



Department of Public Health

MAYOR
Dee Margo

Return to Play Protocol and Guidance for Young Athletes Aged 18 and Younger in El Paso, Texas (September 23, 2020)

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Peter Svarzbein

Many youths in El Paso, Texas between the ages of 6 to 18 years of age participate in some form of athletics. SARS-CoV-2, the novel coronavirus causing the COVID-19 pandemic, has affected many aspects of the lives of children and families, including youth sport activity, and presents unique health issues that should be considered prior to a young-athlete's return to sports and exercise.

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This guidance offers 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. Additionally, this guidance is intended to provide a uniform, evidence-based protocol to be used by all athletic trainers, coaches and other personnel involved in youth sports and responsible for the health and well-being of those children.

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While most young individuals infected with the coronavirus have mild symptoms or remain asymptomatic, the infection can cause direct injury or inflammation to the heart and lungs, especially in patients with moderate or severe disease to include those that require hospitalization. Cardiopulmonary concerns from COVID-19 arise from data in severely ill adult patients; approximately 1 in 5 hospitalized patients suffer 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 when compared to the adult population, myocarditis is known to be a cause of sudden death during exercise in young athletic populations.

Definitions:

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

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Mild Disease: Patient Laboratory confirmed COVID-19 positive who exhibits NO fever, <3 days of limited respiratory symptoms without hypoxia (runny nose, nasal congestion, anosmia, agustia, etc.) or limited gastrointestinal symptoms (nausea, vomiting, diarrhea, etc.).

Moderate Disease: Patient Laboratory confirmed COVID-19 positive who exhibits fever <3 days, > 5 days of lower respiratory symptoms without hypoxia (persistent cough, wheezing, etc.) or moderate gastrointestinal symptoms (nausea, vomiting, diarrhea, etc.).

Severe Symptoms: Patient Laboratory confirmed COVID-19 positive who exhibits prolonged fever > 5 days, and moderate to severe respiratory symptoms, hypoxia, cardiac or circulatory symptoms, gastrointestinal symptoms, hematological or neurological symptoms requiring hospitalization, or Multisystem Inflammatory Syndrome in Children (MIS-C).

Guidance for Healthcare Providers:

Based on currently available evidence, healthcare providers evaluating children for Return To Play (RTP) after COVID-19 infection should follow the following recommendations depending on the severity of the disease.

Youth athletes may initiate **RTP progression*** when the applicable situation is met:

- At least 14 days have passed from the date of positive COVID-19 test, if asymptomatic.
- At least 14 days have passed from the date of resolution of symptoms, if mild disease.
- At least 14 days have passed from the date of resolution of symptoms for moderate disease **AND** should have a **NORMAL EKG**.

Young athletes who had severe COVID-19 disease, evidence of myocarditis or were diagnosed with MIS-C, should **NOT** RTP for 3-6 months and should be cleared by a Primary Care Provider and Pediatric Cardiologist.

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Asymptomatic or mild illnesses in the pediatric population do not require cardiac testing during their acute infection, so the Local Health Authority does not believe cardiac testing is needed to clear young athletes for participation; the situation should be treated similarly to other viral illnesses in the pediatric population. This typically means that children should refrain from physical activity and sports while actively sick or febrile, and gradually return to activities as they feel able.

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

It is important for a young athlete's parent(s) and coach(es) to watch for symptoms such as: chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope after each day's RTP progression activity. A young 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, the young athlete should not be allowed to continue the exercises and should be referred to the evaluating provider who signed the form.

Young athletes must complete the progression described on RTP form attached, monitored by young athlete's trainer, without the development of symptoms to be allowed to fully return to play sports.

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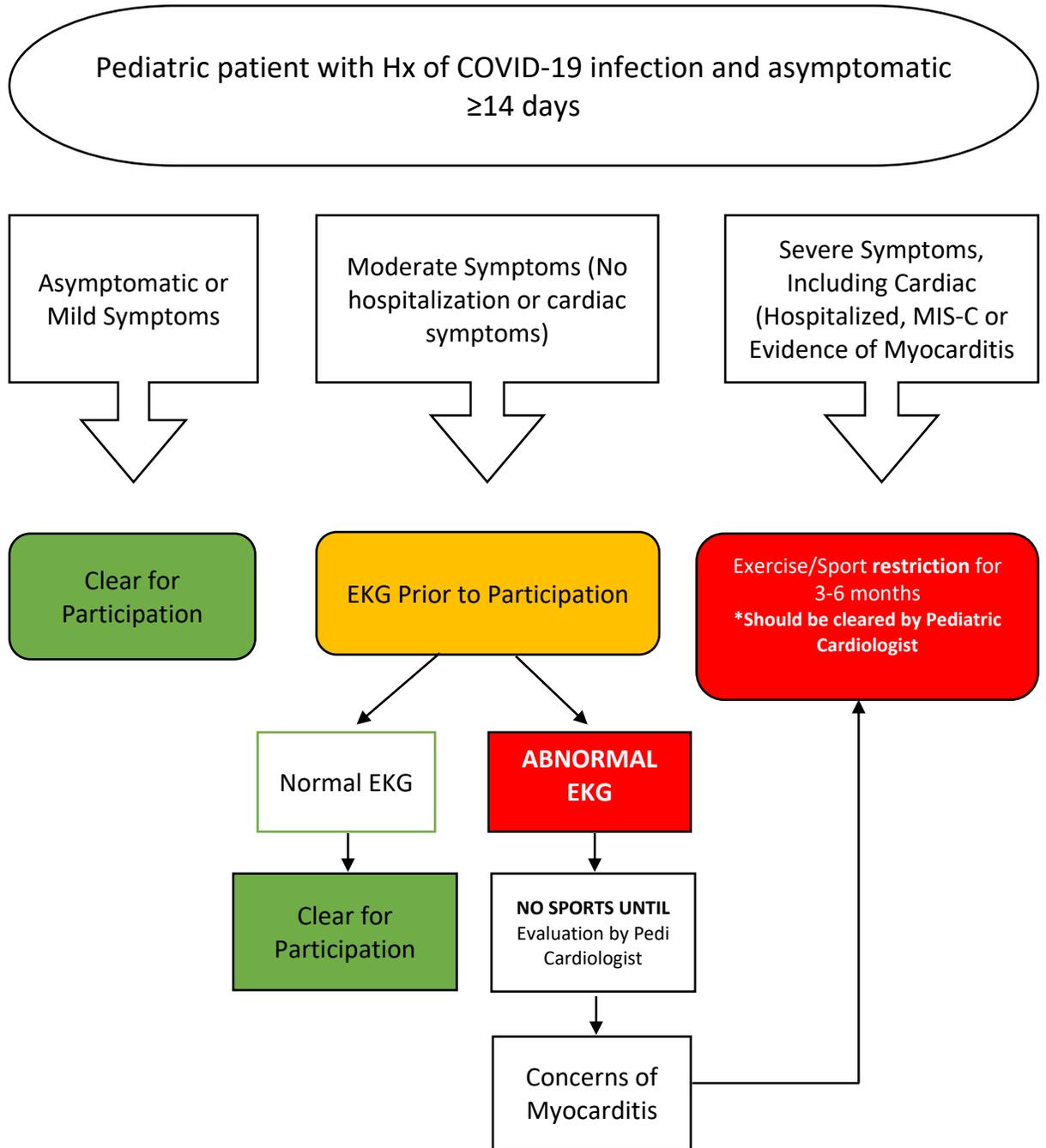
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Adapted from: <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

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References:

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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: _____