

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

Published 8/27/2020



BLAIR ACADEMY



GUIDELINES FOR RETURNING TO SPORTS COMPETITION

Contents

Table of Contents

Contents.....	2
INTRODUCTION	3
GOAL	3
IMPORTANT, MUST READ	3
GUIDING PRINCIPLES.....	4
RECOMMENDATIONS.....	5
POINTS OF CONTACT.....	15
Appendix A	17
Screening Questionnaire	17
Cuestionario de Evaluación.....	18
Appendix B	19
Sample COVID Screening Tracking Form	19
Appendix C	20
SampleSchool DistrictParticipationWaiver	20
Appendix D.....	22
ALL ATHLETES AND TEAM PERSONNEL.....	22

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

INTRODUCTION

The COVID-19 pandemic has presented athletes across the world with a myriad of challenges. The COVID-19 virus is a highly contagious illness that primarily attacks the upper respiratory system.

The virus that causes COVID-19 can infect people of all ages. Research from the Centers for Disease Control (CDC), among others, has found that while children do get infected by COVID-19, relatively few children with COVID-19 are hospitalized. However, some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable. While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to students, coaches, and their families.

The School District should take the necessary precautions and recommendations from the federal, state, and local governments, CDC, PA DOH, as well as the National Federation of State High School Associations (NFHS) and Pennsylvania Interscholastic Athletic Association (PIAA). The SD realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations will be adjusted as needed as new information becomes available in order to decrease the risk of exposure for our staff, students, and spectators.

The following recommendations are the result of a collaboration among sports medicine and infectious disease specialists at Lehigh Valley Health Network and Coordinated Health related to the return to competition for both youth and high school sports during the COVID-19 pandemic.

GOAL

Provide recommendations for the return of sports competition, keeping in mind the health and safety of our youth and high school athletes, coaches/personnel, parents/caregivers, and spectators.

IMPORTANT - MUST READ

Playing sports with and against other individuals, in any capacity during this time, holds an inherent risk of a child or teenager becoming infected with COVID-19 and potentially infecting other individuals, such as their household members. Please consider this risk when allowing your child or teenager to participate in organized sports. Teams, clubs, and organizers must be familiar with recommendations from their national, state, and local governing bodies regarding illness (including, but not limited to, COVID-19). Resuming sports participation before advised by your health care provider may create increased liability if an athlete is injured at a time when participation in practices or competitions is not recommended.

A sample waiver form is included at the end of this document in Appendix D.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

GUIDING PRINCIPLES

- A. The information regarding SARS-CoV-2, the virus causing the COVID-19 illness, is changing rapidly. These recommendations will be reviewed and updated frequently based on new scientific information and local information including COVID-19 testing capacity and state and local health department recommendations.
- B. Key strategies currently used should continue:
 - 1. Frequent and effective hand hygiene
 - 2. Social distancing as much as possible
 - 3. Disinfecting high-touch areas
 - 4. Avoiding touching the face
- C. Guidance from the CDC, PIAA, NFHS, PA DOH, PA DOE, NCAA and the White House Guidelines for [Opening Up America Again](#) form the basis of the recommendations below. These guidelines propose state or regional gating criteria and preparedness responsibilities in an effort to phase back into daily life, business openings, and large gatherings. The nature of how COVID-19 spreads also dictates how there may be regional differences in the phasing in of resocialization. The purpose of this slow phasing is to minimize disease spread as much as we can. The gating criteria to be used based upon the Opening Up America Again guidelines are:
 - 1. Stable or downward trajectory of influenza-like illness reported within a 14-day period AND a downward trajectory of COVID-like syndrome cases reported within a 14-day period.
 - 2. Stable or downward trajectory of documented cases of COVID-19 within a 14-day period or a downward trajectory of positive tests as a percent of total tests within a 14-day period.
 - 3. Hospitals can treat all patients without crisis care and there is a robust testing program in place for at-risk healthcare workers, including emerging antibody testing.
- D. The recommendations discussed below are meant as general guidelines, in the context of federal, state, and local county recommendations. All federal, state, and local health department orders related to sports should be followed. Also, schools and sports teams may choose to enact stricter criteria than what is listed below
- E. Regional COVID-19 disease rates will direct the use of these proposed guidelines, based on local and State of Pennsylvania Health Department.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

RECOMMENDATIONS

A. General recommendations for all youth and high school activities

1. Athletes, coaches, officials, referees, umpires, and all staff should undergo a healthcare screening prior to starting any activity (practice, scrimmage, or games). Athletes and coaches should be screened by their athletic trainer prior to departure for away games. A screening verification form should be completed, sent with the team, and given to the on-site athletic trainer upon arrival. A sample of this form is included as Appendix D
2. Practice or game times should be spaced out to limit the number of individuals coming and going at the same time.
3. Hand hygiene is essential. Organizations and facilities need to promote frequent and effective hand hygiene with ample hand sanitizer (at least 60% ethanol or 70% isopropanol) dispensers and areas with soap and water in many different locations.
4. Educate athletes, coaches, and staff on health and safety protocols.
5. Anyone who is sick ***must stay home***.
6. The use of locker rooms is ***not*** recommended. If locker rooms are used, proper social distancing should apply within the locker room. (i.e. use only every third locker). Locker Rooms may need to be used in shifts, enforced by the coach. Masks must always be used in the locker room except showering. Proper area for equipment storage and cleaning is recommended.
7. No unnecessary individuals should be present (such as managers, extra coaches, non-participating athletes, etc.)
8. Spectators are not recommended at any workouts or practices. Parents or caregivers should remain in their cars during this time. No congregating should be allowed in the parking lot or fields. A drop-off line for practices is recommended to avoid unnecessary exposure. For younger children, one parent or caregiver can accompany the child to the health screening. The parent or caregiver should wear a mask or face covering.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

9. Spectators at competitions: Based on [PIAA Return to Competition Guidelines](#): At this time spectators for K-12 events are not allowed. The [Preliminary School Sports Guidance](#) document which was released by the Governor's Office states that, "The addition of visitors and spectators will be contingent upon future health conditions within the state and local communities." We anticipate that more information will be forthcoming from the Governor's Office and Department of Education.
 - Should spectators eventually be permitted to attend contests, we anticipate that such attendance will be subject to some important limitations that were also included in the [Preliminary School Sports Guidance](#):
 - Seating areas, including bleachers, must adhere to social distancing requirements of at least 6 feet of spacing for anyone not in the same household. To assist with proper social distancing, areas should be clearly marked. Adults must use face coverings (masks or face shields) at all times.
 - Spectators should not enter the field of play or bench areas.
 - Nonessential visitors, spectators, and volunteers should be limited when possible, including activities with external groups or organizations.
10. Any scrimmages or games should be played against teams located within the same region.
11. Do not share water bottles. An individual athlete should use their own water bottle, clearly marked with their name.
12. If water bottles or cups need to be refilled, one representative (Student/Coach/AT) should use gloves to refill the water bottle. If the athlete does not have a water bottle, disposable cups should be used.
13. Ice towels should be used only once, then thrown out or washed properly.
14. Any use of cold/ice tubs are for individual use only and be drained and cleaned between use. The turbine may not be turned on if using a whirlpool for a cold tub. Best practice for emergency use still applies.
15. No team huddles should take place.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

16. No handshakes or fist bumps should take place.
17. Observe proper ways to limit exposure to COVID-19 (hand washing, cough in your elbow, disinfecting all touched surfaces, social distancing, avoid touching eyes, nose, face and mouth, no spitting, gum chewing, etc.)
18. Coaches, officials, referees, and umpires and all staff should wear masks or face coverings.
19. Any equipment used during activities should be disinfected with Environmental Protection Agency (EPA) certified products between each use.
20. Any jerseys used during these workouts should be washed daily and should not be shared with other players during workout.
21. Any balls used (basketball, baseball, soccer ball etc.) should be disinfected as much as feasible during the activity
22. Masks must be used while indoors (and not participating in sports), in the locker room, in the Athletic Training room, on the bus, in the weight room, and when entering a visiting school and AT room.

B. Special Considerations for Athletes and Coaches

1. Several risk factors have been associated with more severe disease in adults. Specific conditions in children/teenagers are less clear, however those with underlying conditions may be more likely to have severe COVID-19 illness.

Current Risk Factors

- a. Age greater than 65 years
- b. Severe obesity (Body Mass Index >40)
- c. Chronic Lung Disease including moderate or severe asthma
- d. Diabetes
- e. Chronic kidney disease
- f. Heart conditions
- g. Immunocompromised (e.g. any transplant recipient, needing immunosuppressant medications {e.g. steroids, biologics, etc.}, patients receiving chemotherapy, etc.)
 - *If you think that your child is immunocompromised, please check with your child's healthcare provider.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

2. Adults should consider delaying participation in these activities if risk factors are present. Consultation with your healthcare provider (Physician, Nurse Practitioner, Physician Assistant) is recommended if you have questions.
3. Children/Teenagers with risk factors should consider consulting with your healthcare provider about participation since limited data exist and, in many cases, (well- controlled diabetic or asthmatic) an increased risk is likely not present.

C. Social Considerations/Assessments

1. Exceptions may be needed for some of these conditions based on circumstances.
 - a. Showers may be needed after practice in some circumstances (like having to work after practice, homelessness, etc.). Coaches and administrators can make these exceptions at their discretion. Social distancing should be maximized, and proper cleaning should take place.
 - b. For parents or caregivers that walk or rely on public transportation, an area away from practice should be set aside that allows for social distancing.
 - c. Schools and organizations should attempt to have extra masks or face coverings available. If they are cloth-based, they should be washed after each use.
 - d. For athletes not able to wash their workout clothes, schools and organizations should attempt to help provide this for them.
2. Additional situations may arise based on social vulnerabilities. Schools and organizations should attempt to think of these situations and develop solutions that continue to practice the key elements of preventing COVID-19 spread.

D. Screening

1. Every coach and athlete should be screened when they enter the campus or facility where the sporting activity will take place. They should wear a mask or face covering until they screen negative. Following screening, they should continue to wear a mask or face covering until allowed based on sport.
2. An athletic trainer (AT) who is employed at the organization or school is the ideal person to complete this screening. If no athletic trainer is employed, or additional help is needed for screenings, then specific individuals (preferably someone medically trained) should be assigned to complete the screening:

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

- a. For the Certified Athletic Trainer or other health care provider, the following items are recommended:
 - i. Personal Protective Equipment should be worn, including masks and gloves when appropriate.
 - ii. Wear a mask at all times when on campus or in the facility. Hand hygiene should be practiced, either through wearing gloves or using hand sanitizer between athlete contacts.
 - iii. Athletic Trainer should clean any tables used for assessing athletes with hospital grade cleaner after each patient and wipe down the entire AT room at least twice a day.
 - iv. The number of athletes in the athletic training room should be limited and there should be space for 6 feet of social distance in the athletic training room at all times. People inside the room should wear masks or face coverings. Only one athlete per treatment table should be allowed.
 - v. Athletic Trainer should budget for an abundance of cleaning/disinfectant wipes and sprays within their supply orders to assure proper sanitation is maintained without fear of shortages. PPE and hand sanitizer supplies should also be well budgeted, supplied, and maintained.

3. The screening should include the following: (See Appendix A Below)

- a. Questions Checklist
- b. Temperature check with a thermometer is recommended but not required (temperature greater than 100.4 for children and greater than 100 for individuals over the age of 18 is considered a fever).
 - i. Forehead thermometer or touchless thermometer is preferred
 - ii. Tips for athletes/staff to avoid low or high temps
 - 1. Turn off AC or heat and/or angle blowers in your car away from the face approx. 2-3 min before temp (visual cue – when you pull into school to park).
 - 2. Oral thermometers: Refrain from drinking hot or cold liquids in the 2 - 3 min before temp.
 - 3. Cold weather: Remove warm hats such as beanies 2-3 min before temp.
 - 4. If walking in overly cold weather, temporal reading often fails, as it's too cold for the thermometer to register. We'll retake at the wrist or neck.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

iv. Screening Process:

1. Fails are allowed. Repeat temperature checks should be performed within a period of 10 minutes.
 2. Make the adjustments listed above. This often resolves the issue.
 3. If the issue persists, have the person stand to the side and retest in about a minute. If that doesn't work, wait 3-5 more minutes and retest. Fails can retest at 10 minutes if desired, but it's very unlikely that their temp will drop if it has not already.
 4. Artificially lowered temps (a common cheat) will usually raise within 1-2 min. The employee/athlete typically looks sick so this is an easy cheat to spot/address.
4. If an athlete, coach, or official has positive findings on their COVID-19 screening, they should be sent home immediately. If the athlete's parents are not present, escort the athlete to a designated isolation room or an area away from others. They should wear a mask or face covering. They should then be directed to a virtual COVID-19 screening visit (see resources listed below). The athlete should not be allowed back until they have documentation showing the SARS-CoV-2 test was negative or a note from their healthcare provider stating they do not need to be tested and their symptoms are not due to COVID-19.
 5. After the athlete, coach, or official is screened negative, they should receive an indicator that shows they have been screened (for example: a colored wrist band, a sticker that changes daily, a marking on hand) with the current date and initials of the screener.

E. Positive COVID-19 Athlete or Coach

1. Notify the local public health authority. A school nurse, athletic trainer, healthcare provider, or member of the organization should create and provide a line list of all close contacts and their contact information to the health department. This will ensure timely and efficient contact tracing which is necessary to stop the spread of disease.
2. If an athlete or coach is confirmed to have COVID-19, the following should occur:

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

- a. All participants that have practiced or competed with this individual (within 6 feet for greater than 15 minutes, for a time period of 48 hours before they started showing symptoms until last contact) should be excluded from practice and play for 14 days. Teams should keep documentation of names and contact information of opposing teams, coaches, and officials for contact tracing purposes.
 - b. Coaches and staff who were in contact with the infected individual while properly wearing a mask will likely still be excluded from practice and play based on CDC guidance.
3. If the exposure event occurred during a full practice that includes an intra-squad scrimmage, the exposed individual(s) will be quarantined, and it may be necessary to quarantine the entire team and exclude them from practice and school attendance for 14 days.
 4. If the exposure event occurred during a game competition, exposed individual(s) will be quarantined, and it may be necessary to quarantine BOTH teams and exclude them from practice and school attendance for 14 days.
 5. Any decisions following a positive test will involve consultations with LVHN physicians and the PA DOH to determine next steps and further contact tracing.
 6. Isolation vs Quarantine: Individuals that are infected need to isolate from others to reduce infection transmission. Individuals that have been exposed to a known positive need to quarantine during the potential incubation period.

F. Return to Sports after illness

Isolation is used to separate people infected with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected. People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available). Ending isolation is based on varying criteria.

1. Return to sports after assumed positive COVID-19 based on symptoms. Athletes are allowed to return after:
 - At least 10 days have passed since symptoms first appeared AND
 - At least 24 hours have passed with no fever (without fever-reducing medication) AND
 - All symptoms have improved

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

2. Return to sports after positive COVID-19 test but no or mild symptoms (not hospitalized). Athletes are allowed to return after:
 - At least 10 days have passed since you had your positive test.

*If symptoms develop after the positive test, follow the above guidance.
3. **ALL ATHLETES SHOULD GET FINAL RETURN TO SPORT RELEASE FOLLOWING A PHYSICAL EXAM FROM A PHYSICIAN.**
 - a. The rationale behind the following guidelines is based on the myocardial injury, cardiac dysfunction, and arrhythmias associated with COVID-19.
 - b. The patient should be evaluated and provide a note for sport participation from a medical provider (MD, DO, NP, PA).
 - i. Individuals without a medical provider can contact their local public health agency.
 - ii. Given the potential for COVID-19 to affect the heart, providers should utilize current sport pre-participation screening evaluations with a low threshold to obtain additional work-up (i.e. high sensitivity troponin, ECG, Echo) or referral to cardiology if concerned.
 - iii. Medical providers should take into consideration the intensity level of sport participation and exercise to help guide their decision to pursue additional evaluation.
 1. After returning, the athlete/coach should increase participation and exercise in a gradual and individualized process while monitoring for exercise fatigue or worsening symptoms. This individualized process should be generated as a joint decision between the medical provider, coach, and athletic trainer.
 2. If symptoms worsen or new symptoms occur during gradual return of play such as, but not limited to, chest pain, chest tightness, palpitations, light-headedness, pre-syncope or syncope the athlete/coach should be evaluated by a medical provider.

All practices and competitions should have individuals who are familiar with CPR, the chain of survival, and how to use Automated External Defibrillators (AEDs).

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

G. Risk Stratification Models

Importantly, different sports may present a different level of risk to the competitors and the community. The NCAA, PIAA, and the NFHS have all identified three levels of risk for sports (of note, these risk stratifications have slightly different ranking of several sports – see below). These can be broken down into the following models:

- 1. Low Contact Risk:** Sports that can be done with social distancing or individually without sharing of equipment or the ability to clean the equipment between use by competitors. Examples would include: bowling, diving, fencing, golf, rifle, skiing, swimming, tennis, track and field. Cross country can be put into the low risk category if appropriate accommodations are made.
- 2. Moderate/Intermediate Contact Risk:** Sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can't be cleaned between participants. Examples would include: Baseball*, softball*, water polo, gymnastics* (if equipment can't be sufficiently cleaned between competitors), tennis*, swimming relays, pole vault*, high jump*, long jump*, girls lacrosse.
**Could potentially be considered "lower risk" with appropriate cleaning of equipment and use of masks by participants.*
- 3. High Contact Risk:** Sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants. Examples would include: wrestling, football, boys' lacrosse, soccer*, competitive cheer, basketball*, field hockey*, ice hockey*, rowing*, rugby, squash*, volleyball*, water polo*.

**Considered "moderate risk" based on the NFHS and PIAA guidance.*

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

H. Guidance for determining level of community transmission

1. The PA DOE has published new [guidance](#) for determining the level of community transmission of infection (low, medium, high), employing the incidence rate and the percent positivity of diagnostic testing, consistent with the national Coronavirus Task Force recommendations. The PA DOE plans to employ this guidance when determining the instructional model that schools may employ. If the community incidence rate is <10 infections per 100,000 population OR <5% of the testing performed is positive, the county is felt to have a “low” risk of community spread. If the community incidence rate is 10-100 infections per 100,000 population OR 5-10% of testing is positive, the county is felt to have a “moderate” risk of community spread. If the community incidence rate is >100/100,000 population OR >10% of the testing is positive, the county is felt to have a “high” risk of community spread.
2. Previously, our recommendations had employed the [Pennsylvania Process to Reopen](#) criteria for green/yellow/red phases to move schools through different phases of play. In order to be consistent with the PA DOE, we plan to employ this new guidance for those schools that choose to resume school sports.
3. The current PA DOH [data](#) shows that our region’s community incidence rate is above (in some cases well above) the 10 cases/100,000 people threshold, which according to the PA DOE and national guidelines equates to a “Moderate/Medium” risk of community transmission. This gating criteria outlined in the table below is important to consider when determining if and what sports should be allowed to participate in practices and/or competitions.

The graph below stratifies the current PA Department of Education school guidance based on community incidence rate of infection and percent positive testing rate with the sports risk of infection and makes suggestions for how to proceed with return to sports.

Sport Risk	Community Incidence Rate	PCR Test Positivity Rate	Phase 1 <i>Individual Workout</i>	Phase 2 <i>Team Practice</i>	Phase 3 <i>Competition</i>	
Low	< 10 per 100,000	< 5%	Acceptable	Acceptable	Acceptable	
	10-100 per 100,000	5-10%	Acceptable	Acceptable	Acceptable	
	> 100/100,000	> 10%	<i>High Risk/Caution</i>	<i>High Risk/Caution</i>	<i>High Risk/Caution</i>	
Medium	< 10 per 100,000	< 5%	Acceptable	Acceptable	Acceptable	
	10-100 per 100,000	5-10%	Acceptable	Acceptable	Acceptable	
	> 100/100,000	> 10%	<i>High Risk/Caution</i>	<i>High Risk/Caution</i>	<i>High Risk/Caution</i>	
	Community Incidence Rate	PCR Test Positivity Rate	Phase 1 <i>Individual Workout</i>	Phase 2 <i>Small Cohorts</i>	Phase 3 <i>Team Practice</i>	Phase 4 <i>Competition</i>
High	< 10 per 100,000	< 5%	Acceptable	Acceptable	Acceptable	Acceptable
	10-100 per 100,000	5-10%	Acceptable	Acceptable	Acceptable	<i>High Risk/Caution</i>
	> 100/100,000	> 10%	<i>High Risk/Caution</i>	<i>High Risk/Caution</i>	<i>High Risk/Caution</i>	<i>High Risk/Caution</i>

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

POINTS OF CONTACT

RESOURCES/REFERENCES

- www.ssmhealth.com/coronavirus-updates
- www.mercy.net/covid
- www.bjc.org/Coronavirus
- www.cdc.gov/coronavirus
- <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Monitoring-Dashboard.aspx>
- <https://www.education.pa.gov/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/Pages/DeterminingInstructionalModels.aspx>
- <https://www.governor.pa.gov/process-to-reopen-pennsylvania/>
- <https://www.governor.pa.gov/wp-content/uploads/2020/07/20200715-TWW-targeted-mitigation-order.pdf>
- <https://www.governor.pa.gov/covid-19/sports-guidance/>
- <http://www.ncaa.org/sport-science-institute/resocialization-collegiate-sport-developing-standards-practice-and-competition>
- <https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15-2020-final.pdf>
- http://www.piaa.org/assets/web/documents/Return_to_Competition.pdf
- CDC Cleaning and Disinfection Tool.
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>
 - Last updated August 8, 2020
- CDC Handwashing Guidelines.
 - <https://www.cdc.gov/handwashing/when-how-handwashing.html>
 - Last reviewed August 26, 2020
- Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
 - Last updated August 10, 2020

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

- Guidelines for Opening Up America Again.
 - <https://www.whitehouse.gov/wp-content/uploads/2020/04/Guidelines-for-Opening-Up-America-Again.pdf>
 - Published April 16, 2020
- State of Missouri Novel Coronavirus Analytics.
 - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/analytics-update060320.pdf>
 - Published June 3rd, 2020
- The resurgence of sport in the wake of COVID-19: cardiac considerations in competitive athletes.
 - <https://bjism.bmj.com/content/early/2020/06/18/bjsports-2020-102516>
 - Published April 24, 2020.
- A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection.
 - <https://jamanetwork.com/journals/jamacardiology/fullarticle/2766124>
- GUIDANCE FOR OPENING UP HIGH SCHOOL ATHLETICS AND ACTIVITIES. National Federation of State High School Associations (NFHS) & Sports Medicine Advisory Committee (SMAC).
 - https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf
 - Approved April 2020.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

Appendix A ALL ATHLETES AND TEAM PERSONNEL Screening Questionnaire

To ensure your safety and that of others, please answer the following screening questions:

1. Do you have any of the following symptoms beyond what you normally experience? (please check any or all that apply)
 - Fever (>100 .0)
 - Cough
 - Shortness of breath/difficulty breathing
 - Chills
 - Muscle ache
 - Headache
 - Sore Throat
 - New Loss of Taste or Smell
2. Have you recently been diagnosed with COVID-19 infection (confirmed by a positive COVID test)?
3. Have you been recommended for social isolation or quarantine because of exposure to a patient with the confirmed diagnosis of COVID-19?
4. Were you recently tested for COVID-19 and still awaiting results?
5. Have you recently travelled out of state? If so, where?

*It is recommended that you stay at home for 14 days upon return from travel to [these states](#)

If you answered yes to any of the above, inform your Athletic Trainer or Coach, and go home immediately. Have your parent/guardian go to lvhn.org/treatments/covid-19-video-screenings to receive an evaluation.

You will not be allowed to return until you have been screened and cleared to participate by an approved provider.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

Cuestionario de Evaluación

Por su seguridad y la de otros por favor responda las siguientes preguntas de evaluación:

1. ¿Tiene alguno de los siguientes síntomas, más de lo que es normal para usted? (Favor marque cualquiera que aplique)
 - Fiebre (>100 .0)
 - Tos
 - Falta de aliento/dificultad respiratoria
 - Escalofríos
 - Dolor Muscular
 - Dolor de Cabeza
 - Dolor de Garganta
 - Pérdida Reciente del Olfato o el Gusto
2. ¿Ha recibido un diagnóstico de COVID-19 recientemente (confirmado por una prueba positiva de COVID)?
3. ¿Se le ha recomendado aislamiento social o cuarentena porque tuvo exposición a un paciente confirmado de COVID-19?
4. ¿Se le realizó la prueba de COVID-19 recientemente y está esperando los resultados?

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

Appendix B Sample COVID Screening Tracking Form

Sport		Date										Time		
Name	Temp	Fever	Cough	Shortness of Breath/ Difficulty Breathing	Chills	Muscle Ache	Headache	Sore Throat	New Loss of Smell, Taste, or both	Recently Diagnosed with COVID-19 (Positive Test)	Recommended for Social Isolation or Quarantine because of a exposure to a patient with confirmed diagnosis	Recently Tested for Covid-19 and awaiting results?		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

Appendix C

Sample School District Participation Waiver

SCHOOL NAME Area School District

Athletic Department

Participation Waiver for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges. The COVID-19 virus is a highly contagious illness that primarily attacks the upper respiratory system. The virus that causes COVID-19 can infect people of all ages. Research from the Centers for Disease Control and Prevention (CDC), among others, has found that while children do get infected by COVID-19, relatively few children with COVID-19 are hospitalized. However, some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable. While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to students, coaches, and their families.

The **SD** will take the necessary precautions and recommendations from the federal, state, and local governments, CDC, PA DOH, as well as the Pennsylvania Interscholastic Athletic Association (PIAA). The **SD** realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations will be adjusted as needed as new information becomes available in order to decrease the risk of exposure for our staff, students, and spectators.

These Recommendations include but may not be limited to:

1. Athletes, Coaches, and Staff will undergo a COVID-19 health screening prior to any practice, event, or team meeting. The type of screening will be dependent upon the available resources and the Phase level. The purpose is to check for signs and symptoms of COVID-19. It will include a questionnaire and temperature check as needed.
2. Promote healthy hygiene practices such as hand washing, using hand sanitizer, cough in your elbow, avoid touching eyes, nose, face and mouth, no spitting, no gum chewing, no handshakes/celebrations (high fives, fist/elbow bumps, chest bumps, hugging).
3. Intensify cleaning, disinfection, and ventilation in all facilities.
4. Encourage social distancing through increased spacing, small groups, and limited mixing between groups, if feasible.

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

5. Educate Athletes, Coaches, and Staff on health and safety protocols.
6. Anyone who is sick must stay home.
7. A plan must be in place if a student or employee gets sick.
8. Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
9. Athletes and Coaches **MUST** provide their own water bottle for hydration. Water bottles must not be shared. Refill Stations and Water Fountains will **NOT BE** Initially AVAILABLE!
10. PPE (gloves, masks, eye protection) will be used as needed and situations warrant, or determined by local/state governments. Face coverings will not be used for athletes while practicing or competing.

I understand that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. While particular recommendations and personal discipline may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation. I willingly agree to comply with the stated recommendations put forth by the **SD** to limit the exposure and spread of COVID-19 and other communicable diseases.

Sport: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student Athlete: _____

Date: _____

*Parents/Guardians may request a full copy of the **SD** Guidelines for Returning to Sport. Contact **NAME of AD at email address**

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

Appendix D

ALL ATHLETES AND TEAM PERSONNEL Travel Screening Verification

COVID-19 Screening

To: Athletic Trainer of _____

From: Athletic Trainer of _____

Date: _____

This is to certify that the following were screened for Covid-19 symptoms before boarding the transportation to your school/stadium and were found to be symptom free and below the 100.4 degree temperature threshold.

_____ Total number of Coaches

_____ Total number of Athletes

Attest: _____
Athletic Trainer/ Designee

Screening questions:

1. Do you have fever/chills?
2. Do you have a cough?
3. Do you have a sore throat?
4. Do you have shortness of breath?
5. Do you have a loss of taste or smell?
6. Do you have vomiting/diarrhea?
7. Have you been in contact with anyone who contracted COVID in the last 10-14 days?
8. Have you traveled out of PA in the last 14 days? If so; where?