        4. Paper towel dispensers
        5. Toilet flush valves

6. Motion controlled light switches
ii. Consider installing no-touch features where possible
iii. Prop doors open where possible

B. Use the CDCs reopening tool to develop a facilities management cleaning plan (CDC Re-Opening America Cleaning and Disinfection Decision Tool)

a. Determine what will remain in the facility or what will be removed to minimize cleaning and exposure
b. Determine what needs to be cleaned – soap and water
c. Determine what needs to be disinfected – EPA list of approved products
d. Frequency of cleaning and disinfecting
e. Ensure the institution has adequate supplies to perform cleaning and disinfecting on protocol schedule
i. Ensure cleaning supplies are readily available when athletic facilities are in use
f. Follow the Environmental Protection Agency 6 Steps for Safe and Effective Disinfectant Use (EPA 6 Steps for Safe Disinfectant Use)

C. Develop and implement a deep cleaning protocol (visit CDC's website on How to Clean and Disinfect)

a. To be performed at the end of the day by facility staff

D. Develop and implement a protocol for cleaning frequently touched surfaces (CDC Guidance for Cleaning and Disinfecting Public Spaces - Schools)

a. Shall be implemented after each athlete uses a piece of equipment if there is shared equipment such as in the weight room AND after each small group training session prior to the next group entering the training environment.
b. Each member of the athletic community shall be educated in this protocol to be an active participant
c. Protocol shall include the following information
    i. If any personal protective equipment needs to be worn when using the product
    ii. How long the product needs to sit on the surface prior to using it again (contact time)
    iii. Who is responsible for the cleaning of the equipment
        1. Recommend including all members of the athletic community
    iv. Frequency of cleaning
        1. Before and after each new training group
        2. Before and after each new person using equipment
            a. If athletes are following each other in a circuit and observed the person before them clean after he/she used the equipment, the new athlete does not need to clean again prior to use, but shall clean after use

d. Provide education to all members of the athletic community regarding frequently touched surfaces that need to be cleaned and/or disinfected throughout the day
    i. Tables
    ii. Doorknobs
    iii. Light switches
    iv. Countertops
    v. Handles
    vi. Desks
    vii. Phones
    viii. Keyboards
    ix. Toilets
    x. Faucets and sinks
    xi. Balls, mats, bleacher seats
    xii. Free weights, weight machines, treadmills, cardio machines,
    xiii. Athletic training facilities, equipment, first aid supplies
    xiv. Touch screens
    xv. Audio-Visual equipment

E. Establish protocol for cleaning athletic area where someone with suspected/confirmed COVID-19 was present

a. Please follow CDC recommendation for U.S. community facilities with suspected/confirmed coronavirus disease 2019 at CDC's website on How to Clean and Disinfect

b. If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary

Resources:

Caterisano, A, Decker, D, Snyder, B, et al. CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity. Strength and Conditioning Journal; 2019;41(3).

Centers for Disease Control and Prevention. Coronavirus Disease (2019) COVID-19: How to protect yourself and others. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/%20prevent-getting-sick/prevention.html

Key Facts About Detraining. NATA.
Accessed at https://www.nata.org/sites/default/files/key_facts_about_detraining_-_ic.pdf

National Collegiate Athletic Association. Core principals of resocialization of collegiate sport. Retrieved from: http://www.ncaa.org/sport-science-institute/core-principles-resocialization-collegiate-sport

National Strength and Conditioning Association. COVID-19: Return to training. Guidance on safe return to training for athletes. Retrieved from: https://www.nsca.com/contentassets/61c0fb0a476149848de009f1630fa457/nsca-covid-19-rtt.pdf

The Aspen Institute. Health, Medicine, and Society Program. Return to play COVID-19 risk assessment tool. Retrieved from: https://assets.aspeninstitute.org/content/uploads/2020/05/Return-to-Play_v5.pdf?_ga=2.120456205.428626999.1588983700-150149164.1588983700

USOPC Sports Medicine. Return to training considerations post COVID-19.

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