Ashland High School Sports Medicine
Aimee Mendoza, ATC

65 East Union St
Ashland, MA 01721
508-881-0177

Coronavirus Return to Athletics Protocol

The Return to Play Protocol is based on policies of the Ashland High School along with recommendations from the American Academy of Pediatrics and Journal of American Medical Association (Cardiology). The concern for young athletes who have contracted SAR-2-CoV coronavirus is the possibility of developing myocarditis, which is an inflammation of the heart muscle. As myocarditis is a leading cause of Sudden Cardiac Death in young athletes, extra precautions must be taken during the Return to Play after Covid-19 infection.

All student-athletes who have been infected with SARS-CoV-2, regardless of symptoms, require a minimum 10-day resting period without exercise and must be completely asymptomatic before returning to exercise and/or competition. Additionally, they will need to be cleared for sports by their primary care physician (PCP). Any COVID-19-positive individual who has a history of or current cardiac symptoms/findings upon examination must have clearance by a cardiologist before returning to exercise and/or competition.

Ashland Athletics will be adhering to the following policy (Based on JAMA Cardiology & APS):

Covid-19 Negative and Asymptomatic:

- No limitations to exercise
- Follow social distancing guidelines
- Close monitoring for development of symptoms

Covid-19 "Close Contact," within household as deemed by Ashland Board of Health:

- 14 day quarantine per APS guidelines
- Close monitoring for development of symptoms
- Return to play after 14 day quarantine is complete with no symptoms
- ***Example:***
    - ***Potential Exposure on Jan. 1***
    - ***Day 1 of quarantine is Jan. 2***
    - ***Day 14 of quarantine is Jan. 15***
    - ***Eligible to return to school/play on Jan. 16***

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Covid-19 "Close Contact," outside of household as deemed by Ashland Board of Health:

- Begin 14 day Quarantine per APS guidelines
- Close monitoring for development of symptoms
- May take a PCR test on day 5
- If negative PCR result, continue to quarantine through day 7
- Return to school/play on day 8 with no symptoms
- If you decline a test and remain asymptomatic, you may return on day 11
- Must self monitor through day 14
- ***Example:***
    - ***Potential Exposure on Jan. 1***
    - ***Day 1 of quarantine is Jan. 2***
    - ***Day 5 of quarantine is Jan. 6***
    - ***Day 7 of quarantine is Jan. 8***
    - ***Day 8 and Eligible to return to school/play on Jan. 9***
    - ***If declining a PCR test, eligible to return to school/play on day 11, Jan. 12***
    - ***Self monitor through Day 14 on Jan. 15***

Covid-19 Positive and Asymptomatic or Mild Symptoms:

MD Clearance for activity is required for participation

- Rest/no exercise for 10 days
- Close monitoring for symptom onset or late deterioration
- Begin gradual return to play 10 days from positive test result and at least 24 hours symptom free off antipyretics (ex: Tylenol) under guidance of AT and MD
- Close monitoring of clinical deterioration

Covid-19 Positive with Moderate Symptoms (not hospitalized):

***Clearance from Pediatric Cardiologist is required**

- If cardiac tests are normal, follow procedure listed above

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Covid-19 Positive and hospitalized:

- Students who are hospitalized and develop Multisystem Inflammatory Syndrome must be treated as though they have myocarditis and ***may not participate in sports for 3-6 months***.

***These athletes must be evaluated and cleared to resume sports by a pediatric cardiologist**

Return to Play (RTP) Procedures After COVID-19 Infection

Upon medical clearance by their primary physician and/or cardiologist, the student will commence with a graduated return to play outlined below. However, if a cardiologist has a specific return to play protocol, that may supersede the school return to play.

- School Athletic Trainer will supervise the Graduated Return to Play protocol.
- Minimum duration of the Graduated Return to Play is one week. (**5 school days**).
- Cardiac symptom screening along with Covid-19 symptom screening will be performed daily.
- The student will complete a gradual progression of sport specific skills and aerobic exercises over the course of no less than a week.
- During the exercising the following will be monitored.
    - Cardiac symptoms
    - Pulse and respiratory rate
    - Oxygenation
    - If "smart technology" is used, blood pressure and heart rhythm may also be monitored.
    - Any signs of cardiac symptoms will result in a termination of the Graduated Return to Play and warrant an evaluation by a pediatric cardiologist.

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, the patient should be referred back to the evaluating provider.

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Stage 1	Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
Stage 2	Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.
Stage 3	Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
Stage 4	Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
Stage 5	**Return to full activity**

Cleared for Full Participation after completing RTP by Ashland Athletic Trainer (Minimum 5 days spent on RTP):

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020. UPDATED: 8/10/2020 8:45 A

A game plan for the Resumption of Sport and Exercise After Coronavirus Disease (Covid-19) Infection Click Here; Click Here; Click Here *JAMA Cardiol. 2020;5(10):1085-1086. doi:10.1001/jamacardio.2020.2136*

https://www.aappublications.org/news/2020/12/04/sportsguidance120420

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ASYMPTOMATIC OR MILDLY SYMPTOMATIC (<4 days of fever >100.4°F, short duration of other symptoms)

No exercise until cleared by physician

↓

14 point pre-participation screening (see below) and complete examination

abnormal ↙ ↘ normal

EKG, cardiology referral

Begin gradual return to play 10 days from positive test result and at least 24 hours symptom free off antipyretics

COVID & KIDS IN SPORTS

January 2021

All youth who have had a positive COVID test should be cleared by their pediatric health care provider teams prior to returning to organized sports. Even those who are asymptomatic could be at risk for myocarditis.

This handout is for use by pediatric health care providers and is based on the AAP Return to Sports guidelines updated December 2020 (QR code below; https://bit.ly/2JFusQZ).

This is for guidance only, and does not replace clinical judgment. Each institution may have their own guidance.

ABOUT

(≥4 days of fever >100.4°F, myalgia, chills, or lethargy; OR non-ICU hospital stay and no evidence of MIS-C) **MODERATELY SYMPTOMATIC**

No exercise until cleared by physician

↓

EKG, cardiology consult at least 10 days from positive test result. May need Holter monitor, exercise stress testing, cardiac MRI

↓ normal

May begin gradual return to play at least 10 days from positive test result and at least 10 days symptom free off antipyretics.

SEVERELY SYMPTOMATIC OR MIS-C ICU stay or abnormal cardiac tests

No exercise for at least 3-6 months AND cleared by cardiology with extensive cardiac testing including troponin, echo, and cardiac MRI

14-Point Screening

Personal History:
- ☐ Chest pain/discomfort/tightness/pressure related to exertion
- ☐ Unexplained syncope/near-syncope
- ☐ Excessive exertional and unexplained dyspnea/fatigue or palpitations, associated with exercise
- ☐ Prior recognition of a heart murmur
- ☐ Elevated systemic blood pressure
- ☐ Prior restriction from participation in sports
- ☐ Prior testing for the heart, ordered by a physician

Family History:
- ☐ Premature death (sudden and unexpected, or otherwise) before age 50 attributable to heart disease in ≥1 relative
- ☐ Disability from heart disease in close relative <50y of age
- ☐ Hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of certain cardiac conditions in family members

Physical Examination:
- ☐ Heart murmur
- ☐ Femoral pulses to exclude aortic coarctation
- ☐ Physical stigmata of Marfan syndrome
- ☐ Brachial artery blood pressure (sitting position)

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