COVID 19 Return to Physical Activity Recommendations

This document was created in collaboration with the athletic trainers of the Asian Pacific Activities Conference (APAC). The purpose of this document is to provide guidance for schools regarding student athletes who may test positive for COVID-19. These recommendations have been adapted from the American Academy of Pediatrics: COVID-19 Interim Guidance: Return to Sports and Physical Activity.

What is COVID-19?

COVID-19 is a respiratory disease caused by SARS-CoV-2, a coronavirus discovered in 2019. The virus spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. Some people who are infected may not have symptoms. For people who have symptoms, illness can range from mild to severe. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness.

Signs and Symptoms of COVID-19

Most Common Symptoms	Less Common Symptoms	
 fever cough tiredness loss of taste or smell. 	 sore throat headache aches and pains (myalgia) diarrhea 	
	 a rash on skin, or discoloration of fingers or toes red or irritated eyes. 	

Mild Symptoms:

- Less than 4 days of fever > 38°C (100.4°F)
- Less than 1 week of myalgia, chills, and lethargy

Moderate Symptoms:

- More than 4 days of fever > 38°C (100.4°F).
- More than 1 week of myalgia, chills, or lethargy,
- A non-ICU hospital stay.
- No evidence of multisystem inflammatory syndrome in children.

Severe Symptoms:

• ICU hospital stay or Intubation

Serious Symptoms:

• Difficulty breathing or shortness of breath

- Loss of speech or mobility, or confusion
- Chest pain.

What to do if you are experiencing serious symptoms?

Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.

People with mild symptoms who are otherwise healthy should manage their symptoms at home.

On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days.

COVID-19 Return to Physical Activity Protocol

Return to physical activity decision for COVID-19 infection is based on multiple variables such as: symptoms, symptom severity, duration, underlying health conditions, and the presence of cardiac related symptoms.

Acute COVID-19 severity does not necessarily predict subsequent or ongoing signs or symptoms. Recent literature has reported a much lower incidence of myocarditis, 0.5% to 3%, than earlier in the pandemic. However, myocarditis has been documented even in people with COVID-19 who were asymptomatic or had mild infections.

When should children and adolescents return to physical activity?

- Individuals with fever must remain in isolation until fever free and off fever-reducing medication for 48 hours.
- Can perform all activities of daily living
- No serious signs/symptoms
- Physician clearance has been given, if indicated.
- At what pace should children and adolescents return to physical activity?
 - Children under the age of 12 will progress according to own tolerance.
 - Children 12 years or older will follow a gradual return to physical activity protocol.
- It is recommended that all individuals who test positive for COVID-19 wear a mask when around others for a full 10-day period from the start of their first positive test. This includes all physical activity (including PE).

Green	Yellow Moderate symptoms of	Red:
Asymptomatic infection or mild disease severity - <4 days of fever > 38°C (100.4°F) - <1 week of myalgia, chills, and lethargy	 Yellow Moderate symptoms of COVID-19 ≥4 days of fever > 38°C (100.4°F) ≥1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay. No evidence of multisystem inflammatory syndrome in children [MIS-C]) 	Severe symptoms of COVID-19 - ICU stay and/or intubation)
 Symptom free for 24 hours (excluding loss of taste / smell). Tolerating activities of daily living. One Full Practice prior to games. Return to full game participation. 	 Symptom free for 24 hours (excluding loss of taste / smell). Tolerating activities of daily living. One light practice or 30 minutes minimum of cardiovascular exercise. One full practice prior to games. Return to full game participation, no sooner than 10-days from first positive test 	 Minimum 3-6 month exercise restriction. Cardiologist clearance (with EKG). Frequent Cardiology follow-up care.

When should children and adolescents pause return to physical activity?

If a patient develops any chest pain, shortness of breath out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam and consider referral to Pediatric Cardiology.

Resources:

- 1. <u>https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/</u>
- 2. https://www.cdc.gov/dotw/covid-19/index.html
- 3. <u>https://www.who.int/health-topics/coronavirus#tab=tab_1</u>

