



Department of Public Health

MAYOR
Dee Margo

Return to Play Protocol and Guidance for Young Athletes (High School Students and Younger) in El Paso, Texas (August 3, 2021)

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Peter Svarzbein

This guidance replaces the document issued September 23, 2020. The updates contained hereby in this document reflect changes in isolation and quarantine as more evidence becomes available in this ever-changing COVID-19 pandemic.

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Cassandra Hernandez

This guidance provides a return to play protocol for all young athletes within El Paso County in an effort to prevent morbidity and mortality associated to complications from COVID-19 when returning to sports competitions. It will also provide uniform evidence-based protocol to be used by all athletic trainers, coaches and other personnel involved in youth sports and those responsible for the health and well-being of those children.

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While many young children infected with the COVID-19 virus have mild symptoms or remain asymptomatic, some develop moderate or severe disease that will impact the respiratory and cardiovascular systems by direct injury or initiation of the inflammatory response. Cardiopulmonary concerns from COVID-19 arise from the limited data available in the pediatric population and from data in severely ill adult patients, where approximately 1 in 5 hospitalized patients suffers from cardiac, pulmonary, or thromboembolic (clotting) complications and long-term effects.

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Evidence on the prevalence and risks of these and other complications in children and adolescents who have had a milder form of the illness remains limited. While the incidence of myocarditis is lower in the pediatric population compared to the adult population, myocarditis is a well-known cause of sudden death during exercise in the young athlete.

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Definitions:

Asymptomatic Disease: Patient Laboratory confirmed COVID-19 positive without exhibiting any symptoms for the duration of the isolation period (10 days).

Mild Disease: Patient Laboratory confirmed COVID-19 positive who exhibits fewer than 4 days of fever above 100.4oF, short duration of symptoms (<7 days) such as myalgia, chills and lethargy.

Moderate Disease: Patient Laboratory confirmed COVID-19 positive who exhibits ≥ 4 days fever $>100.4oF$, ≥ 7 days of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of Multisystem Inflammatory Syndrome in Children (MIS-C).

Severe Symptoms: Patient Laboratory confirmed COVID-19 positive who had ICU admission and/or intubation or MIS-C.

Guidance for Healthcare Providers:

All children diagnosed with COVID-19 should be evaluated by a healthcare provider and cleared to start return to play progression. Healthcare providers evaluating children for return to play after COVID-19 infection should abide by the following recommendations depending on the severity of the disease, this is based on current available evidence.

Asymptomatic or mild illness in the pediatric population do not require cardiac testing during the acute infection and is not required to clear them to resume sports participation. These young athletes should refrain from physical activity and sports while actively sick or febrile and gradually return to activities as they feel able.

Young athletes who experience moderate COVID-19 disease should have an EKG done before they are cleared to continue sports participation.

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Youth Athlete may initiate **return to play progression*** if any the following situations are met:

- At least 10 days have passed from the date of positive COVID-19 test if asymptomatic, or
- At least 10 days have passed from the date of resolution of symptoms if mild disease, or
- At least 10 days have passed from the date of resolution of symptoms for moderate disease **AND** should have a **NORMAL EKG**.

For young athletes who experience severe COVID-19 disease with evidence of myocarditis or were diagnosed with MIS-C, should **NOT** return to play for 3-6 months and they should be cleared by Primary Care Provider and Pediatric Cardiologist.

Return to play progression is a six-step process that includes a series of exercises that provides structure to guide an athlete who is recovering from COVID-19 in a gradual return to play (RTP) by allowing participation in increasingly difficult physical activities.

It is important for an athlete's parent(s) and coach(es) to watch for cardiac symptoms such as: chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope after each day's return to play progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If any of these symptoms develop, patient will not be allowed to continue the exercises and will be referred to the evaluating provider who signed the form.

Student-Athletes must complete the progression described on Return to Play form attached, monitored by school athletic trainer, without the development of symptoms before they are allowed to fully return to play sports.

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Health Authority City/County of El Paso, TX

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RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS

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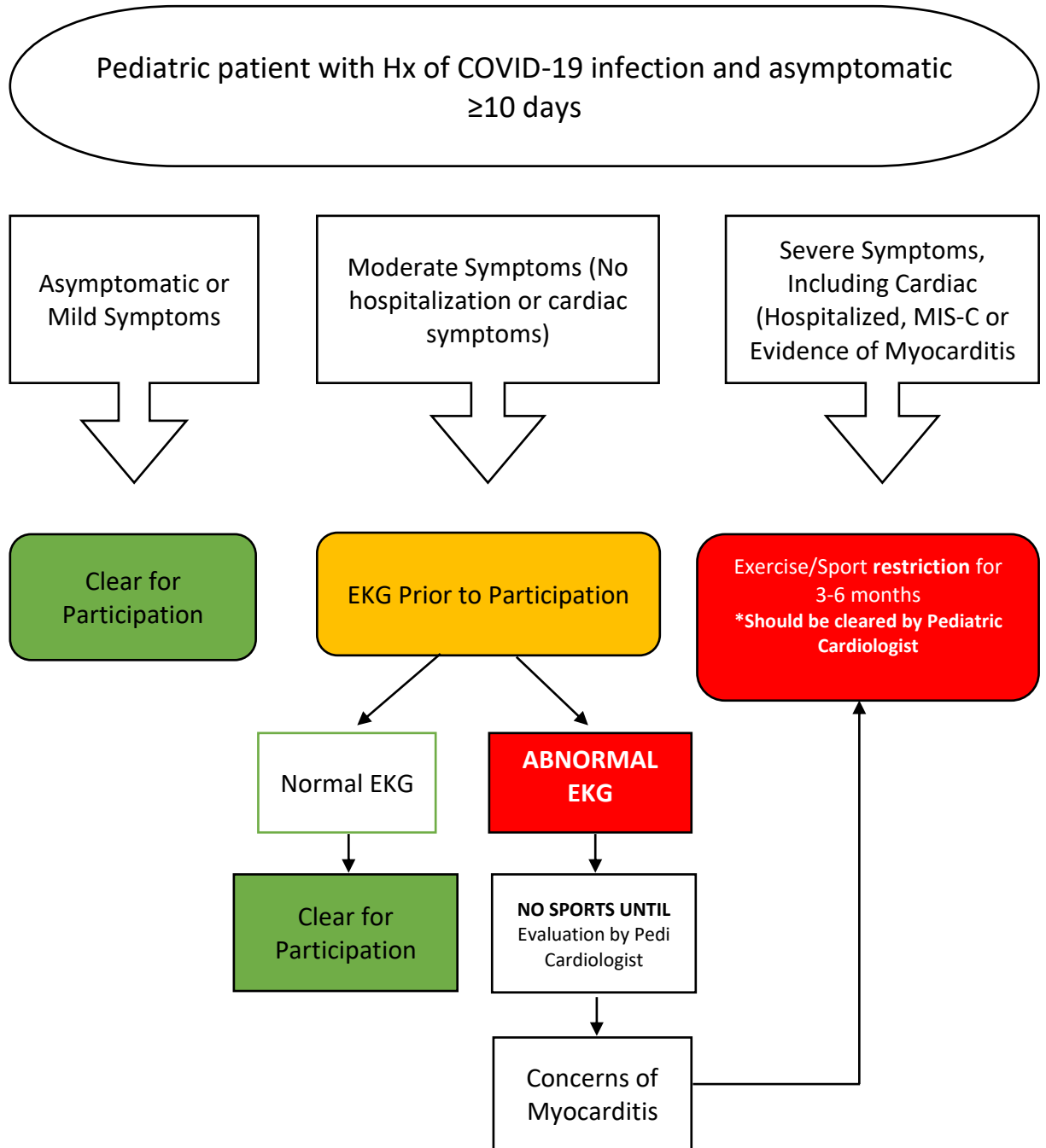
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Adapted from: <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

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References:

1. American Academy of Pediatrics; COVID-19 Interim Guidance: Return to Sports; Sept 18, 2020; Updated June 4, 2021; Retrieved from: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
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3. Elliott N, Martin R, Heron N, et al. Br J Sports Med 2020;0:1–2. doi:10.1136/bjsports-2020-102637
4. Dean, PN; Jackson, LB; Paridon. SM; Returning To Play After Coronavirus Infection: Pediatric Cardiologists' Perspective. American College of Cardiology; July 14,2020; Retrieved from: <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>
5. Considerations for youth Sports; CDC; Updated May29,2020; Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

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DELIVERING EXCEPTIONAL SERVICES

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

Athlete's Name: _____ DOB: _____

Student ID#: _____ Sport: _____

Date of Positive COVID-19 Test: _____ Date of Medical Clearance: _____

- Student-Athletes must have Medical Clearance from COVID-19 on File to initiate Return to Play Progression.
- Student-Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, patient should be referred to the evaluating provider who signed the form.

Stage 1: (2 Days Minimum) Light Activity (Walking, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Date: _____ Pass: ___ Fail: ___ AT INITIALS: _____ SA INITIALS: _____

Date: _____ Pass: ___ Fail: ___ AT INITIALS: _____ SA INITIALS: _____

Stage 2: (1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

Date: _____ Pass: ___ Fail: ___ AT INITIALS: _____ SA INITIALS: _____

Stage 3: (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Date: _____ Pass: ___ Fail: ___ AT INITIALS: _____ SA INITIALS: _____

Stage 4: (1 Day Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate

Date: _____ Pass: ___ Fail: ___ AT INITIALS: _____ SA INITIALS: _____

Stage 5: (1 Day Minimum) Return to Team Activities, S&C, and skill work, non-contact practice

Date: _____ Pass: ___ Fail: ___ AT INITIALS: _____ SA INITIALS: _____

Stage 6: Return to Team Activities, Return to full Team Practice

Cleared for Full Participation by School Athletic Trainer (Minimum 7 days spent on RTP):

Athletic Trainer: _____ Date: _____

COVID-19 Medical Clearance Form

Per the University Interscholastic League, if an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/APRN/PAC)

Athlete's Name: _____ **DOB:** _____

Date of Positive Test: _____ **Date Onset of Symptoms:** _____

MEDICAL CLEARANCE

Date of Evaluation: _____

• **Criteria to return (Please check below as applies)**

- Athlete was not hospitalized due to COVID-19 infection **AND**
- At least 14 days have passed since resolution of symptoms **OR**
- If asymptomatic, At least 14 days have passed since date of positive test **OR**
- Cardiac screen questions negative for myocarditis/myocardial ischemia

(Please answer ALL questions below)

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| ✓ Chest pain/tightness with exercise | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| ✓ Unexplained Syncope/near syncope | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| ✓ Unexplained/excessive dyspnea/fatigue w/exertion | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| ✓ New Palpitations | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| ✓ New Heart Murmur on exam | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

NOTE to Approved HCP: If Moderate disease **OR** any cardiac screening question is positive further workup is indicated: EKG (at minimum), Echocardiogram, Cardiology Consult, CXR, Spirometry, Chest CT, Cardiac Magnetic resonance (CMR)

Athletes with severe disease who was hospitalized or was diagnosed with MIS-C, should NOT return to play for 3-6 months and should be cleared by Pediatrics Cardiologist

- Athlete **HAS** satisfied the above criteria and **IS** cleared to start the return to activity progression.
- Athlete **HAS NOT** satisfied the above criteria and **IS NOT** cleared to return to activity

Additional Comments/Recommendations:

Medical Office Information (Please Print/Stamp):

Healthcare Provider's Name/Signature: _____

Office Address: _____ Office Phone: _____