

# COVID-19 Policies and Procedures



WellSpan Sports Medicine has compiled a game plan to reopen athletic practices and events that align with the CDC, PIAA, NFHS, PA Department of Health, and the PA Department of Education. This document intends to guide schools and clubs in the prevention and management of athletes that test positive for COVID-19. We have assembled the information into useful subgroups to help direct coaches, athletes, and administrators to make safe and well-directed decisions about their health. As per the Pennsylvania guidelines for return to sport, we devised this plan of action in the event an athlete, coach, or official falls ill. It should be made publicly available and explained to the entire sport community.

Prevention of infection is our best strategy as we await medication and vaccines to treat this novel coronavirus discovered in 2019 (COVID-19). We recommend coaches allow Athletic Trainers and other medical professionals to address all athletes, staff and families about the symptoms of COVID-19 and when to stay home. All athletes with symptoms of COVID-19 should stay home and be evaluated by a medical professional.

We recommend to coaches and teams that they practice proper spacing of at least 6 feet. Educate players about covering coughs and sneezes with a tissue or their elbow. Please discourage spitting. Educate athletes on proper hand washing and sanitizing. Encourage players to focus on building individual skills. Remind players about social distancing and identify markers (such as signage, cones, or tape on floor). Consider using pod units of fewer players, so a COVID positive athlete does not jeopardize full team status. The coaches should work with your Licensed Athletic Trainer to reduce risk.

## The following section addresses student-athletes with positive test to COVID-19

### Student-athletes who test positive for COVID-19 with or without symptoms:

- Should be isolated per public health guidelines. (CDC)
  - After day 10 without testing **and**
  - After day 7 after receiving a negative test result (test must occur on day 5 or later) **and**
  - At least 24 hours with no fever without fever-reducing medication **and**
  - Respiratory symptoms have improved. Loss of taste or smell do not have to resolve.
- No exercise is recommended for at least 14 days from onset of symptoms and 7 days after all symptoms have resolved.

### After symptom resolution and prior to sports participation:

- Student-athletes should be evaluated by a medical provider to assess for residual symptoms and the need for additional testing.
- Written medical clearance prior to sports participation is required.
- EKG recommendation should be strongly considered.
  - \* Myocarditis post-COVID infection has been seen on a regular and notable level.

### Athlete Exposures to Close Contacts:

Anyone who has had close contact with someone with COVID-19 should stay home for 10 days after their last exposure to that person.

However, anyone who has had close contact with someone with COVID-19 and who meets the following criteria does NOT need to stay home.

- Someone who has been fully vaccinated and shows no symptoms of COVID-19. However, fully vaccinated people should get tested 3-5 days after their exposure, even they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

Or

- Someone who has COVID-19 illness within the previous 3 months and
- Has recovered and
- Remains without COVID-19 symptoms (for example, cough, shortness of breath)

### What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more.
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person (hugged or kissed them).
- You shared eating or drinking utensils.
- They sneezed, coughed, or somehow got respiratory droplets on you.

*Our best recommendations for Athletic Trainers and team physicians is for them to emphasize to the coaching staff the importance of maintaining small groups (pods). The advantage of using pods is if a member of the pod tests positive for COVID-19, then the pod is out 2 weeks. If not using pods, the team risks restriction of the entire team's practice and games for 2 weeks.*

- **Exception:** Individuals who have tested positive for COVID-19 within the past 3 months do not need to quarantine or get tested again for up to 3 months, if they do not develop symptoms again.
- People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

Evaluation for return to play should be performed by a Sports Medicine trained physician. If an athlete needs further evaluation, WellSpan has an agreement with Penn State Hershey Pediatric Cardiology to interpret EKG and Echo exams that are performed by WellSpan staff on children up to age 18.

Penn State Hershey Pediatric Cardiology  
at Apple Hill Medical Center  
Suite 160, 25 Monument Rd. York, PA 17403  
Dr. Thomas Chin

Email: [tchin@pennstatehealth.psu.edu](mailto:tchin@pennstatehealth.psu.edu)

Phone: 717-812-3883

<https://www.wellspan.org/provider-search/profile/Thomas-Chin-MD-Pediatric-Cardiology-/2060>

All physicals require a supplemental questionnaire addressing medical issues specific to COVID-19 be completed prior to starting sports and/or returning from a positive COVID-19 test. Any positive response from the survey should trigger an evaluation by a medical provider prior to sports participation.

## Your Guide to Masks

- If you are not fully vaccinated and aged 2 or older, you should wear a mask in indoor public places.
- In general, you do not need to wear a mask in outdoor settings.
  - In areas with high numbers of COVID-19 cases, consider wearing a mask in crowded outdoor settings and for activities with close contact with others who are not fully vaccinated.
- People who have a condition or are taking medications that weaken their immune system may not be fully protected even if they are fully vaccinated. They should continue to take all precautions recommended for unvaccinated people, including wearing a well-fitted mask, until advised otherwise by their healthcare provider.
- If you are fully vaccinated, to maximize protection from the Delta variant and prevent possibly spreading it to others, wear a mask indoors in public if you are in an area of substantial or high transmission.

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



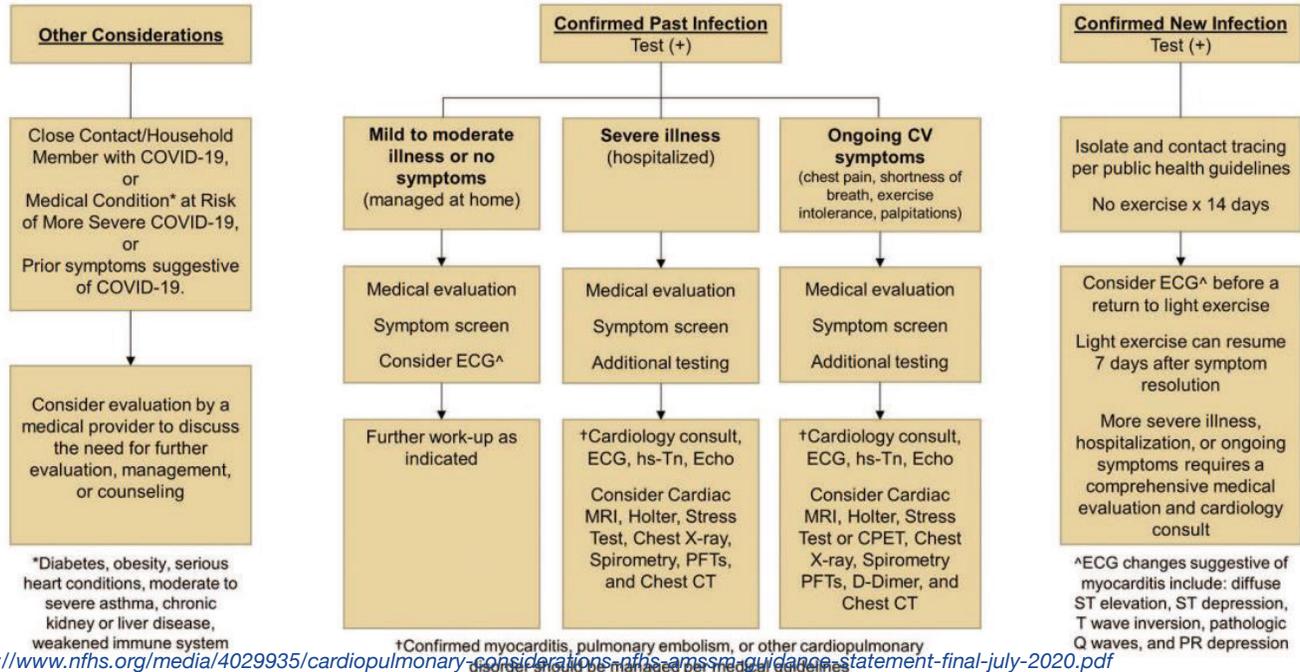
Your health and safety is our No. 1 priority.

Visit [WellSpan.org/Safe](https://www.wellspan.org/Safe) to learn the steps we are taking to provide safe care for all.





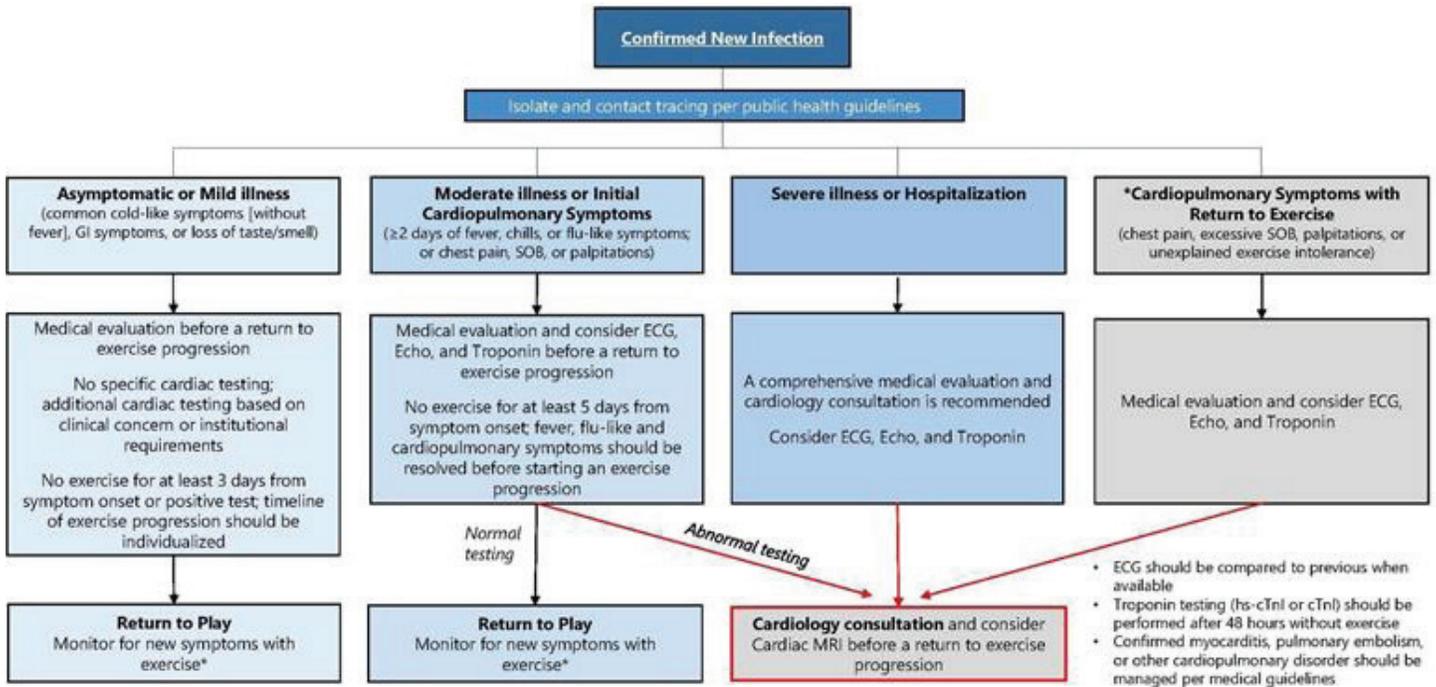
## Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic



<https://www.nfhs.org/media/4029935/cardiopulmonary-considerations-nfhs-amsm-guidance-statement-final-july-2020.pdf>

## Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic

\*Recommendations for cardiac testing are based on expert consensus and informed by current evidence



Considerations were developed by an expert panel with members from the American Medical Society for Sports Medicine and the American College of Cardiology

# Post-COVID 19 7-Day Return-to-Play Progression



After receiving medical clearance, athletes must complete a 7-day return-to-play progression that gradually increases activity level until they are back to full capacity. Symptom severity level will have an effect on the progression being a **minimum** of 7 days. Those with more severe symptoms resulting in significant deconditioning can expect the progression to take longer before there are returned to full capacity. All guidance comes from the CDC and the NCAA.

**Stage 1-** Isolation for 10 days after the first onset of symptoms in accordance with CDC recommendations

**Stage 2 -** No exercise for 14 days from the onset of symptoms and 7 days after all symptoms have resolved. EKGs can be performed during this time after symptoms have resolved including no fever for 24 hours without fever reducing medication.

**Stage 3 -** Medical Clearance by a primary care physician.

**Stage 4 -** Minimum 7 day RTP Progression

## **Step 1 Light Exercise (2 days)**

- 2 days minimum of light activity such as jogging, stationary cycling but **NO WEIGHT TRAINING**
- 70% Max Heart Rate for no more than 15 minutes

## **Step 2 Light-Moderate Exercise (1 day)**

- 1 day minimum of increasing the frequency of training such as simple movement activities like running drills etc. **LIGHT WEIGHT TRAINING ALLOWED**
- 80% Max Heart Rate for no more than 30 minutes

## **Step 3 Moderate Exercise (1 Day)**

- 1 day minimum of increasing the duration of training such as progressing to more complex training activities. **MODERATE WEIGHT TRAINING ALLOWED**
- 80% Max Heart Rate for no more than 45 minutes

## **Step 4 Moderate-Intense Exercise (2 Days)**

- 2 days minimum of increasing the intensity of training such as normal training activities. **PROGRESS TO FULL WEIGHT TRAINING**
- 80% Max Heart Rate for no more than 60 minutes

## **Step 5 Return to Intense Training and Full Return to Sport**

- Full return to team training including **FULL WEIGHT TRAINING**

\*Full return to sport may take up to a month or more including all of the steps of quarantine, clearance, and return-play progression completion. Our goal is for all of our athletes to return safely in the completion of their recovery.

**As always, health and safety are our top priority.** \*

\*Additional resources can be found by referencing the British Journal of Sports Medicine and The Journal of the American Medical Association.

# COVID-19 Athlete Pre-Screening Questionnaire

We appreciate your cooperation and patience in helping to keep our students and staff safe and healthy.

**\*\*This completed form must be turned in to Department of Athletics with your Physical paperwork\*\***

## 1. IN THE LAST TWO WEEKS

Have you experienced:	YES	NO		YES	NO
Fever (100.4°+)?					
Coughing?					
Sore throat?					
Headache?					
Muscle aches?					
Shortness of breath or difficulty breathing?					
Persistent muscle aches?					
Dizziness?					
New confusion or unable to wake?					
Chills or repeated shaking chills?					
Loss of taste or smell?					
Bluish lips or face?					
Purple skin lesions on feet?					
Chest pain, pressure, or lightness?					
Fatigue or difficulty with exercise?					
Nausea, vomiting, or diarrhea?					
<b>2. Have you had a household contact or cared for a person infected with current or past Corona virus?</b> (if Yes, who?)					
<b>3. Do you have moderate to severe asthma, a heart condition, diabetes, preexisting kidney disease, or compromised immune system?</b> (explain):					
<b>4. Have you been diagnosed or tested positive for COVID-19 infection?</b> (date):					
			<b>4. a. During the infection did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?</b> (explain):		
			<b>4. b. Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise or decreased exercise tolerance?</b> (explain):		
			<b>5. Did you receive treatment for COVID-19 infection and if so, what was the treatment course?</b> (treatment):		
			<b>6. Did you receive follow-up care with your primary care physician after having COVID-19?</b> (date and physician name):		
			<b>7. Were you hospitalized after being diagnosed with COVID-19?</b> (dates and institution):		
			<b>8. Did you see a cardiologist or have a cardiac clearance with ECG, 2D Echo and high sensitive Troponin I Test?</b> (date and physician name):		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Athlete Return to Participation Form

To be completed by athlete's PCP, Team Physician or Cardiologist  
(Complete all parts)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ Symptoms: NONE MILD MODERATE SEVERE

Onset of symptoms (date): \_\_\_\_\_ Date of symptom resolution: \_\_\_\_\_

Did the athlete self-isolate for 2 weeks? \_\_\_\_\_ YES NO

Has the athlete been afebrile for the last 3 days without antipyretics? YES NO

Have symptoms been improving? YES NO

Was an EKG performed? YES NO

If yes: Was the EKG normal? YES NO

Were cardiac labs performed (high sensitivity-Troponin, BNP, CRP)? YES NO

Results: \_\_\_\_\_

Was cardiac imaging (Echo, Cardiac MRI) performed? YES NO

Results: \_\_\_\_\_

Was the athlete referred to Cardiology? YES NO

Is the athlete CLEARED to start a GRADUATED return to sports? YES NO

Please list any RESTRICTIONS for return to sport: \_\_\_\_\_

\_\_\_\_\_

Name of clearing physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ MD / DO License Number: \_\_\_\_\_