

GUIDELINES FOR RETURNING TO SPORTS COMPETITION

Update: Winter Sports

Revised 12/3/2020



GUIDELINES FOR RETURNING TO SPORTS COMPETITION: Winter Sports Update

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INTRODUCTION

The COVID-19 pandemic has presented athletes across the world with a myriad of challenges. The COVID-19 virus is a highly contagious illness that primarily attacks the upper respiratory system.

The virus that causes COVID-19 can infect people of all ages. Research from the Centers for Disease Control (CDC), among others, has found that while children do get infected by COVID-19, relatively few children with COVID-19 are hospitalized. However, some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable. While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to students, coaches, and their families.

The School District should take the necessary precautions and recommendations from the federal, state, and local governments, CDC, PA DOH, as well as the National Federation of State High School Associations (NFHS) and Pennsylvania Interscholastic Athletic Association (PIAA). The SD realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations will be adjusted as needed as new information becomes available in order to decrease the risk of exposure for our staff, students, and spectators.

The following recommendations are the result of a collaboration among sports medicine and infectious disease specialists at Lehigh Valley Health Network and Coordinated Health related to the return to competition for both youth and high school sports during the COVID-19 pandemic.

GOAL

Provide recommendations for the return of sports competition, keeping in mind the health and safety of our youth and high school athletes, coaches/personnel, parents/caregivers, and spectators.

IMPORTANT - MUST READ

Playing sports with and against other individuals, in any capacity during this time, holds an inherent risk of a child or teenager becoming infected with COVID-19 and potentially infecting other individuals, such as their household members. Please consider this risk when allowing your child or teenager to participate in organized sports. Teams, clubs, and organizers must be familiar with recommendations from their national, state, and local governing bodies regarding illness (including, but not limited to, COVID-19). Resuming sports participation before advised by your health care provider may create increased liability if an athlete is injured at a time when participation in practices or competitions is not recommended.

A sample waiver form is included at the end of this document in Appendix D.

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GUIDING PRINCIPLES

- A. The information regarding SARS-CoV-2, the virus causing the COVID-19 illness, is changing rapidly. These recommendations will be reviewed and updated frequently based on new scientific information and local information including COVID-19 testing capacity and state and local health department recommendations.
- B. Key strategies currently used should continue:
 - 1. Frequent and effective hand hygiene
 - 2. Social distancing as much as possible
 - 3. Disinfecting high-touch areas
 - 4. Avoiding touching the face
- C. Guidance from the CDC, PIAA, NFHS, PA DOH, PA DOE, NCAA and the White House Guidelines for [Opening Up America Again](#) form the basis of the recommendations below. These guidelines propose state or regional gating criteria and preparedness responsibilities in an effort to phase back into daily life, business openings, and large gatherings. The nature of how COVID-19 spreads also dictates how there may be regional differences in the phasing in of resocialization. The purpose of this slow phasing is to minimize disease spread as much as we can. The gating criteria to be used based upon the Opening Up America Again guidelines are:
 - 1. Stable or downward trajectory of influenza-like illness reported within a 14-day period AND a downward trajectory of COVID-like syndrome cases reported within a 14-day period.
 - 2. Stable or downward trajectory of documented cases of COVID-19 within a 14-day period or a downward trajectory of positive tests as a percent of total tests within a 14-day period.
 - 3. Hospitals can treat all patients without crisis care and there is a robust testing program in place for at-risk healthcare workers, including emerging antibody testing.
- D. The recommendations discussed below are meant as general guidelines, in the context of federal, state, and local county recommendations. All federal, state, and local health department orders related to sports should be followed. Schools Districts retain individual authority in implementing plans for their schools.
- E. Regional COVID-19 disease rates will direct the use of these proposed guidelines, based on local and State of Pennsylvania Health Department.

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RECOMMENDATIONS

A. General recommendations for all youth and high school activities

1. Athletes, coaches, officials, referees, umpires, and all staff should undergo a healthcare screening prior to starting any activity (practice, scrimmage, or games). Athletes and coaches should be screened by a qualified professional prior to departure for away games. A screening verification form should be completed, sent with the team, and given to the on-site athletic trainer (or other qualified professional) upon arrival. A sample of this form is included as Appendix D
2. Practice or game times should be spaced out to limit the number of individuals coming and going at the same time.
3. Hand hygiene is essential. Organizations and facilities need to promote frequent and effective hand hygiene with ample hand sanitizer (at least 60% ethanol or 70% isopropanol) dispensers and areas with soap and water in many different locations.
4. Educate athletes, coaches, and staff on health and safety protocols.
5. Anyone who is sick or showing any symptoms of illness ***must stay home***. You should follow up with your medical provider and not return until proper medical clearance is given.
6. The use of locker rooms is ***not*** recommended. If locker rooms are used, proper social distancing should apply within the locker room. (i.e. use only every third locker). Locker Rooms may need to be used in shifts. Masks must always be used in the locker room except when showering. Proper area for equipment storage and cleaning is recommended.
7. No unnecessary individuals should be present (such as managers, extra coaches, non-participating athletes, etc.)
8. Within the athletic training rooms, athletes and staff will be expected to wear masks and enhanced cleaning protocols will be followed. Additionally, social distancing should be observed to the extent possible given space restrictions. However, in an emergency situation, triage guidelines will apply and it may not be possible to observe all COVID guidelines.

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9. Spectators are not recommended at any workouts or practices. Parents or caregivers should remain in their cars during this time. No congregating should be allowed in the parking lot or fields. A drop-off line for practices is recommended to avoid unnecessary exposure. For younger children, one parent or caregiver can accompany the child to the health screening. The parent or caregiver should wear a mask or face covering.
10. Spectators at competitions: schools should abide by local and state governance relevant to sporting event attendance. Presently, the Governor's [Amendment to the Order of The Secretary of the PA Department of Health Directing Mitigation Measures](#) provides an attendee calculator to determine attendance volume at venues. Additionally, the Amendment requires venues to comply with the following standards.
 - a. Attendees must observe 6ft social distancing
 - b. Attendees must wear masks or face coverings
 - c. Standard best practices such as timed entry, multiple entry/exit points, multiple restrooms, hygiene stations, etc. should be observed.
11. Scrimmages and games should be played against teams located within the same region.
12. Do not share water bottles. An individual athlete should use their own water bottle, clearly marked with their name. Consider alternate methods of hydration including safe refill practices when a shared water source is needed.
13. Ice towels should be used only once, then thrown out or washed properly. Any use of cold/ice tubs are for individual use only and should be drained and cleaned between use. The turbine may not be turned on if using a whirlpool for a cold tub. Best practice for emergency use (ex: heat exhaustion) still applies.
14. Limit unnecessary contact such as handshakes or fist bumps.
15. Observe proper ways to limit exposure to COVID-19 (hand washing, cough in your elbow, disinfecting all touched surfaces, social distancing, avoid touching eyes, nose, face and mouth, no spitting, gum chewing, etc.)
16. Coaches, officials, referees, and umpires and all staff should wear masks or face coverings.
17. Any balls used should be disinfected to the extent possible during the activity. Any equipment used during activity should be disinfected with an appropriate cleaning product between each use.

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18. Jerseys and clothing should be washed daily and should not be shared with others
19. Any balls used should be disinfected to the extent possible during the activity. Any equipment used during activity should be disinfected with an appropriate cleaning product between each use.
20. Masks must be used while indoors in the locker room, in the Athletic Training (AT) room, on the bus, in the weight room, when entering a visiting school, and in the AT room. As per the [Governor's guidance](#), updated on November 18, 2020, masks **ARE** required for athletic participation. Everyone who participates in sport activities including coaches, athletes (in and out of season), and spectators must wear a face covering, such as a mask, unless they fall under an exception in Section 3 of the Order. More information regarding acceptable types of masks is noted [here](#).

Indoors: Coaches, athletes (in and out of season), and spectators must wear face coverings, when indoors and where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance. This includes while actively engaged in workouts, competition, and on the sidelines, etc.

Outdoors: Coaches, athletes (in and out of season), and spectators must wear face coverings if they cannot maintain sustained physical distance from persons outside of their household. This includes while actively engaged in workouts, competition, and on the sidelines, in the dugout, etc. If sustained six-foot distancing can be maintained, face coverings may be removed when outdoors.

B. Special Considerations for Athletes and Coaches

1. Several risk factors have been associated with more severe disease in adults. Specific conditions in children/teenagers are less clear, however those with underlying conditions may be more likely to have severe COVID-19 illness.

Current Risk Factors

- a. Age greater than 65 years
- b. Obesity (Body Mass Index >35)
- c. Chronic Lung Disease, including moderate or severe asthma
- d. Diabetes
- e. Chronic kidney disease
- f. Heart conditions

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- g. Immunocompromised (e.g. any transplant recipient, needing immunosuppressant medications {e.g. steroids, biologics, etc.}, patients receiving chemotherapy, etc.)

*If you think that your child is immunocompromised, please check with your child's healthcare provider.

2. Adults with identified risk factors (listed above or otherwise) should consider delaying participation in athletics. Consultation with your healthcare provider (Physician, Nurse Practitioner, Physician Assistant) is recommended if you have questions.
3. Children/Teenagers with risk factors should consider consulting with your healthcare provider about participation since limited data exist and, in many cases, (well- controlled diabetic or asthmatic) an increased risk is likely not present.

C. Social Considerations/Assessments

1. Exceptions may be needed for some of these conditions based on circumstances.
 - a. Showers may be needed after practice in some circumstances (like having to work after practice, homelessness, etc.). Coaches and administrators can make these exceptions at their discretion. Social distancing should be maximized, and proper cleaning should take place.
 - b. For parents or caregivers that walk or rely on public transportation, an area away from practice should be set aside that allows for social distancing.
 - c. Schools and organizations should attempt to have extra masks or face coverings available. If they are cloth-based, they should be washed after each use.
 - d. For athletes not able to wash their workout clothes, schools and organizations should attempt to help provide this for them.
2. Additional situations may arise based on social vulnerabilities. Schools and organizations should attempt to think of these situations and develop solutions that continue to practice the key elements of preventing COVID-19 spread.

D. Screening

1. Every coach and athlete should be screened when they enter the campus or facility where the sporting activity will take place. They should wear a mask or face covering until they screen negative. Following screening, they should continue to wear a mask or face covering until allowed based on sport.

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2. An athletic trainer (AT) who is employed at the organization or school is the ideal person to complete this screening. If no athletic trainer is employed, or additional help is needed for screenings, then specific individuals (preferably someone medically trained) should be assigned to complete the screening. The individual completing the screening should follow proper precautions to ensure their personal safety. Precautions include the use of masks and gloves as well as adequate hygiene within the screening space.
 - i. Personal Protective Equipment should be worn, including masks and gloves when appropriate.
 - ii. Wear a mask at all times when on campus or in the facility. Hand hygiene should be practiced, either through wearing gloves or using hand sanitizer between athlete contacts.
 - iii. Staff should clean any tables used for assessing athletes with hospital grade cleaner after each patient and wipe down the entire AT room at least twice a day.
 - iv. The number of athletes in the athletic training room should be limited and there should be space for 6 feet of social distance in the athletic training room at all times. People inside the room should wear masks or face coverings. Only one athlete per treatment table should be allowed.
3. The screening should include the following: (See Appendix A Below)
 - a. Questionnaire
 - b. Temperature check with a thermometer is recommended but not required (temperature greater than 100.4 for children and greater than 100 for individuals over the age of 18 is considered a fever).
 - i. Infrared or touchless thermometer is preferred
 - ii. Tips for athletes/staff to avoid low or high temps
 1. Turn off AC or heat and/or angle blowers in your car away from the face approx. 2-3 min before temp (visual cue – when you pull into school to park).
 2. Oral thermometers: Refrain from drinking hot or cold liquids in the 2 - 3 min before temp.
 3. Cold weather: Remove warm hats such as beanies 2-3 min before temp.
 4. If walking in overly cold weather, temporal reading often fails, as it's too cold for the thermometer to register. We'll retake at the wrist or neck.

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iii. Screening Process:

1. Fails are allowed. Repeat temperature checks should be performed within a period of 10 minutes.
 2. Make the adjustments listed above. This often resolves the issue.
 3. If the issue persists, have the person stand to the side and retest in about a minute. If that doesn't work, wait 3-5 more minutes and retest. Fails can retest at 10 minutes if desired, but it's very unlikely that their temp will drop if it has not already.
 4. Artificially lowered temps (a common cheat) will usually raise within 1-2 min. The employee/athlete typically looks sick so this is an easy cheat to spot/address.
4. If an athlete, coach, or official has positive findings on their COVID-19 screening, they should be sent home immediately. If waiting on transportation, the athlete must remain masked and in isolation. They should then be directed to follow up care (see resources listed below) and may not return to participation until they have received appropriate medical clearance. For further guidance, refer to Appendix F: LVHN-CH Resumption of Sports and Exercise After Coronavirus Disease 2019 (COVID-19).
 5. The screener should maintain and communicate a list of all screened individuals to ensure that individuals do not participate without passing the screening.

E. Positive COVID-19 Athlete or Coach

1. Notify the local public health authority. A school district appointed designee should create and provide a line list of all close contacts and their contact information to the health department. This will ensure timely and efficient contact tracing which is necessary to stop the spread of disease.
2. If an athlete or coach is confirmed to have COVID-19, the following should occur:
 - a. All participants that have practiced or competed with this individual (within 6 feet for greater than 15 minutes cumulative over a 24-hour period, for a time period of 48 hours before they started showing symptoms until last contact) should be excluded from practice and play for 10 days if no symptoms develop. Teams should keep documentation of names and contact information of opposing teams, coaches, and officials for contact tracing purposes.

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Based on [CDC guidance](#), when diagnostic testing resources are sufficient and available, then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.

- b. The infected individual should continue with vigilant symptom monitoring and masking through Day 14
 - c. Coaches, staff, and athletes who were in contact with the infected individual while properly wearing a mask will likely still be excluded from practice and play based on CDC guidance.
3. If the exposure event occurred during a full practice that includes an intra-squad scrimmage, the exposed individual(s) (within 6 feet for greater than 15 minutes cumulative over a 24-hour period) will be quarantined, and it may be necessary to quarantine the entire team and exclude them from practice and school attendance for 10 days if no symptoms occur.
 4. If the exposure event occurred during a game competition, exposed individual(s) (within 6 feet for greater than 15 minutes cumulative over a 24-hour period) will be quarantined, and it may be necessary to quarantine BOTH teams and exclude them from practice and school attendance for 10 days if no symptoms occur.
 5. Any decisions following a positive test will involve consultations with physicians and the PA DOH to determine next steps and further contact tracing.

F. Isolation vs Quarantine

1. The CDC defines isolation as: separating sick people with a contagious disease from people who are not sick. Individuals that are infected need to isolate from others to reduce infection transmission. People who are in isolation should stay home until it's safe for them to be around others in accordance with the [guidelines of the CDC](#). In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available). Common surfaces should be avoided or sanitized immediately after touching and items should not be shared. Ending isolation is based on varying criteria.

- a. People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as 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.

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2. The CDC defines [quarantine](#) as: separating and restricting movement of people who were exposed to a contagious disease to see if they become sick. Individuals that have been exposed to a known positive should stay away from others for a period of 10 days until it is safe for them to be around others. They should also watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19.

G. Return to Sports after illness

Cardiac complications have been noted in some individuals after COVID-19 infection. Thus, athletes should refrain from sports participation and vigorous exercise for at least 10 days after symptom resolution or a positive test result (for asymptomatic patients). After 10 days, a slow and gradual escalation of activity under the supervision and guidance of physicians and athletic trainers is recommended. Because of the potential risk of myocardial injury, cardiac dysfunction, and arrhythmias associated with COVID-19 infection, athletes that have experienced moderate or severe COVID-19 infection (see details below), should be seen by health care professional prior to resumption of sports. Please note that athletes should not return to team activities until they have completed their isolation period.

1. Athletes who are *asymptomatic* or with *mild* symptoms only, rest as noted above, followed by return to sports.
 - a. Mild symptoms include anosmia, ageusia, headache, mild fatigue, mild upper respiratory tract illness, and mild gastrointestinal illness.
2. Athletes with *moderate* to *severe* symptoms should be evaluated by medical professional prior to return to sports. Please see Appendix F for more details.
 - a. Moderate symptoms include patients who were not hospitalized who experienced persistent fever, chills, myalgias, lethargy, dyspnea, and chest tightness
 - b. Severe symptoms include any patient who was hospitalized or any patient who experienced multisystem inflammatory syndrome in children (MIS-C) (which involves fever, rash, abdominal pain, vomiting, diarrhea, lethargy, and conjunctivitis, possibly developing weeks after infection).
 - c. Additionally, any patient who reports cardiovascular symptoms (dyspnea, exercise intolerance, chest tightness, dizziness, syncope, and palpitations) during their illness or recovery should also undergo an evaluation with a medical professional.

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- d. These patients should be evaluated and provided a note for sport participation from a medical provider (MD, DO, CRNP, PA).
 - i. Individuals without a medical provider can contact their local public health agency.
 - ii. Given the potential for COVID-19 to affect the heart, providers should utilize current sport pre-participation screening evaluations with a low threshold to obtain additional work-up (i.e. high sensitivity troponin, ECG, Echo) or referral to cardiology as appropriate and outlined in Appendix F below.
 - iii. Medical providers should take into consideration the intensity level of sport participation and exercise to help guide their decision to pursue additional evaluation.
 - 1. After returning, the athlete/coach should increase participation and exercise in a gradual and individualized process while monitoring for exercise fatigue or worsening symptoms. This individualized process should be generated as a joint decision between the medical provider, coach, and athletic trainer.
 - 2. If symptoms worsen or new symptoms occur during gradual return of play such as, but not limited to, chest pain, chest tightness, palpitations, light-headedness, unusual shortness of breath, pre-syncope or syncope the athlete/coach should be evaluated by a medical provider.

All practices and competitions should have individuals who are familiar with CPR, the chain of survival, and how to use Automated External Defibrillators (AEDs).

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F. Risk Stratification Models

Importantly, different sports may present a different level of risk to the competitors and the community. The NCAA, PIAA, and the NFHS have all identified three levels of risk for sports (of note, these risk stratifications have slightly different ranking of several sports – see below). These can be broken down into the following models:

1. **Low Contact Risk:** Sports which can be done individually or while social distancing, without sharing equipment or with the ability to clean equipment between use.

Examples would include: bowling, diving, fencing, golf, rifle, skiing, swimming, tennis, track and field. Cross country can be put into the low risk category if appropriate accommodations are made.

2. **Moderate/Intermediate Contact Risk:** Sports involving close, sustained contact, but which can utilize protective equipment to reduce the likelihood of transmission of respiratory particles OR sports with intermittent close contact OR group sports OR sports that use equipment that can't be cleaned between participants.

Examples would include: Baseball*, softball*, water polo, gymnastics* (if equipment can't be sufficiently cleaned between competitors), tennis*, swimming relays, pole vault*, high jump*, long jump*, girls lacrosse.

**Could potentially be considered "lower risk" with appropriate cleaning of equipment and use of masks by participants.*

3. **High Contact Risk:** Sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants.

Examples would include: wrestling, football, boys' lacrosse, soccer*, competitive cheer, basketball*, field hockey*, ice hockey*, rowing*, rugby, squash*, volleyball*, water polo*.

**Considered "moderate risk" based on the NFHS and PIAA guidance.*

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G. Guidance for determining level of community transmission

1. The PA DOE has published new [guidance](#) for determining the level of community transmission of infection (low, medium, high), employing the incidence rate and the percent positivity of diagnostic testing, consistent with the national Coronavirus Task Force recommendations. The PA DOE plans to employ this guidance when determining the instructional model that schools may employ. If the community incidence rate is <10 infections per 100,000 population OR <5% of the testing performed is positive, the county is felt to have a “low” risk of community spread. If the community incidence rate is 10-100 infections per 100,000 population OR 5-10% of testing is positive, the county is felt to have a “moderate” risk of community spread. If the community incidence rate is >100/100,000 population OR >10% of the testing is positive, the county is felt to have a “high” risk of community spread.

2. Current PA DOH [data](#) should be referenced to identify risk stratification for each community. The gating criteria outlined in the table below is important to consider when determining if and what sports should be allowed to participate in practices and/or competitions.

The graph below stratifies the current PA Department of Education school guidance based on community incidence rate of infection and percent positive testing rate with the sports risk of infection and makes suggestions for how to proceed with return to sports.

Sport Risk	Community Incidence Rate	PCR Test Positivity Rate	Phase 1 <i>Individual Workout</i>	Phase 2 <i>Team Practice</i>	Phase 3 <i>Competition</i>	
Low	< 10 per 100,000	< 5%	Acceptable	Acceptable	Acceptable	
	10-100 per 100,000	5-10%	Acceptable	Acceptable	Acceptable	
	> 100/100,000	> 10%	<u>High Risk/Caution</u>	<u>High Risk/Caution</u>	<u>High Risk/Caution</u>	
Medium	< 10 per 100,000	< 5%	Acceptable	Acceptable	Acceptable	
	10-100 per 100,000	5-10%	Acceptable	Acceptable	Acceptable	
	> 100/100,000	> 10%	<u>High Risk/Caution</u>	<u>High Risk/Caution</u>	<u>High Risk/Caution</u>	
	Community Incidence Rate	PCR Test Positivity Rate	Phase 1 <i>Individual Workout</i>	Phase 2 <u>Small Cohorts</u>	Phase 3 <u>Team Practice</u>	Phase 4 <u>Competition</u>
High	< 10 per 100,000	< 5%	Acceptable	Acceptable	Acceptable	Acceptable
	10-100 per 100,000	5-10%	Acceptable	Acceptable	Acceptable	<u>High Risk/Caution</u>
	> 100/100,000	> 10%	<u>High Risk/Caution</u>	<u>High Risk/Caution</u>	<u>High Risk/Caution</u>	<u>High Risk/Caution</u>

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POINTS OF CONTACT

RESOURCES/REFERENCES

- www.ssmhealth.com/coronavirus-updates
- www.mercy.net/covid
- www.bjc.org/Coronavirus
- www.cdc.gov/coronavirus
- <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Monitoring-Dashboard.aspx>
- <https://www.education.pa.gov/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/Pages/DeterminingInstructionalModels.aspx>
- <https://www.governor.pa.gov/process-to-reopen-pennsylvania/>
- <https://www.governor.pa.gov/wp-content/uploads/2020/07/20200715-TWW-targeted-mitigation-order.pdf>
- <https://www.governor.pa.gov/covid-19/sports-guidance/>
- <http://www.ncaa.org/sport-science-institute/resocialization-collegiate-sport-developing-standards-practice-and-competition>
- <https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15-2020-final.pdf>
- [http://www.piaa.org/assets/web/documents/Return to Competition.pdf](http://www.piaa.org/assets/web/documents/Return%20to%20Competition.pdf)
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>
- <https://www.ncaa.org/sport-science-institute/core-principles-resocialization-collegiate-basketball>
- <http://www.nwcaonline.com/returning-to-wrestling-an-advocacy-guide-for-coaches-to-return-to-wrestling-during-covid-19/>
- <https://ighsau.org/news/swimming-diving-covid-19-fall-guidance/>
- <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>
- CDC Cleaning and Disinfection Tools.
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
 - Last updated September 10, 2020

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- CDC Handwashing Guidelines.
 - <https://www.cdc.gov/handwashing/when-how-handwashing.html>
 - Last reviewed October 8, 2020
- Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
 - Last updated August 10, 2020
- Guidelines for Opening Up America Again.
 - <https://www.whitehouse.gov/wp-content/uploads/2020/04/Guidelines-for-Opening-Up-America-Again.pdf>
 - Published April 16, 2020
- State of Missouri Novel Coronavirus Analytics.
 - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/analytics-update060320.pdf>
 - Published June 3rd, 2020
- The resurgence of sport in the wake of COVID-19: cardiac considerations in competitive athletes.
 - <https://bjsm.bmj.com/content/early/2020/06/18/bjsports-2020-102516>
 - Published April 24, 2020.
- A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection.
 - <https://jamanetwork.com/journals/jamacardiology/fullarticle/2766124>
- Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play
 - <https://jamanetwork.com/journals/jamacardiology/fullarticle/2772399>
 - Published October 26, 2020
- GUIDANCE FOR OPENING UP HIGH SCHOOL ATHLETICS AND ACTIVITIES. National Federation of State High School Associations (NFHS) & Sports Medicine Advisory Committee (SMAC).
 - https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf
 - Approved April 2020.

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Appendix A Winter Sports Guidelines

The following recommendations are specific to individual winter sports and are designed to complement recommendations outlined previously in this policy. There are two specific points of emphasis for participation in winter sports this season.

1. If you have symptoms, it is critically important to ***stay home*** regardless of whether your symptoms are indicative of COVID, influenza, or other infections that are more commonly transmitted through close personal contact. Contact your healthcare provider and follow their guidance. You should not return to sports until you have received appropriate medical clearance. Premature return to sports when contagious can cause a rapid spread of illness to other members of the team and/or coaching staff.
2. The recommendation for all sports participation is to focus on local competition rather than regional competition or tournaments. The risks around regional meets, competitions, and tournaments with numerous teams travelling would significantly increase risk of transmission of illness.

Basketball

Current risk category: high. Please refer to section H: Guidance for determining the level of community transmission.

1. Spectators are not recommended for indoor workouts or competitions. The ***safest*** possible policy is to limit competitions to essential personnel only (i.e. athletes, coaches, medical personnel). If spectators are allowed based on individual school district discretion, current state guidelines should be followed.
2. The use of locker rooms is ***not*** recommended. Whenever situations allow (i.e. athletes arriving at practice/game coming from home), athletes should arrive already changed into their sports attire. If locker rooms are used, proper social distancing should apply within the locker room (i.e. use only every third locker), and time spent in the locker room should be kept to a minimum. Locker rooms may need to be used in shifts to allow for proper social distancing. Masks must always be used in the locker room except when showering.
3. As per the [Governor's guidance](#), updated on November 18, 2020, masks **ARE** required for athletic participation. Everyone who participates in sport activities including coaches, athletes (in and out of season), and spectators must wear a face covering, such as a mask, unless they fall under an exception in Section 3 of the Order.

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4. Teams are encouraged to practice outdoors, weather permitting.
5. Indoor training: proper ventilation decreases the risk of COVID transmission. Care should be taken to enhance ventilation strategies to the extent possible.
6. When possible, reduce the number of athletes in the training space (gym or weight room). Care should be taken to keep the number of athletes in the gymnasium or weight room to a minimum.
7. To the extent possible, limit practices to individual drills or small groups. Groups should remain consistent between practices to limit exposure between individuals. This will also assist in contact tracing should any members of the team contract COVID. Separate practice sessions for each level (freshmen, JV, Varsity, etc) should be considered to prevent cross contamination among groups.
8. Athletes should bring their own water bottles and their own towels. These items should not be shared between athletes at any time.
9. Balls should be frequently disinfected and teams should use multiple game balls to ensure proper disinfection.
10. Unnecessary contact is discouraged including high fives, hugs and pre-game handshakes.

Wrestling

*Current Risk Category: very high. Please refer to section H: Guidance for determining the level of community transmission. *Due to the nature of the sport which includes close contact for prolonged periods of time, wrestling presents a very high level of risk for transmission of illness.*

1. General Considerations:
 - a) Spectators are not recommended for indoor workouts or competitions. The **safest** possible policy is to limit competitions to essential personnel only (i.e. athletes, coaches, medical personnel). If spectators are allowed based on individual school district discretion, current state guidelines should be followed.
 - b) The use of locker rooms is **not** recommended. Whenever situations allow (i.e. athletes arriving at practice/game coming from home), athletes should arrive already changed into their sports attire. If locker rooms are used, proper social distancing should apply within the locker room (i.e. use only every third locker), and time spent in the locker room should be kept to a minimum. Locker rooms may need to be used in shifts to allow for proper social distancing. Masks must always be used in the locker room except when showering.
 - c) As per the [Governor's guidance](#), updated on November 18, 2020, masks **ARE** required for athletic participation. Everyone who participates in sport activities including coaches,

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athletes (in and out of season), and spectators must wear a face covering, such as a mask, unless they fall under an exception in Section 3 of the Order.

- d) To the extent possible, workouts should be centered around conditioning and drilling against “air.” A cloth mask should be worn as much as possible during this time.
 - e) Sparring partners should remain consistent between practices to limit exposure between individuals. This will also assist in contact tracing should any members of the team contract COVID.
 - f) Due to wrestling room size and team numbers, it may be best to hold practice in small groups. If so, groups should be comprised of the same individuals to limit crossover exposure as outlined above. When possible, consider the use of the gymnasium or other space that allows for more social distancing than the wrestling team room.
 - g) Athletes and coaches should strive to follow exemplary personal hygiene habits. These practices will be critical to mitigating the impact of exposure to any pathogens, including COVID, influenza, or other infections that are more commonly transmitted through close personal contact.
 - i. Use sanitizing solution and wipes to clean exposed skin regularly before, during and after training or competition.
 - ii. Refrain from sharing towels, clothing, headgear, shoes, or any other personal equipment.
 - iii. Clean clothing between every training session – dirty clothing should be transported home in a manner which does not transfer pathogens to clean equipment or clothing (for example: in a separate bag or in a single use, plastic bag within the gym bag).
 - h) Athletes should bring their own water bottles and towels.
2. Maintaining Healthy Environments:
- a) Clean wrestling mats and any used equipment before, after and between groups using approved disinfection products and practices.
 - b) Hand sanitizer and towelettes should be readily available in the practice and competition environments.
 - c) All athletic equipment should be cleaned before, during and after practices and between practices/sessions.
3. Other equipment such as wrestling headgear, shoes, braces and knee pads should only be worn by one individual and not shared.

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4. Competition Considerations:
 - a) Minimize exhibition matches as much as possible.
 - b) The competition environment should implement strict screening and assessment guidelines for teams with special attention to minimizing team interactions between opposing teams.
 - c) Only opposing individual wrestlers should come into direct contact with one another.
 - d) Schools should carefully consider the type of competition (dual, tri, quad or tournament); where those teams originate; and how competitions (beyond dual meets) could affect risk of spread between teams. Each school should make this determination based on existing guidelines and data specific to those teams, region, and state. If schools participate in wrestling competition, it is strongly recommended that the use of a dual meet format only is followed. Tri-meets, quad-meets, and tournaments are strongly discouraged.
 - e) If more than one dual meet competition will take place on the same mat on the same day, mats should be disinfected prior to the next dual meet competition. In general, mats should be disinfected as frequently and reasonably as possible.
 - f) Implementation of additional COVID-19 testing requirements should be considered for competitions larger than a quad meet (for example: tournaments).

Swimming and Diving

Current Risk Category: low

1. Spectators are not recommended for indoor workouts or competitions. The **safest** possible policy is to limit competitions to essential personnel only (i.e. athletes, coaches, medical personnel). If spectators are allowed based on individual school district discretion, current state guidelines should be followed.
2. The use of locker rooms is **not** recommended. Whenever situations allow (i.e. athletes arriving at practice/game coming from home), athletes should arrive already changed into their sports attire. If locker rooms are used, proper social distancing should apply within the locker room (i.e. use only every third locker), and time spent in the locker room should be kept to a minimum. Locker rooms may need to be used in shifts to allow for proper social distancing. Masks must always be used in the locker room except when showering.
3. Individuals not actively participating should wear masks: including coaches, scorekeepers, medical personal and spectators (if allowed by school).

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4. Only one person per lane should be permitted at the turning end when possible. If more than one person is needed, proper social distancing guidelines should be followed as much as possible. Provide hand sanitizer and require lap counters to clean hands and wipe down devices.
5. For pre-event conferences/meetings, decrease number of participants or hold one conference with coaches and one meeting with captains. The referee can use PA system or starting system microphone to allow participants to hear while maintaining appropriate distance.
6. Teams should gather on opposite sides of the pools and each team should swim in adjoining lanes to limit contact on the pool deck. (for example: home team use lanes 1-3, visitors lanes 4-6).
7. The use of hot tubs should not be permitted.
8. Establish multiple sessions for warm-up periods to limit number of swimmers per lane. Restrict the number of swimmers in the competition area. Limit number of swimmers per lane during warmups and cool down.

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Appendix B

ALL ATHLETES AND TEAM PERSONNEL

Screening Questionnaire

To ensure your safety and that of others, please answer the following screening questions:

1. Do you have any of the following symptoms beyond what you normally experience? (please check any or all that apply)
 - Fever (>100 .0)
 - Cough
 - Shortness of breath/difficulty breathing
 - Chills
 - Muscle ache
 - Headache
 - Sore Throat
 - New Loss of Taste or Smell
2. Have you recently been diagnosed with COVID-19 infection (confirmed by a positive COVID test)?
3. Have you been recommended for social isolation or quarantine because of exposure to a patient with the confirmed diagnosis of COVID-19?
4. Were you recently tested for COVID-19 and still awaiting results?
5. Have you recently travelled out of state? If so, where?
*It is recommended that you stay at home for 14 days upon return from travel to [these states](#).

If you answered yes to any of the above, inform your Athletic Trainer or Coach, and go home immediately. Have your parent/guardian go to lvhn.org/treatments/covid-19-video-screenings to receive an evaluation.

You will not be allowed to return until you have been screened and cleared to participate by an approved provider.

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Cuestionario de Evaluación

Por su seguridad y la de otros por favor responda las siguientes preguntas de evaluación:

1. ¿Tiene alguno de los siguientes síntomas, más de lo que es normal para usted? (Favor marque cualquiera que aplique)
 - Fiebre (>100 .0)
 - Tos
 - Falta de aliento/dificultad respiratoria
 - Escalofríos
 - Dolor Muscular
 - Dolor de Cabeza
 - Dolor de Garganta
 - Pérdida Reciente del Olfato o el Gusto
2. ¿Ha recibido un diagnóstico de COVID-19 recientemente (confirmado por una prueba positiva de COVID)?
3. ¿Se le ha recomendado aislamiento social o cuarentena porque tuvo exposición a un paciente confirmado de COVID-19?
4. ¿Se le realizó la prueba de COVID-19 recientemente y está esperando los resultados?

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Appendix C

Sample COVID Screening Tracking Form

Sport		Date											Time		
Name	Temp	Fever	Cough	Shortness of Breath/ Difficulty Breathing	Chills	Muscle Ache	Headache	Sore Throat	New Loss of Smell, Taste, or both	Recently Diagnosed with COVID-19 (Positive Test)	Recommended for Social Isolation or Quarantine because of a exposure to a patient with confirmed diagnosis	Recently Tested for Covid-19 and awaiting results?			
1															
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3															
4															
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Appendix D

Sample School District Participation Waiver

SCHOOL NAME Area School District

Athletic Department

Participation Waiver for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges. The COVID-19 virus is a highly contagious illness that primarily attacks the upper respiratory system. The virus that causes COVID-19 can infect people of all ages. Research from the Centers for Disease Control and Prevention (CDC), among others, has found that while children do get infected by COVID-19, relatively few children with COVID-19 are hospitalized. However, some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable. While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to students, coaches, and their families.

The **SD** will take the necessary precautions and recommendations from the federal, state, and local governments, CDC, PA DOH, as well as the Pennsylvania Interscholastic Athletic Association (PIAA). The **SD** realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations will be adjusted as needed as new information becomes available in order to decrease the risk of exposure for our staff, students, and spectators.

These Recommendations include but may not be limited to:

1. Athletes, Coaches, and Staff will undergo a COVID-19 health screening prior to any practice, event, or team meeting. The type of screening will be dependent upon the available resources and the Phase level. The purpose is to check for signs and symptoms of COVID-19. It will include a questionnaire and temperature check as needed.
2. Promote healthy hygiene practices such as hand washing, using hand sanitizer, cough in your elbow, avoid touching eyes, nose, face and mouth, no spitting, no gum chewing, no handshakes/celebrations (high fives, fist/elbow bumps, chest bumps, hugging).
3. Intensify cleaning, disinfection, and ventilation in all facilities.
4. Encourage social distancing through increased spacing, small groups, and limited mixing between groups, if feasible.

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5. Educate Athletes, Coaches, and Staff on health and safety protocols.
6. Anyone who is sick must stay home.
7. A plan must be in place if a student or employee gets sick.
8. Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
9. Athletes and Coaches **MUST** provide their own water bottle for hydration. Water bottles must not be shared. Refill Stations and Water Fountains will **NOT BE** Initially AVAILABLE!
10. PPE (gloves, masks, eye protection) will be used as needed and situations warrant, or determined by local/state governments. Face coverings will not be used for athletes while practicing or competing.

I understand that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. While particular recommendations and personal discipline may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation. I willingly agree to comply with the stated recommendations put forth by the **SD** to limit the exposure and spread of COVID-19 and other communicable diseases.

Sport: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student Athlete: _____

Date: _____

*Parents/Guardians may request a full copy of the **SD** Guidelines for Returning to Sport. Contact **NAME of AD at email address**

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Appendix E

ALL ATHLETES AND TEAM PERSONNEL Travel Screening Verification

COVID-19 Screening

To: Athletic Trainer of _____

From: Athletic Trainer of _____

Date: _____

This is to certify that the following were screened for Covid-19 symptoms before boarding the transportation to your school/stadium and were found to be symptom free and below the 100.4 degree temperature threshold.

_____ Total number of Coaches

_____ Total number of Athletes

Attest:

Athletic Trainer/ Designee

Screening questions:

1. Do you have fever/chills?
2. Do you have a cough?
3. Do you have a sore throat?
4. Do you have shortness of breath?
5. Do you have a loss of taste or smell?
6. Do you have vomiting/diarrhea?
7. Have you been in contact with anyone who contracted COVID in the last 10-14 days?
8. Have you traveled out of PA in the last 14 days? If so; where?

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Appendix F

Resumption of Sports and Exercise after COVID-19

INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is a multi-system illness that can be associated with cardiovascular morbidity and mortality. There is limited data regarding the prevalence of cardiac complications and long-term outcomes related to cardiac injury, however, acute cardiac injury is a recognized complication of hospitalized patients with COVID-19 infection. Myocarditis from this virus could result in cardiac dysfunction, arrhythmia, and death. Evidence-based recommendations for return-to-play guidance is limited, thus the American College of Cardiology's Sports and Exercise Cardiology Council has provided a consensus expert opinion guide for return-to-play after COVID-19 infection. Additional input from pediatric cardiologists has also been added with the knowledge that the management of pediatric patients differs from adults. This guidance will be reviewed as more information becomes available and updated as appropriate.

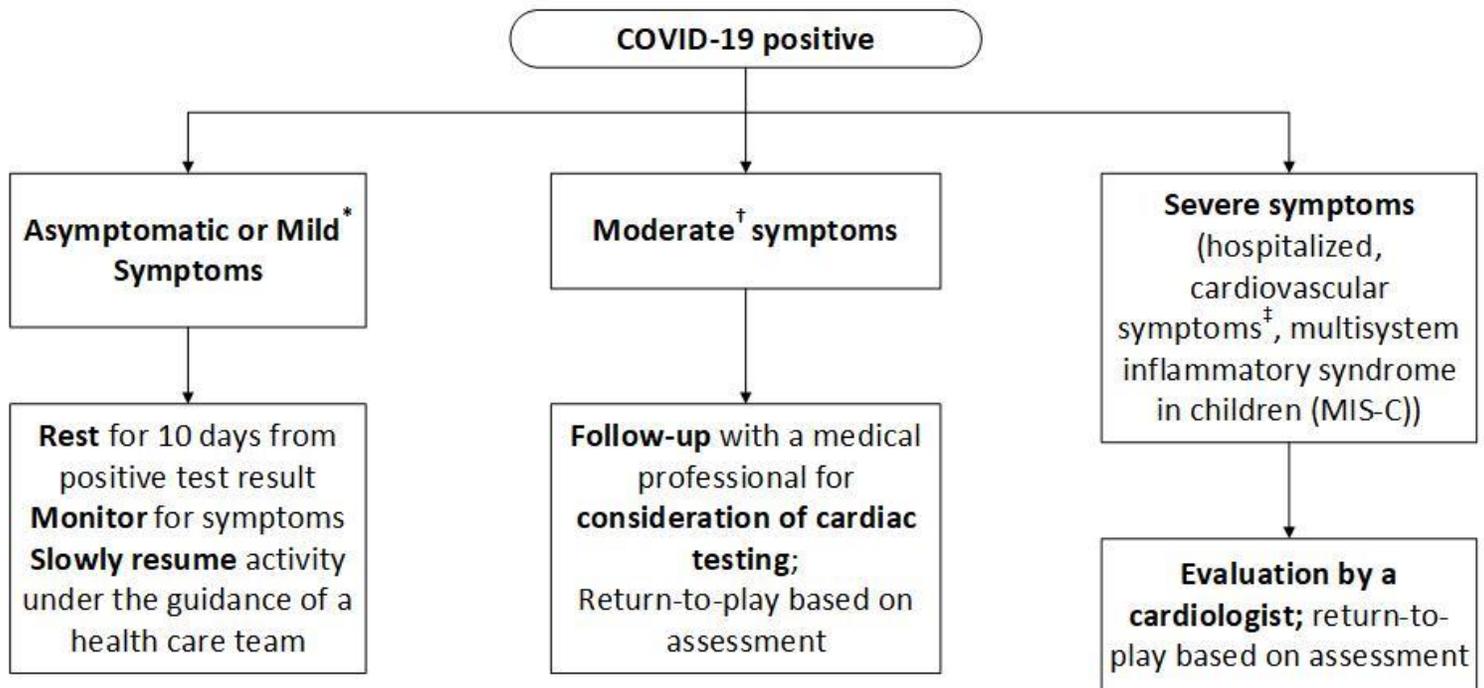
RECOMMENDATIONS

H. For pediatric athletes (<15 years old) with a history of COVID-19 infection:

- For asymptomatic patients or patients with mild symptoms (symptoms < 10 days, loss of taste or smell, headache, mild fatigue, mild upper respiratory tract illness, and mild gastrointestinal illness): rest for at least 10 days, cleared for return to sports in a slow and graded fashion under the supervision of coaches, athletic trainers, and physicians.
- For patients with moderate symptoms (not requiring hospitalization, persistent fever, chills, myalgias, lethargy, dyspnea, and chest tightness): Rest as indicated above, evaluation by a pediatrician, cardiac testing and return to play to be determined after assessment by the healthcare provider.
- For patient who develop any cardiovascular symptoms during or after COVID-19 infection (shortness of breath, exercise intolerance, chest tightness, dizziness, syncope, and palpitations): rest as indicated above, evaluation by a cardiologist for cardiac testing, return to play to be determined based on assessment.
- For patients with severe symptoms (including hospitalization or MIS-C):
 - Refer to a cardiologist for further evaluation.
 - Follow myocarditis return-to-sports guidance (12-lead ECG, 24-hour Holter monitor, stress exercise test, +/- cardiac MRI).
 - Return to sports to be determined based on results of cardiac testing.

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COVID-19 Return-to-Play Algorithm for Pediatric Athletes (<15 years)



* Mild symptoms: loss of taste or smell, headache, mild fatigue, mild upper respiratory tract illness, and mild gastrointestinal illness

† Moderate symptoms: persistent fever, chills, body aches, lethargy, shortness of breath, chest pain, dizziness, loss of consciousness, palpitations

‡ Cardiovascular symptoms: shortness of breath, exercise intolerance, chest tightness, dizziness, syncope, and palpitations

Adapted from: Phelan D et al. Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection. JAMA Cardiol.

Published online May 13, 2020; Kim et al. Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives Pathology, Risks, and Return to Play.

JAMA Cardiology. Published online October 26, 2020.

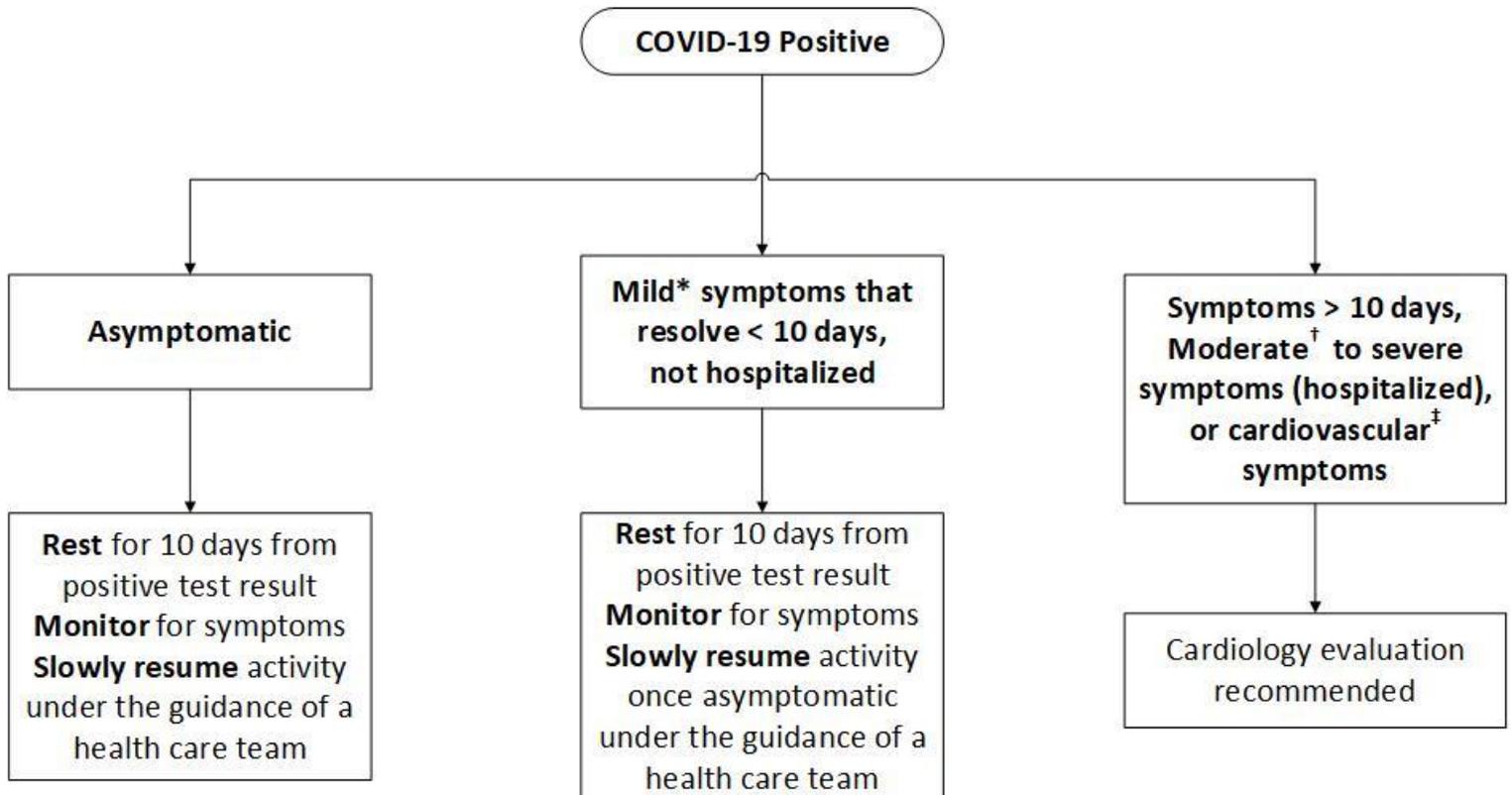
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I. For adult patients (≥ 15 to <65 years) with a history of COVID-19 infection:

- For asymptomatic patients or patients with mild symptoms (symptoms < 10 days, loss of taste or smell, headache, mild fatigue, mild upper respiratory tract illness, and mild gastrointestinal illness): rest for at least 10 days, cleared for return to sports in a slow and graded fashion under the supervision of coaches, athletic trainers, and physicians.
- For patients with moderate symptoms (not requiring hospitalization, persistent fever, chills, myalgias, lethargy, dyspnea, and chest tightness): rest as indicated above with referral to cardiology for further work-up.
- For patient who develop any cardiovascular symptoms during or after COVID-19 infection (shortness of breath, exercise intolerance, chest tightness, dizziness, syncope, and palpitations): rest as indicated above, evaluation by a cardiologist for cardiac testing, return to play to be determined based on assessment.
- For patients with severe symptoms (including hospitalization or MIS-C):
 - Refer to a cardiologist for further evaluation.
 - Follow myocarditis return-to-sports guidance (12-lead ECG, 24-hour Holter monitor, stress exercise test, +/- cardiac MRI).
 - Return to sports to be determined based on results of cardiac testing.

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COVID-19 Return-to-Play Algorithm for Athletes and Highly Active Patients (≥ 15 to <65 years)



*Mild symptoms: loss of taste or smell, headache, mild fatigue, mild upper respiratory tract illness, and mild gastrointestinal illness

†Moderate symptoms: persistent fever, chills, body aches, lethargy, shortness of breath, chest pain, dizziness, loss of consciousness, palpitations

‡Cardiovascular symptoms: shortness of breath, exercise intolerance, chest tightness, dizziness, syncope, and palpitations

Adapted from: Phelan D et al. Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection. JAMA Cardiol.

Published online May 13, 2020; Kim et al. Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives Pathology, Risks, and Return to Play.

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