

Guidelines for Safe Return to Athletic Activity in Secondary Schools following the COVID-19 Pandemic

Executive Summary

The COVID-19 global pandemic has changed the world for the unforeseen future. As our communities begin to emerge from stay-at-home orders and schools begin to re-open, it is critical that return to activity guidelines are established prior to student athletes returning to secondary school campuses. For the safety of all involved, it is prudent to plan and implement safety procedures prior to resumption of athletic activity. Following orders from the Governor, State, County, and Local officials, and adhering to recommendations from medical leaders, it is essential that coordinated planning occur on every secondary school campus. This document provides recommendations derived from healthcare authorities. Since the secondary school setting is unique to the pediatric and adolescent population, return to activity recommendations may be different than professional or collegiate athletics.

***Disclaimer:** Recommendations are fluid and subject to change. It is important for campus officials to stay current with healthcare guidelines and recommendations from governmental and healthcare leaders.

Introduction

Return to athletics on secondary school campuses needs thoughtful planning and coordination from all involved. Several areas of concern are evident when considering returning to the secondary school campus to resume conditioning, organized practices, and eventually competition. First, identification of risk and liability need discussion with legal counsel. Next, a multi-disciplinary Action Team needs to be assembled to analyze procedures for return to activity. The Action Team should assemble an Action Plan to phase and transition the return to athletic activity. As a part of this Action Plan,

establishment of guidelines for staff return to campus is needed. Guidelines should address plans for athletes return to campus, entry and exit to every facility, appropriate actions and care following a positive test of staff or athletes, indoor and outdoor activities, and return to competition including travel, meals, dressing facilities, and the physical nature of each sport.^{1,2}

In this paper, guidelines for the return to activity are explained by areas of concern to assist campus Action Teams in the formulation of a specific campus action plan.

Personal Safety/PPE Recommendations

All staff, including athletic trainers, in the secondary school setting will return to work when the threat of coronavirus infection remains high. It is recommended by many health organizations that staff and health care workers of all kinds practice safely and use proper Personal Protective Equipment (PPE) while screening and providing patient care. In the publication titled "Guidance on preparing workplaces for Covid-19" by the Occupational Safety and Health Administration (OSHA), it states that schools would be considered "Medium Exposure Risk" areas, and require a combination of the following PPE to protect workers.³

- Disposable Gloves (daily care)
- Face mask (daily care)
- Goggles or a face shield (daily care)
- Gown (emergency care)³

The following recommendations are made to ensure safety of staff when administering patient care. In the event of an emergency response, the above-mentioned PPE materials are recommended by the Centers for Disease Control and Prevention (CDC).⁴ According to the American Red Cross, risk of disease

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transmission is low when performing CPR. If a barrier device is not available, it is recommended to perform “Hands Only” CPR until a bag valve mask or other protective device can be obtained.⁵

Athletic Facility Screening Procedures

Screening procedures in all athletic facilities is essential in curbing the spread of COVID-19. It is recommended that each campus have a strict screening procedure in place in order to ensure the safety of those within the facility. Additionally, attendance records are needed should an individual begin to show symptoms at a later date.

Recommendations

- Each school/organization is responsible for screening each athlete/coach on campus before they participate in any activities. One entrance to a facility is preferred, but if facilities have multiple entrances all entrances must have a screener in place for the duration of activities.⁶
- The screening should include the following symptom checklist.⁷
 - Fever
 - Cough
 - Shortness of Breath
 - Sore Throat
 - New loss of smell and/or taste
 - Have you come into contact with anyone with COVID-19?
 - Temperature check with forehead thermometer
 - CDC identifies a fever as over 100.3° F ⁸
- After the athlete/coach is screened they should receive proof of acceptable screening (screening proof should change daily).⁶
- If athlete has a positive finding on their COVID-19 screening a mask should be

given to wear, parents need to be called, and the athlete should go home. The athlete should not return until they have documentation of care and/or a release from their medical provider.⁶

- If staff is identified with fever or positive of potential viral infection, they should mask themselves, leave the facility and consult their health care provider.⁶
- No unnecessary individuals should be present (managers, extra coaches, non-participating athletes, parents, etc.).⁶
- Attendance should be recorded and stored so a record is retained of everyone present in case a positive case of COVID-19 is reported.⁶
- Advise athletes to take temperature before leaving home, wear a mask in public, and report symptoms by email or phone if sick (post on school website).⁸
 - Above recommendations should be placed on the school website and/or on the school's social media sites.
- Have a link on school website and/or flyers for virtual visits⁶
- Hang posters and signs around the facility to encourage symptom reporting, virtual visits, etc.⁸

Athletic Training Room Entrance Policy

It is imperative that access to the athletic training room be limited and well documented. Proper screening procedures and documentation to ensure the safety of visitors must become a part of the daily routine. Athletes can no longer be allowed to come and go as they please, in mass, or without purpose. The athletic training room

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must be treated as a health care facility and any visits not directly related to athlete health and safety should be eliminated. It will also be necessary to tightly control the number of athletes and staff in the facility at any one time and strictly adhere to recommended maximums. When appropriate, triaging athletes through videoconference may need consideration.

Recommendations

- The number of people in the athletic training room should be kept to a minimum in accordance with social distancing guidelines.^{9,10}
- Each entrant should be screened or have proof of prior school screening on that day.^{9,11}
- Screenings should be done by the athletic trainers and/or school staff members and not the student aids.⁹
- All entrants to the athletic training room (ATR) should be documented either electronically or on paper along with their temperature and results of their symptom check or documentation of prior screening. This documentation should include: name, date, time in, time out, reason for visit. Paper documentation should be stored in accordance with FERPA/HIPPA guidelines.^{9,11}
- Athletic trainers (ATs) and staff should wear gloves, cloth or surgical masks, and goggles or face shield when screening entrants.⁹
- If there are multiple entrance doors to the ATR it is recommended to use only one door for entrance screening. Other doors should be used for exit only.¹¹
- Sanitizing wipes should be provided at the check in station to sanitize pens or keyboard in between uses.^{9,11}
- Hand hygiene stations should be set up at the entrance of the facility so that entrants can clean their hands before they enter and as they exit. If a sink with soap and water is not available, provide hand sanitizer with at least 60% ethanol or 70% isopropanol by total volume.¹¹
- When not in use, ATR doors should remain locked at all times to prevent unapproved access to the facility.¹¹
- Entrants who are screened should be given some type of proof of passed screening to prevent multiple screenings. A wristband or some type of electronic verification would be optimal. However, this will be based on school policy.¹¹
- Entrants must have a mask on to enter.¹¹
- Hands must be sanitized upon entry and exit.¹¹
- Appointments for rehabilitation sessions should be scheduled around busy operation times.¹²
- Once the max occupancy is reached, others must wait outside the ATR unless urgent or emergent.¹²
- When practical, waiting outdoors is preferable. If facility layout or other factors require waiting in an interior space, follow all social distancing requirements.^{11,12}
- Outside visitors are not allowed unless they are essential to the care of an athlete or if they are the parent of the child under care. Those that qualify must be screened before entry.^{11,13}
- Place clear signs outside the designated entrance explaining entrance policy and prevention strategies.¹¹⁻¹³
- Athletes from opposing teams are not allowed to access to ATR unless they

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have an urgent or emergent injury or illness. If possible, they should be screened prior to entry.¹³

- Visits to the ATR by school staff (coaches, teachers, admin) are discouraged. Videoconference or phone communication should be substituted for in person meetings as much as is practical.¹³
- Meetings with sales reps, and visiting ATs, should be done outside of the ATR or by videoconference.¹³

Distancing Procedures

It is important that once athletes and staff are safely inside the athletic training room that they continue to adhere to social distancing guidelines. Athletic training rooms vary greatly in shape and size. Therefore, thoughtful evaluation of each facility must be done to ensure that proper distancing is achievable in all areas of the athletic training room and during all treatments. Athletes are social creatures and the athletic training room has historically been a social place. So, it may take considerable effort to enforce distancing rules while multiple athletes are in the athletic training room. Proper spacing of equipment, signs and stickers will greatly assist in this effort.

Recommendations

- All furniture and equipment that a person may use such as training tables, taping tables, whirlpools, bikes, chairs, and desks should be spaced 6 feet apart.¹³
- If it is impossible to space all equipment 6 feet apart, furniture or equipment should be removed from the ATR to accommodate this requirement.¹³

- Consideration of unconventional configurations of furniture and equipment to accommodate this 6-foot rule may be needed. For example, placing a treatment table in the middle of the room instead of against a wall.¹³
- When treatment tables are placed side by side 6 feet apart, it is encouraged that athletes not be orientated in the same manner at the same time. They should be placed in an alternating head-to-toe configuration.¹³
- Athletes should not be allowed to handshake, physically greet or embrace or have any other physical contact in the ATR. ¹⁴
- Signs should be posted reminding athletes of social distancing guidelines.¹⁴
- Stickers should be placed on the floor to remind of social distancing in areas where athletes will be waiting in line or standing for services.¹⁴

Treatment Precautions

The Covid-19 virus still has many unknown factors, and several governing health organizations have provided helpful information regarding personal protective equipment (PPE) and hospital level exposure. However, recommendations for athletic training room treatment procedures in the secondary school setting still has much to consider. In order to effectively treat our athletes, we will need to consider all of the recommendations made thus far and implement case specific guidelines as well.

Recommendations

- N-95 or surgical mask that covers nose and mouth as well as eye protection should be work when treating. Personal eyeglasses and contact

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lenses are NOT considered adequate eye protection.⁴

- Disposable gloves should be used. Change gloves if they become torn or heavily contaminated.⁴
- All personnel should avoid touching their face while working.⁴
- Remove and discard PPE and perform hand hygiene before moving to a new patient. Used PPE should be discarded in accordance with routine procedures.¹⁵
- Athlete should sanitize hands before and after treatment and immediately leave the ATR once treatment is complete.
- Athletic trainers must sanitize their hands as well as the table, tools, and equipment with an acceptable disinfectant before and after treatment.

Infection Control

The sanitation of all surfaces, touch points, and commonly used spaces is crucial for infection control and further transmission of COVID-19. The CDC has published recommended guidelines and regulations to help with infection control for employers, hospitals, and public spaces as well as recommendations for the general public on cleaning and disinfecting at home and commonly used items.¹⁶ At large, the secondary school sports setting is to follow the guidelines set by the CDC, as well as to follow other recommendations by health organizations.^{17,18} This section addresses the sanitation recommendations of the athletic training room, weights room, locker rooms, gyms, and equipment.

Recommendations

- Use PPE (disposable gloves, masks, eye protection) while sanitizing.¹⁸

- Use a bleach solution (1 oz. bleach to 1 gallon water), CDC approved disinfectant spray or wipes to frequently clean surfaces, touch points, and commonly used equipment.¹⁹
 - Follow manufacturer's recommendations for drying time prior to use of equipment.
- Personal items like bats, balls, gloves, racquets, shoes/cleats, poles, batons, mats, etc., should not be shared. Equipment needs disinfection after use and to be stored in clean receptacles.²⁰
- Practice safe hand hygiene when moving equipment or changing locations (gyms, floors, weight rooms, locker rooms, wrestling mats, etc.).²¹

Care for an individual exhibiting COVID-19 symptoms

In the course of screening, it is likely that an individual will present with symptoms. It is important to have policies and procedures in place for this occurrence to prevent potential exposure, advise individuals and their families on the next steps to take, and to direct school administrators or action team members on how to report a confirmed case to the proper authorities. Through coordinating and reporting with the proper authorities, contact tracing can be initiated to help prevent further spread.

Recommendations

- **If an individual responds positive to the symptom screen**
 - Refer the athlete or staff member to their Primary Care Physician for phone consultation or a virtual visit.²²

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- The individual will need to consult their insurance provider to ensure a virtual visit is covered.

Returning to sport or play

- Student athletes who has/or are suspected of having COVID-19 should receive documentation from their treating physician before returning to school/sports competition.
- Athletes may need a progressive return to sport after clearance from the virus to reacclimate to increasing exercise demands.²²

Reporting

- COVID cases should be reported to the county health department immediately. This responsibility along with the responsibility for contact tracing may vary depending on the school's/organization's action plan.^{23,24}
- For reporting in Houston, TX, contact the Department of State Health Region five office.²⁵ For reporting in Harris County, contact the Department of State Health Services Regional Service Office.²⁶ For General Instructions, contact the Department of State Health Services General Instructions office.²⁷

Contact Tracing

- Contact tracing tracks the individuals that may have been exposed by a person who has tested positive for COVID 19. These contacts are notified of their exposure and then advised to quarantine themselves.²⁴
- Contact tracing training is offered by the Centers for Disease Control (CDC).²³
- The daily screening rosters can be used to help contact tracers follow up with individuals who have been exposed

Return to Sport for the COVID-19 Patient

Consideration of the cardiovascular complications of athletes affected by COVID-19 should be taken into account once an athlete returns to sport. In the asymptomatic COVID-19 patient, it is unclear if long term cardiopulmonary effects are present. In the critically ill patient, multiple systems may be affected, including cardiac and pulmonary function²⁸. Concern for myocardial injury leading to scarring that may result in ventricular arrhythmias should be taken into account for all sports²⁸. If an athlete is returning to sport and has tested positive for COVID-19, consider the following scenarios and recommendations.

Recommendations

- **Athletes with asymptomatic COVID-19 infection from confirmed PCR testing**
 - Focused medical history and physical examination
 - A 12 lead EKG should be considered if history of new onset chest pain/pressure, palpitations, or shortness of breath with exercise
 - If an EKG is completed and abnormal, the athlete should be referred for further testing²⁸
- **Athletes with symptomatic COVID-19 infection from confirmed PCR testing without hospitalization**
 - Focused medical history and physical examination
 - A 12 lead EKG should be considered if history of new onset chest pain/pressure, palpitations, or shortness of breath with exercise
 - If an EKG is completed and abnormal, the athlete should be referred for further testing²⁸
- **Athletes with symptomatic COVID-19 infection from confirmed PCR testing**

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with hospitalization - moderate to severe illness

- Focused medical history and physical examination
- Thorough evaluation of myocardial injury in conjunction with a sports cardiologist which may include but not limited to blood biomarker assessment, 12 lead EKG, echocardiograph, exercise testing, cardiac MRI at the discretion of the sports cardiologist²⁸
- **Athletes with symptomatic COVID-19 infection from confirmed PCR testing with hospitalization and documented myocardial injury**
 - Focused medical history and physical examination
 - Thorough evaluation of myocardial injury in conjunction with a sports cardiologist which may include but not limited to blood biomarker assessment, 12 lead EKG, echocardiograph, exercise testing, cardiac MRI at the discretion of the sports cardiologist
 - Return to training should be gradual and supervised by the sports cardiologist.²⁸

If cardiac evaluation is unremarkable, but the athlete is experiencing continued exercise intolerance, consider the scenario of pulmonary scarring, which may persist for up to a year. Evaluation by a pulmonologist should be completed prior to return to sport in this case.²⁸

Working Suggestions for Weight room, Outdoor Practice, Indoor Practice, Facilities

Many sports and exercises have traditionally been performed in an environment in which

athletes and coaches are in close contact with each other and were many hands touch many of the same surfaces regularly. These routines of normal strength, conditioning, and practice overall will need to be altered in order to implement strategies that attempt to prevent the spread of COVID-19. It is important that all adhere to health care recommendations and adapt exercise to include social distancing and potentially PPE.²⁹

Weight room Recommendations:

- Use hand sanitizer when entering and leaving weight room as well as before and after handling equipment.²⁹
- 6 ft. distancing when not involved in activity.
- Stagger lifting by position ex. Football - O-line, D-line, O-backs, D-backs, Receivers, Linebackers and D-ends. Volleyball – hitters, setters/back row. Basketball – guards, forwards, posts²⁹
- Clean and sanitize all equipment after each use.
- Hydrating options:
 - Each athlete should supply an individual personal water container to refill at the practice facility.
 - Water bottles must not touch each other. Use of water bottle racks is discouraged.
 - Limit touching of water dispensers and allow for cleaning or disinfection after every use.
 - Provide single use, disposable paper cups.

Indoor and Outdoor Practice Facilities Recommendations:

- Coaches and athletes participating in indoor activities which involve limited social distancing should wear a mask.

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- Outdoor activity, as long as social distancing is maintained, may conduct activity without a mask.
- Use hand sanitizer when entering and leaving facility.
- Adjust drills to limit physical contact when possible.
- 6 ft. distancing when not involved in activity.
- Utilize entire facility/gym for activity.
- Clean and sanitize all equipment after each use.
- Hydration suggestions
 - See above suggestions

Oversight from Collegiate Health Care Leaders

Additional information for the resumption of athletic activities on the secondary school campus may draw some insight from collegiate athletic programs. Even though collegiate athletic programs employ different guidelines and regulations, they must follow state and local authorities' directives. As a result, below are some general recommendations to use for return to sport and overall COVID-19 infection prevention and control measures.

State and local authorities must have in place a plan for resocialization and as a result, the NCAA has established a gating system to assist schools for safe return to sport.³¹ In accordance with the federal guidelines, such a plan assumes the following state/local gating criteria have been satisfied:

- A downward trajectory of influenza-like illnesses reported within a 14-day period and a downward trajectory of COVID-like syndromic cases reported within a 14-day period.³¹
- A downward trajectory of documented cases of COVID-19 within a 14-day period or a downward trajectory of

positive tests as a percentage of total tests within a 14-day period.³¹

- Hospitals can treat all patients without crisis care and there is a robust testing program in place for at-risk health care workers, including emerging antibody testing.³¹

COVID-19 may manifest in young adults with very mild symptoms of a cold, yet these individuals may be infectious. Chronic medical conditions such as diabetes, lung disease and heart disease should be evaluated in depth before cleared for return to athletic activity.³¹

Once universities return to practice, the following suggestions have been offered for safe hygiene and infection control:

- All student-athletes, athletics health care providers, coaches and athletics personnel should practice good hygiene.
- There must be sanitizers to manage infection control in all shared athletic spaces.³¹
- Hand sanitizer should be used before, during (when possible) and after treatments and activities.
- Weight rooms, athletic training rooms and meeting rooms should be wiped down and cleaned in between use.¹¹
- All student-athletes, athletics health care providers, coaches and athletics personnel should stay home if they feel sick.^{11,31}
- It is recommended to have a screening for all athletes and university personnel upon entrance of the building with a possible temperature screening and questionnaire.¹¹
- Patients should be spaced 6 feet apart for treatments. Restrict the number of people allowed in the facility at once.²

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There must be adequate personal protective equipment for athletics health care providers including but not limited to personal face masks, gloves and hand sanitizer.

There must be the ability to assess immunity to COVID-19 at a regional and local level³⁰ as well as access to reliable, rapid diagnostic testing on any individual who is suspected of having COVID-19 symptoms. Testing options, accuracy and availability are still being assessed at this time and each University will have their own guidelines for frequency of testing.³⁰

Ballet and Dance

The performing arts, especially dance, provides a unique challenge to maintain social distancing and effective sanitation while practicing and performing. The following are suggestions to aid in protecting dancers as they return and to help curb the spread of COVID-19. These recommendations can be used at the secondary level as well as at the professional level.

Recommendations

- With emerging information about asymptomatic carriers spreading the disease, all dancers and staff should behave as if they are a potential carrier and wear a face mask in all public spaces. Hand hygiene should be stressed at all times. All dancers should wash or sanitize their hands prior to entering a studio, on-site clinic/treatment room, or gym facility.³²
- Class sizes should be kept small and coincide with the current local government regulations for limits on small gatherings.³¹
- At the barre, dancers should be spaced out at least 6 ft., but

- preferably 8-10 ft., to maintain appropriate social distancing. Consider marking the barres at the appropriate distance to provide visual guidance.
- During center work and floor drills, dancers should maintain at least 6 ft., but preferable 8-10 ft. between dancers. During traveling combinations, encourage dancers to form single rows side-by-side instead of front-to-back to avoid dancers moving through contaminated air droplets.³³
- Keep doors and windows open when possible to optimize ventilation in the studios to reduce risk of exposure and infection. Sharing the same air as a carrier in an enclosed space longer than 10 minutes increases the potential risk of exposure to the virus.³²
- Consider spacing out class and rehearsal times to allow adequate time for cleaning the studios in between groups of dancers.
- Adhere to CDC recommendations for cleaning at all times. Frequently touched surfaces such as elevator buttons, stereo systems, floors, light switches, door handles, railings, sink and toilet handles should be cleaned frequently throughout the day. All training equipment such as barres and workout equipment should be sanitized after each use
- For on-site athletic training and gym facilities, consider utilizing an appointment system to limit dancers from congregating in treatment rooms or workout areas.
- Consider limiting access to locker rooms and showers to avoid dancers congregating in enclosed spaces. It may be beneficial to mark out

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designated spaces for dancers to put their bags and personal belongings in a spaced-out manner.³²

Conclusion

The return to secondary school campuses by staff and athletes alike does carry risk of coronavirus spread. Implementing an action plan that follows TEA, UIL, State, County and local leadership directives can help contain coronavirus spread. It is incumbent upon leaders to utilize information from health care authorities to reduce the spread of COVID-19 throughout the community.

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