

# **Mount Pleasant Central School District**

## **COVID-19 Return to Interscholastic Athletics Protocol** (revised 6/1/2022)



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## **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.

Upon completion of the protocol, your child will be advised to continue monitoring themselves for symptoms as well as communicate with their coach and Certified Athletic Trainer on an “as needed” basis.

### **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. Therefore, **any athlete who tests positive for COVID-19 is required to complete the “MPCSD COVID-19 Return to Athletics - Health Care Provider Clearance Form”**.

Athletes who participate in athletics and have had a positive COVID-19 test 14-day 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.

**Important Note:** The MPCSD Medical Director will be notified of each case upon the completion of the protocol. The MPCSD Medical Director may also be asked to review specific case information due to extenuating circumstances. 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.

**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 MPCSD will continue to monitor, stay updated on continuously evolving guidance, and implement adjustments to this protocol in accordance with recommendations by the MPCSD Medical Director.**

**Mount Pleasant Central School District  
COVID-19 Return to Athletics**

## **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 and 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, 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 or is breathing very quickly
- Prolonged fever
- Is too sick to drink fluids
- Severe abdominal pain, diarrhea or vomiting
- Change in skin color - becoming pale, patchy and/or blue
- Racing heart or chest pain
- Decreased urine output
- Lethargy, irritability, or confusion

**Please Note:** These are the most common symptoms of COVID-19. If you are unsure of a symptom that you may be experiencing, call your Health Care Provider for more information. If you are seeking medical attention, call your Healthcare 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 or Mildly Symptomatic (< 4 days of fever > 100.4°F, < week of myalgia, chills, and lethargy), positive COVID-19 diagnosis**

- A Health Care Provider clearance is required once the individual has completed 5 days of isolation at home per DOH guidelines. Assessment by Health Care Provider may be completed by phone, telemedicine, or an in person consultation is recommended. Please have a Health Care Provider fill out the “MPCSD COVID-19 Return to Athletics - Health Care Provider Clearance Form”.
- The athlete may begin a gradual return to physical activity **after 5 days have passed from the date of the positive test result** and symptoms are resolving.
- May begin the athletic protocol once documentation from the students health care provider is submitted to/reviewed by the nurse. The MPCSD Medical Director will be contacted by the ATC or nurse if signs or symptoms of residual effects of COVID-19 arise or any additional concerns need to be addressed.

**2. Moderate symptoms (> 4 days of fever > 100.4°F, > 1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of Multisystem Inflammatory Syndrome), managed at home, positive COVID-19 diagnosis**

- A Health Care Provider clearance is required once the individual has completed 5 days of isolation at home per DOH guidelines. Assessment by Health Care Provider should be completed in-person. Please have a Health Care Provider fill out the “MPCSD COVID-19 Return to Athletics - Health Care Provider Clearance Form”
- The athlete may begin a gradual return to physical activity **after 10 days have passed from the date of the positive test result, symptom resolution** and 24 hour fever free without fever reducing medicine.
- May begin athletic protocol once Health Care Provider documentation is submitted to/reviewed by the nurse. The MPCSD Medical Director will be contacted by the ATC or nurse if signs or symptoms of residual effects of COVID-19 arise or any additional concerns need to be addressed.

**3. Severe COVID-19 symptoms or multisystem inflammatory syndrome (MIS-C), hospitalized, positive COVID-19 diagnosis**

- A Health Care Provider clearance is required once released per DOH guidelines. Please have a Health Care Provider fill out the “MPCSD COVID-19 Return to Athletics - Health Care Provider Clearance Form”. Health Care Provider will determine whether evaluation by a cardiologist is needed or extra accommodations/days are needed in the return to physical education and athletics protocols
- Recommended that the athlete be restricted from exercise for 3 to 6 months and obtain a cardiology clearance prior to resuming training or competition.
- May begin athletic protocol once Health Care Provider documentation is submitted to/reviewed by the nurse. The MPCSD Medical Director will be contacted by the ATC or nurse if signs or symptoms of residual effects of COVID-19 arise or any additional concerns need to be addressed.

This form should be completed by the Health Care Provider and is required for all student athletes who have tested positive for COVID-19 or tested positive for COVID-19 antibodies. These individuals have completed the required Isolation period, have a release letter from Department of Health (DOH) or have been released from Isolation per DOH guidelines to return to school. They are returning to their Health Care Provider, Urgent Care, or participating in a Telemedicine Call/Visit with a Health Care Provider to complete this medical clearance form to participate in athletics. **Telemedicine visits can only be completed for asymptomatic/mild COVID-19 cases. You must have an in-person evaluation if COVID-19 symptoms are categorized as moderate or severe (see page 5 for details).**

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

Date of positive COVID-19 Test: \_\_\_\_\_ Date of HCP evaluation: \_\_\_\_\_

Date of positive COVID-19 antibody Test: \_\_\_\_\_

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

Select the Category of Diagnosis when COVID-19 Test was administered (Check one):

\_\_\_\_ Asymptomatic/Mild - The athlete may begin a gradual return to physical activity **after 5 days have passed from the date of the positive test result** and symptoms are resolving.

\_\_\_\_ Moderate Symptoms - The athlete may begin a gradual return to physical activity **after 10 days have passed from the date of the positive test result, symptom resolution** and 24 hour fever free without fever reducing medicine.

\_\_\_\_ Severe Symptoms - Recommended that the athlete be restricted from exercise for 3 to 6 months and obtain a cardiology clearance prior to resuming training or competition.

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 |
| • Shortness of Breath                            | YES | NO |
| • New palpitations                               | YES | NO |
| • Heart murmur on exam (for in-person exam only) | YES | NO |

**Medical Doctor must answer the following questions (Circle One):**

- |  |     |    |
|--|-----|----|
| 1. Does this student NEED an 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)

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**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 DOCTOR OFFICE INFORMATION (Please print/stamp)**

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

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

Please submit this form to the School Nurse.  
This Document was reviewed and approved by the MPCSD Medical Director, Dr. Jeanne Wilson.  
**Return to Athletics After COVID-19 Protocol**

Athletes who participate in athletics and have a positive COVID-19 test 14-days prior to the start 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. The return back to athletic participation will be supervised by the Certified Athletic Trainer, for all positive cases of COVID-19 student-athletes.

Please have a Health Care Provider fill out the “MPCSD COVID-19 Return to Athletics - Health Care Provider Clearance Form” as this form must be submitted and reviewed by the nurse before starting the Return to Play process.

Individuals who are 12 years (7th grade) and older should perform the following progression once isolation is completed and physician clearance has been obtained:

- **Asymptomatic/Mild Symptom:**

Confirmed - Symptom Free

Day 1: Light Practice

Day 2: Normal Practice

Day 3: Game/Competition

- **Moderate Symptoms:**

Confirmed - Symptom Free

Day 1: Cardio Workout

Day 2: Light Practice

Day 3: Light Practice

Day 4: Normal Practice

Day 5: Game/Competition

\*\* Individuals who exit isolation after 5 days post-symptom onset or positive test should wear a face mask for ALL activity around other individuals for a total of 10 days from onset of symptoms or positive COVID-19 test including physical activity.

Note: If any athlete who is completing this protocol displays any signs or symptoms of COVID-19 before, during, or after this protocol, they will be instructed to stop activity, brought to the Athletic Trainer, and must receive medical clearance by their Health Care Provider in order to return to physical education and interscholastic athletics. The MPCSD Medical Director will be contacted by the ATC or nurse if signs or symptoms of residual effects of COVID-19 arise.

Days are subject to change based on monitored symptoms by ATC or by the recommendation of the student’s Health Care Provider.

## **COVID-19 Return to Athletics Progression Worksheet**

The purpose of using this return to athletics progression is to ensure an athlete is recovering

from exertion properly after testing positive for COVID-19. This assists in monitoring athletes upon their return to raise awareness of any respiratory and cardiac challenges that might be present.

**Athlete's Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Date of MD Clearance:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Pulse Ox:** \_\_\_\_\_

**Asymptomatic/Mild Symptom:**

Confirmed - Symptom Free

Day 1: Light Practice

Day 2: Normal Practice

Day 3: Game/Competition

**Date Confirm Symptom Free:** \_\_\_\_\_

**DAY 1: Light Practice (cardiovascular workout, light sport specific activity/drills)**

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

Any respiratory challenges including, but not limited to; chest pain/tightness, chest palpitations, headache, feeling faint, nausea, difficulty breathing or shortness of breath. Yes \_\_\_ No \_\_\_

Additional Comments: \_\_\_\_\_ ATC Initial: \_\_\_\_\_

**DAY 2: Normal Practice (full contact, functional skills/performance without restrictions)**

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

Any respiratory challenges including, but not limited to; chest pain/tightness, chest palpitations, headache, feeling faint, nausea, difficulty breathing or shortness of breath. Yes \_\_\_ No \_\_\_

Additional Comments: \_\_\_\_\_ ATC Initial: \_\_\_\_\_

**DAY 3: Full competition followed by check in and confirmation of completion sent to the medical director, nurse, and athletic director by ATC.**

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

Any respiratory challenges including, but not limited to; chest pain/tightness, chest palpitations, headache, feeling faint, nausea, difficulty breathing or shortness of breath. Yes \_\_\_ No \_\_\_

Additional Comments: \_\_\_\_\_ ATC Initial: \_\_\_\_\_

**Confirmation email of completion will be sent to the School Nurse, MPCSD Medical Director, and Athletic Director. A call will be made to the parent upon completion as well.**

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

The purpose of using this return to athletics progression is to ensure an athlete is recovering from exertion properly after testing positive for COVID-19. This assists in monitoring athletes upon their return



to raise awareness of any respiratory and cardiac challenges that might be present.

**Athlete's Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Date of MD Clearance:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Pulse Ox:** \_\_\_\_\_

**Moderate Symptoms:**

Confirmed - Symptom Free  
Day 1: Cardio Workout  
Day 2: Light Practice  
Day 3: Light Practice  
Day 4: Normal Practice  
Day 5: Game/Competition

**Date Confirm Symptom Free:** \_\_\_\_\_

**DAY 1: Cardiovascular Workout (conditioning only)**

**Date:** \_\_\_\_\_

Any respiratory challenges including, but not limited to; chest pain/tightness, chest palpitations, headache, feeling faint, nausea, difficulty breathing or shortness of breath. Yes \_\_\_ No \_\_\_

Additional Comments: \_\_\_\_\_

ATC Initial: \_\_\_\_\_

**DAY 2: Light Practice (conditioning, light drills and skills, non-contact)**

**Date:** \_\_\_\_\_

Any respiratory challenges including, but not limited to; chest pain/tightness, chest palpitations, headache, feeling faint, nausea, difficulty breathing or shortness of breath. Yes \_\_\_ No \_\_\_

Additional Comments: \_\_\_\_\_

ATC Initial: \_\_\_\_\_

**DAY 3: Light Practice (conditioning, light contact drills and activity)**

**Date:** \_\_\_\_\_

Any respiratory challenges including, but not limited to; chest pain/tightness, chest palpitations, headache, feeling faint, nausea, difficulty breathing or shortness of breath. Yes \_\_\_ No \_\_\_

Additional Comments: \_\_\_\_\_

ATC Initial: \_\_\_\_\_

**DAY 4: Normal Practice (full contact, functional skills without restrictions)**

**Date:** \_\_\_\_\_

Any respiratory challenges including, but not limited to; chest pain/tightness, chest palpitations, headache, feeling faint, nausea, difficulty breathing or shortness of breath. Yes \_\_\_ No \_\_\_

Additional Comments: \_\_\_\_\_

ATC Initial: \_\_\_\_\_

**DAY 5: Full competition followed by check in and confirmation of completion sent to the medical director, nurse, and athletic director by ATC.**

**Date:** \_\_\_\_\_

Any respiratory challenges including, but not limited to; chest pain/tightness, chest palpitations, headache, feeling faint, nausea, difficulty breathing or shortness of breath. Yes \_\_\_ No \_\_\_

Additional Comments: \_\_\_\_\_

ATC Initial: \_\_\_\_\_

Confirmation email of completion will be sent to the School Nurse, MPCSD Medical Director, and Athletic Director. A call will be made to the parent upon completion as well.

**References**

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

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

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<https://www.mshsaa.org/resources/PDF/MSHSAA%20COVID-19%20RTP%20Form.pdf>

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

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

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7199677/>