



Arizona Interscholastic Association Recommended Guidelines for Returning to Athletic Activity

The Arizona Interscholastic Association (AIA) strongly supports the return of athletics and competitive sports. However, it must be done so in the safest way possible. The following document provides guidance and recommendations for continuing athletic activity in AIA member schools and programs while COVID-19 is present in the community. As a living document, this may be updated as new information and recommendations become available. Authored by members of the Sport Medical Advisory Committee, this document includes recommendations for athletes, coaches, administrators, and facilities.

The Centers for Disease Control (CDC) recognizes the benefits of physical activity particularly in this time of the COVID-19 pandemic. The challenge is to support physical activity in a manner that follows federal, state, county, and district public health guidelines to reduce the spread of illness amongst athletes, coaches, athletic training staff, and the community. This document outlines current recommendations from the CDC regarding safe participation in sport.

Continued presence of COVID-19 in the Community

COVID-19 is and will continue to be present in our communities indefinitely. As long as there is active community spread which means that new cases are still increasing we must all be stewards of maintaining a healthy community by limiting the spread of disease.

There are now very effective vaccines to reduce the spread of COVID-19 and the severity of the illness. Vaccination is the single most effective measure at this time to prevent the spread of COVID-19 in the community. COVID-19 Vaccine is now available for all people 6 months and older. The AIA **strongly recommends** that all members of the athletic community who are able to receive COVID-19 vaccine are vaccinated. Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people, from being infected with SARS-CoV-2, or having severe infection with SARS-CoV-2.

Guiding principles for fully vaccinated people

- Indoor and outdoor activities pose minimal risk to fully vaccinated people
- Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people
- Fully vaccinated people should still get tested if experiencing COVID-19 symptoms
- Fully vaccinated people should monitor for symptoms of COVID-19 for 10 days following an exposure.
- Fully vaccinated people should not visit private or public settings if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
- Fully vaccinated people should continue to follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

As of August 24th, 2022, the CDC updated the guidelines for quarantine and isolation. These guidelines apply to all people regardless of vaccination status or if there is a history of a previous infection.

The CDC does recommend following rates of community transmission and adjusting recommendations based on levels of community spread of COVID-19. The level of community spread and recommendations at each level are monitored by the CDC and can be found here, ***

I. Guidelines for ALL Members to Maintain a Healthy Athletic Community

A. Promoting behaviors that reduce the spread of illness

- a. Stay home when sick
- b. Healthy hygiene
 - i. Wash hands
 - ii. Discouraging spitting
 - iii. Cover your mouth and face if you sneeze or cough
- c. Avoid touching face with hands
- d. Ensure vaccinations are up to date
 - i. Flu and COVID-19 vaccinations are also strongly recommended
- e. Adequate supplies
 - i. Soap
 - ii. Hand sanitizer
 - iii. Paper towels
 - iv. Tissues

B. Maintaining healthy environments

- a. Practice in areas with good outside airflow
- b. Encourage members of the team to have his/her own ball, additional equipment, and protective gear
 - ii. All gear shall be disinfected before and after all training sessions
 - iii. Each athlete has own water bottle and towel
- c. Encourage continued mitigation measures in **ALL** members,
 - i. Continue wearing cloth face coverings
 - ii. Maintain 6 feet between others when possible
- d. Cleaning and disinfecting frequently touched surfaces between uses and deep cleaning daily

D. General Guidelines for Athletic Training Staff

- a. Athletic training staff may continue treating athletes but are encouraged to follow guidelines to maintain a healthy environment and practice healthy operations in a medical environment
 - Sports Medicine team members should wear a mask while in athletic training facility while administering treatment to athletes
 - Athletic training facility shall be disinfected before and after athletes receive treatment

E. Protocol for sick athlete, coach, or staff member.

- a. Do not come to practice or sports activity and do not return until he/she has met the CDC's criteria to discontinue home isolation.
- b. Provide sick individual and his/her family with home isolation criteria
- c. Avoid contact with other members of team
- e. If athlete, coach, or staff member becomes sick at athletic practice/contest/event:
 - i. Remove person who is sick from contact with anyone else present
 - iii. Arrange for transportation of sick person to home or medical facility as needed
 - iv. Area where individual was when they became sick should be closed for a minimum of 24 hours and then cleaned and disinfected per CDC protocol.
- f. Do not return to practice until they have met CDCs criteria to stop home isolation and are cleared by physician and/or athletic training staff if available to begin a return to play progression.
- g. Athletes who have moderate to severe COVID-19 will require clearance by a qualified medical professional to return to practice and are required to follow the COVID-19 return to play protocol due to the risk of cardiac complications from COVID-19 (see section on Return to Play Recommendations after COVID-19 illness).
- h. Athletes who had a positive COVID-19 test and meet the criteria for return to play after a positive COVID-19 test do not need an additional test that is negative prior to returning to sports.

F. Person who is determined to be a close contact of a person who has a positive COVID-19 test with or without symptoms

a. All close contacts of a COVID-19 positive individual (regardless of vaccination status) should wear a high quality mask or respirator (e.g., N95) any time they are around others inside a building including their home. All members of the athletic community should monitor for symptoms over a 10-day period. If symptoms develop the sick individual should follow the protocol for a COVID-19 positive individual.

- Definition of a close contact
 - Individual (mask or no mask) who has been <6 feet for greater than 15 minutes (does not have to be consecutive), has had direct physical contact, or who has had direct exposure to infected body fluids with a person who has tested positive for COVID-19 (with symptoms or without symptoms).
 - Period of contact occurred from 2 days before symptom onset or positive test whichever is first until that individual meets criteria for discontinuing home isolation.
- b. Close contacts may continue to participate in sports related activities, but should wear a mask regardless of vaccination status for all indoor activities through day 10 after their last exposure.
- c. It is recommended that close contacts test even if they do not develop symptoms on Day 6 from their exposure.
 - i. If positive, they should isolate immediately and follow the guidelines for a sick athlete.
 - ii. If negative, they should continue taking precautions and monitoring for symptoms through day 10 which includes wearing a mask indoors when around others.

F. Recommendations for Athletes who are on Home Isolation

- a. As long as the COVID-19 positive athletes remains symptom free, they are encouraged to engage in light aerobic activity as tolerated and as long as the athlete is able to maintain self-isolation while engaging in these activities.

G. Returning to Participation Following COVID Exposure or Diagnosis

a. COVID-19 Positive Athlete Without Symptoms or Mild Symptoms

- i. Athletes with symptoms that resolve by day 5 and who have not had a fever for >24 hours without fever reducing medication prior to return to participation may return to participation on **DAY 6**.
 1. Return to play form signed by the parent must be returned to athletic trainer or other school health personnel if there is not an athletic trainer at the school
 2. Athletic trainer (or school health official) should review the form
 3. If COVID-19 illness has resolved, athlete may be cleared to return to practice in a mask for all indoor activities and outdoor activities that involve being within 6 feet of other members of the team for longer than a total of 15 minutes daily. If the athlete is not able to wear a mask as described above, then the athlete should not return to practice until **DAY 11**.
 4. The athlete should not be cleared to participate in games through **DAY 10** when they may stop wearing a mask.
 5. Athlete and their family should be educated regarding cardiac symptoms from COVID-19 and that cardiac symptoms can occur several weeks to months after the initial infection even if the athlete had no or mild symptoms.
 6. Athletes should be monitored for development of late COVID-19 cardiac symptoms even after full return to play.
 - a. If concerning symptoms develop, athlete should be restricted from practice until cleared by a qualified medical professional.

b. COVID-19 Positive Athlete With Moderate to Severe Symptoms

- i. Moderate symptoms are defined as fever for 4 or more days AND/OR continue have symptoms such as cough, shortness of breath, fatigue that interfere with daily and sports activities for 5 or more days.
- ii. Athletes should not return to practice until symptoms do not interfere with daily and sports activities **AND** they have not had a fever for >24 hours without fever reducing medication.
- iii. Return to form must be signed by parent **AND** a qualified medical professional, preferably the primary care physician.
- iv. Once cleared by a qualified medical professional:
 - 1. If prior to day 11 athlete may return to practice to begin a return to play progression in a mask through day 10.
 - 2. If on day 11 or later, athlete may return to practice to start a return to play progression.
- v. For patients with severe COVID-19 infection that required hospitalization or athlete was diagnosed with MIS-C, athlete must be cleared by cardiology.

The AIA has developed the COVID-19 Return to Play Form and strongly recommends that this form (or a district specific equivalent form) be completed by all athletes who had COVID-19. It is further recommended for athletes who had moderate to severe symptoms that this form be completed by a qualified medical provider prior to the athlete returning to practice. **Individuals who have had COVID-19 are at risk of developing severe cardiac complications that can affect participation in sport.** There is limited research in this area particularly in youth athletes to standardize clinical decision making. For these reasons, **it is strongly recommended that this form be completed by the patient’s primary care provider who is preferably an MD or DO.** Evaluation and management by the primary care provider allows for the patient’s past medical and cardiac history to be known.

The evaluation to determine whether an athlete is ready to begin the return to play progression should include:

- A minimum of 5 days have passed from the date of the positive test result
- Symptoms are resolved or nearly resolved, any remaining symptoms are not interfering with daily activities without medication
- No fever ($\geq 100.4F$) for minimum of 24 hours without fever reducing medication
- COVID-19 respiratory and cardiac symptoms (moderate/severe cough, shortness of breath, fatigue) have resolved
- Athlete was not hospitalized due to COVID-19 infection.
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)

| | |
|---|--|
| Chest pain/tightness with daily activities | 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/ daily activities | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| New palpitations | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Heart murmur on exam | YES <input type="checkbox"/> NO <input type="checkbox"/> |

*If any cardiac screening question is positive or if athlete had moderate or severe COVID-19 infection as defined by 4 days or more of fever, a week or more of myalgia, chills, or lethargy, non-ICU hospital stay, or ICU hospitalization, or diagnosis of MIS-C, further workup is recommended based on the Return to Play After COVID-19 Infection in Pediatric Patients Clinical Pathway, an example of which is found on the AIA website for reference.

If the athlete has met the above criteria, within 5 days of the onset of symptoms or the positive COVID-19 test then the athlete may return to full practice once cleared in a mask through day 10 and may return to games on Day 11 when the mask is no longer required.

If symptoms lasted longer than 5 days, then the athlete is required to complete a return to play progression under the supervision of the school’s athletic trainer or other school personnel. It is recommended that each stage be completed without development of chest pain, chest tightness, palpitations, excessive fatigue, lightheadedness, pre-syncope or syncope. If these symptoms develop at any stage, the patient shall be referred back to the evaluating provider who signed the form. This protocol will take a minimum of 5 days to complete.

| Stage | Timing | Activities |
|---------|----------------|---|
| Stage 1 | 1 days minimum | Light activity for 15 minutes or less at an intensity no greater than 70% of maximum heart rate (eg. walking, jogging, stationary bike). No resistance training |
| Stage 2 | 1 day minimum | Light activity with simple movement activities (eg. Running drills) for 30 minutes or less at an intensity no greater than 80% maximum heart rate. No resistance training |
| Stage 3 | 1 day minimum | Progress to more complex training for 45 minutes or less at an intensity of no greater than 80% maximum heart rate. May add light resistance training. |
| Stage 4 | 1 days minimum | Normal training activity for 60 minutes or less at an intensity no greater than 80% maximum heart rate |
| Stage 5 | | Return to full activity |

F. SUSPENSION OR DISCONTINUATION OF COMPETITION

The ability to participate in sports should be continually reassessed based on local and state levels of community spread as well as the school’s mitigation practices. The level of community spread is determined by the CDC, local, county, and state public health departments based on benchmarks based on number of positive tests per 100,000 people, percent of positive tests, and hospital bed availability to name a few. If the local, county, or state public health department changes the level of community spread for a community, then the schools in that community should limit athletic participation to those activities that are permitted for the current level of community spread. Qualified medical professionals, school administrators, and school boards should work closely with local public health officials to stay up to date with standards and guidelines to ensure continued safe play.

Each school (or district) should develop plans based on these criteria to temporarily suspend or stop individual or all sports as appropriate. The following criteria can be used to create a stop/pause protocol that can be applied at the school, district, local and state level. Considerations regarding suspending sport-related activities where physical distancing cannot be maintained should include:

1. Inability to isolate new positive cases and/or quarantine high risk contacts.
2. Inability to provide appropriate medical care or screening within the school to provide a safe environment.
3. Lack of ability to supply appropriate cleaning materials or staff needed to maintain a safe environment.
4. Lack of availability or inability for members of the athletic community to obtain COVID19 testing.
5. Inability to perform adequate contact tracing.
6. Anytime in-person school instruction is suspended due COVID-19 cases, in-person sports activities should also be suspended until it is determined to be safe to resume in-person activities by school officials in conjunction with the local public health department.
7. Staff members, coaches or students not following mitigation standards put forth by their institution or AIA and after appropriate education and warnings have been instituted.

Limitations of Activity due to COVID-19 positive athletes, coaches, or athletic staff on a team

- An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.
- Anytime there are multiple members of a team who develop COVID-like symptoms or have a positive COVID-19 PCR test a consideration of suspending athletic activity for all members should be considered.
- The number of team members, coaches, or staff working with a team who develop acute COVID-like illness or positive COVID-19 PCR tests on a team that call for a consideration of suspension of in person activities is defined as >2 members per team for teams with 25 or more members and 2 members for teams with less than 25 members.
- Once the above numbers are reached, it is recommended that in-person team activities for all members should be paused for a minimum of 8 days from the last exposure of the team to the sick individuals.
- The time should be extended if other members of the team develop symptoms.
- The team should not resume activities until 8 days have passed from start of symptoms of the last team member to develop symptoms or the last member to have a positive COVID-19 PCR test.
- During the suspension of team activities, the school should work closely with the local public health department to ensure that appropriate contact tracing is completed so that all close contacts are identified.
- All athletes, coaches and staff with acute COVID-like illness with symptoms that last longer than 4 days will be cleared only by a health care professional utilizing the AIA Return to Play Form and follow a return to play progression.

“Team” in this context is defined as an individual sport plus its sub-category: Example JV football is one team; Varsity football is another team. If more than one sub-team practices together, for example JV Women’s Volleyball and Varsity Women’s Volleyball practice together sharing equipment, completing drills or scrimmages together than they would be considered ONE team for the purpose of this document.

Updated 8/29/2022