

Tipton Christian Academy  
Athletic Department

# RETURN TO PLAY

COVID-19 GUIDELINES  
2020-2021





**TIPTON CHRISTIAN ACADEMY**  
**COVID-19 Return to Play Guidelines**  
**Updated November 2020**

The procedures listed below are the guidelines that coaches will follow when conducting practices for the upcoming seasons. Coaches will create practice plans, with social distancing in mind, and turn those into the Athletic Director.

### **Entrance to Practice**

1. Screen athletes by asking the four questions listed:
  - a. Have you developed any symptoms of COVID?
  - b. Any coughing, wheezing, shortness of breath, body aches?
  - c. Lost sense of taste and smell?
  - d. Vomiting or diarrhea in the last 24hrs?→ **If the answer to any of these questions is yes, send the athlete home.**
2. Scan athlete's temperature. If temperature is above 100.4, send the athlete home immediately. Check the box for either normal or above normal on the temperature check form.

### **During Practice**

Maintain social distancing when possible. During breaks, have athletes sanitize hands if using equipment shared by others. When conducting group or team drills where social distancing is not possible, sessions must be conducted in 10-minute intervals with hand sanitizing in between.

### **End of Practice**

Remind athletes to notify the coach of any changes in personal health or any possible sick exposures. Coaches will keep track of practice plans and groups to help with contact tracing

### **Positive COVID-19 Case in Student-Athlete**

Any student-athlete or coach, who is sick or exhibiting symptoms, should not participate in any school sanctioned activities. If an athlete tests positive, team members and coaches who were in close contact should be quarantined for a minimum of 14 days. Coaches, Athletic Director, Head of School, and Health Department will help identify the individuals that need to be quarantined.

### **Contact Tracing & Potential Exposure**

- All team members and staff that was exposed to a COVID-19 positive person should quarantine a minimum of 14 days. If at the completion of the quarantine, no symptoms have occurred, the athlete may begin the return to play protocol at stage 3.

- The CDC defines close contact as someone who was within 6 feet of an infected person for at least 15 minutes total without a facial covering.
- If an athlete is symptomatic and awaiting test results, they will be treated as a positive case until results return.

### COVID-19 Positive Tests Threshold

At any time during preseason or in season, one or more athletes from the same team test positive for COVID-19, the entire team will be shut down and asked to quarantine for 14 days. Games will be cancelled and rescheduled at a later date, if possible. At the completion of the quarantine period, athletes may return to practice at stage 2 of the return to play guidelines.

### Return to Play Protocol

Athletes who receive a positive test result may begin a graduated return to play no sooner than 10 days following the positive test result and must be 24 hours fever free without the use of fever-reducing medications and other symptoms must be improving.

- Students who only test positive but have no symptoms may return to play 14 days after the positive test.
- Students over 12yo who were COVID + and had moderate symptoms (prolonged fever over 3 days, significant respiratory symptoms) should have an EKG prior to resuming sports.
- Students over 12yo who were COVID + and had severe symptoms (hospitalized or had cardiac symptoms) need to have clearance from Pediatric Cardiology prior to resuming sports.

### Return to Play Stages

Return to Play Guidelines are broken into stages. Each stage should take a minimum of 24 hours. Athletes who begin to experience symptoms during a stage should immediately rest until symptoms resolve and may reattempt the stage the following day.

	STAGE 1	STAGE 2	STAGE 3	STAGE 4
<b>Activity Description</b>	Light Activity	Duration Increase	Intensity Increase	Return to full competition
<b>Exercise Allowed</b>	Simple movements and drills. After monitoring progress to more complex training	Progression to more complex training activities. Continue to monitor	Normal training Activities Monitor closely If improvement Athlete can return to full competition	Return to full Competition Monitor closely and note any setbacks or changes in normal performance
<b>% Heart Rate Max</b>	<80%	<80%	<90%	Return to full competition
<b>Duration</b>	<30 Minutes	<45 Minutes	<60 Minutes	Return to full competition

## Return to Play after COVID-19 Infection

---

Since the emergence of the novel SARS-Coronavirus-2 (COVID-19), public health guidelines expectedly have been changing and adapting to the better understanding of the virus with time. Guidance on the graded re-introduction to recreational play and competitive sports have been released.<sup>1,2</sup> However, questions still remain on the safety of returning to exercise in those with prior exposure/infection with COVID-19. Furthermore, COVID-19 infections in pediatric patients are more likely to be asymptomatic or mild compared to adult patients.<sup>3,4</sup> Hence, with the schools and colleges re-opening, the pediatrician is left with the conundrum of clearance for sports participation.

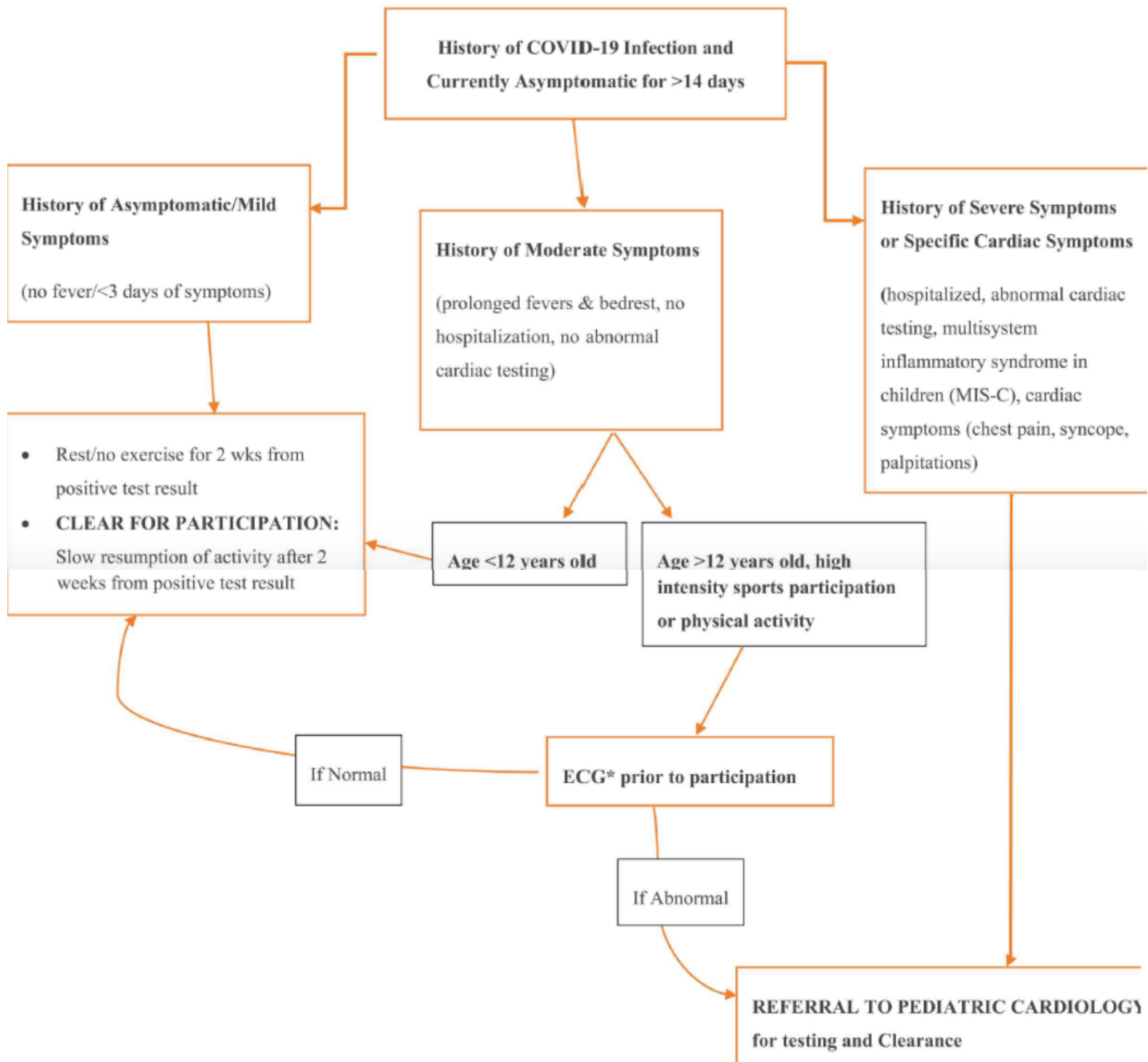
Thankfully, children <12 years of age in general do not have exertional levels in sports much higher than their daily activities. Most pediatric patients will be able to be easily cleared for participation without extensive cardiac testing, but pediatric providers should ensure patients have fully recovered and have no evidence of myocardial injury.

The algorithm suggested below should serve as a guide to the pediatrician in approaching pediatric patients with a history of COVID-19 infection who want to return to physical activity and sports participation.

Please call 901-287-5092 for appointments.

Please feel free to call me with any specific patient questions or concerns. (Ranjit Philip: 423-741-6330; Jason Johnson: 919-308-3887)

### Return to Play After COVID-19 Infection – Algorithm for the Pediatrician



\*If there is no availability of ECG, referral can be made to pediatric cardiology. Unique patients and situations may warrant referral to pediatric cardiology that may not be included in the algorithm.

### **Return to Play After COVID-19 Infection – Written Algorithm for the Pediatrician**

#### **If the child did NOT have symptoms:**

- should not return to sports until 14 days after receiving their COVID-19 test results.

#### **If the child had a mild illness (i.e., they did not have a fever and symptoms lasted less than three days):**

- should not return to sports until at least 14 days after their COVID-19 symptoms have resolved.

#### **If the child had a moderate illness (i.e., their fever or other symptoms lasted for more than three days, but they were not sick enough to be hospitalized):**

- should not return to sports until at least 14 days after their COVID-19 symptoms have resolved.

- If 12 or older, ECG should be performed before they return to sports. (if not available, may refer to cardiology for ECG). If ECG abnormal, refer to pediatric cardiology.

#### **If the child was hospitalized or had cardiac symptoms (chest pain, palpitations, syncope):**

- should not return to sports until at least 14 days after their COVID-19 symptoms have resolved.
- should have cardiac testing (referral to pediatric cardiology) before they return to sports