

UPMC Sports Medicine Playbook: Return to Sports During COVID-19 Minimum Guidelines (High School)

Introduction

This document contains guidelines for establishing a minimal set of standards to assist athletic programs in resuming participation. Understand that while these recommendations are scientific and have been constructed by a team of experts at UPMC, neither we nor anyone can guarantee prevention of illness or injury during athletic participation. There can be no guarantee of safety in a contact sport. This document does not supersede any state or federal guidelines in place for the COVID-19 pandemic. Appreciate, as the medical and scientific community learns more about COVID-19, these recommendations are subject to change. It remains important to continue to consult and follow the most recent CDC guidelines. Each school or league is responsible for implementing appropriate safeguards for resumption of play. UPMC is not liable for anyone who contracts COVID-19 while practicing or playing or participating in any manner.

Task Force Structure

- Schools should consider creating a task force on site to help coordinate an independent response using this document as a foundation for the minimum criteria. This action team could include the following individuals:
 - Athletic Director
 - Athletic Trainer
 - Team Physician
 - School Nurse
 - At larger institutions, you may want to consider adding a head coach, strength and conditioning coach, nutritionist, facilities manager, and a representative from counseling services.

Social Distancing

- **Social distancing should be encouraged at all times (six feet at a minimum).**
- Consider limiting staff to only essential personnel.
- Take into account the capacity of rooms/buildings and consider a reduction in this number.
- Large social gatherings in any spaces should be discouraged.
- Consider spacing in the cafeterias, classrooms, weight rooms, athletic training rooms/locker rooms, and other on-campus venues.
- Virtual team meetings should take place when possible.
- When at practice or in competition, any unnecessary contact should be avoided such as handshakes, high fives, fist bumps, or elbow bumps.
- In all common areas, seating should be spaced six feet apart. Large social gatherings in any spaces should be discouraged.
- Student athletes should sit every other seat on a bench and should avoid using a dugout when possible. They should consciously stand six feet apart when not participating in a drill or activity that requires closer contact.
- Survey other public spaces and determine need for items such as gaming systems, ping pong tables, etc.

Sanitization

- All equipment should be cleaned between each individual use.
- When possible, athletes should not share gear and instead use their own personal equipment.

- Each athlete should have his/her own personal defined hydration container that is never to be shared.
- Hand sanitizer should be made available throughout the facility for use before, during, and after workouts.

Personal Protective Equipment

- Student athletes, coaches, and staff should be strongly encouraged to use masks when in all indoor spaces. This is inclusive of the athletic training rooms and weight rooms.
- Cloth face coverings are adequate (surgical or N95 masks, while also acceptable, are not necessary). The CDC website has complete references for mask specifications and maintenance. The garment should cover both the nose and mouth and allow for continued unlabored breathing.
- While we understand it may be difficult to wear a mask when actively participating in a sport that takes place indoors on a court, (for example: volleyball, basketball, gymnastics) the percentage of time without the mask should be limited to the active participation time.
- At all times, all coaches and staff should be encouraged to be masked 100% of the time.
- Wearing gloves has not been shown to decrease transmission of the virus. Recommendation is for frequent handwashing and avoidance of touching the face.

Pre-participation Exams

- Pre-participation exams should be spaced out by teams and limit the number of people in a space to the practitioner and individual getting screened.
 - This can be accomplished by limiting the number of teams that can be screened in one day and doing the screens by appointment time, so you do not have large groups congregating waiting for their turn.
- COVID-19-specific questions should be included in the screen to include:
 1. Have you tested positive for COVID-19?
 2. Have you had any known exposure to a COVID-19-positive individual?
 3. Have you been tested for COVID-19?
 4. Have you had any new onset cough or shortness of breath?
 5. Have you experienced any recent febrile illness? (temp > than 99.5° F)
- The most recent medical evidence recommends consideration of cardiac testing if a student athlete has previously tested positive for COVID-19. This should be discussed with the team physician on a case-by-case basis.

Daily Screening

- Student athletes, coaches, and staff should be screened daily with no-touch temperature checks and a questionnaire.
- A positive screen that would warrant further investigation would be a temperature greater than 99.5° F or a “yes” response to any of these three questions:
 1. Do you have new onset cough or shortness of breath?
 2. Have you had a fever or felt febrile?
 3. Have you had known exposure to a COVID-19-positive individual?
- If the temperature is >99.5° F, or if any of the questions have a positive response, that individual should be removed from the group and their parent or guardian notified of the documented concern for illness/fever.

Acclimatization Phases

As many athletes are deconditioned from the quarantine period, the NCAA suggests a six-week acclimatization period in preparation for any season. This should occur in a phased and staggered manner to help prevent the potential spread of illness by the asymptomatic carrier.

Phase One (would be completed prior to start of official season/practice):

Opposed to collegiate sports, high school sports participants are generally from the same community and are presumed to have appropriately socially distanced by nature of the government mandates. Therefore, there is not a required need for a 14-day isolation period built into the timeline. However, in the course of phase one, a COVID-19 education module to educate students, parents, coaches, and staff about disease symptoms, spread, and prevention should be encouraged. The CDC and Pennsylvania Department of Health have numerous online resources that are simple and free to access.

Asymptomatic testing can be considered during phase one. There is some debate as to whether the testing is effective/valuable and can be quite costly. The self-isolation period of 14 days should ensure a disease-free population at the start of phase two if done appropriately. Should a school want to pursue testing, Quest labs would be the best venue to facilitate the tests at the time these guidelines were published.

Phase Two:

After the 14-day social isolation and community disease load that is not rising, the team should be broken into groups of no more than 10 student athletes. These groups should remain constant for the next two weeks. During this period, the students would be permitted to participate in non-contact workouts in their small groups. They should continue to wear masks when indoors. Continue to have all meetings on a virtual platform.

Phase Three:

After 14 days of small groups (10 or less) and community disease load that is not rising, the teams of 10 may be merged into groups of no more than 50 students who can now practice full contact. Social distancing should be maintained at all other times such as in the weight rooms and locker rooms.

Phase Four:

After the six-week period is complete and disease load in the community is declining, teams may then combine to the total group for full practices and competition. Social distancing protocols should remain in place at all other times.

Illness Protocol

- Should an individual athlete become ill during any of the above periods, they should be immediately removed from the group, masked if not already, and isolated in their individual space. The parent or guardian should be notified right away.
- Testing for COVID-19 should be done.
- If testing is positive, contact tracing should be initiated.
 - This tracing will identify those individuals who would have been within six feet of the sick athlete for more than 15 minutes while the person was symptomatic or within the 48 hours prior to becoming symptomatic.
 - To learn more about contact tracing, visit the Pennsylvania Department of Health or CDC websites:
[PA Department of Health](#)

Centers for Disease Control and Prevention

- Those identified will need to be put in social isolation for 14 days and closely monitored for the development of symptoms. While testing of the asymptomatic contact may be available, it does not confirm the infection potential of that individual, so cannot be relied on for return to play.
- The athlete with the positive COVID-19 test may return to social interaction 72 hours after resolution of symptoms, including but not limited to: fever (without the use of fever reducing medications), cough, shortness of breath, AND at least 10 days have passed since symptoms first appeared according to CDC guidelines. Emerging evidence in the field of cardiology recommends a 14-day convalescent period from the start of symptoms prior to starting back to strenuous activity and consideration of cardiac testing. Students who test positive for COVID-19 should provide a written release for return to activity from their medical provider before allowing continued participation.

Competition and Travel Considerations

- Competition and travel need to be considered and planned prior to the onset of the season.
- An open line of communication should be maintained between all medical providers in a conference.
- There should be global agreement that all ill athletes will be held from participation no matter the circumstances.
- Member schools will need to be willing to share information regarding potential positive cases and exposures.
- Travel should be limited and when possible done by charter bus or air.
 - Social distancing should be maintained, including masking.
 - When on a bus, social distancing is needed with no two athletes sitting in the seats next to each other.
 - Preparations should be made for limited stops when en route (such as prepackaged meals).
 - Overnight stays should be avoided when reasonable with game schedule. Games should be scheduled in groups in a geographic area when travel is necessary.
 - If an overnight stay is necessary, recommendation is for no more than two people in a room with their own sleeping space.
 - Consider limiting out of conference play this season.