

St. Louis Sports Medicine COVID-19 Task Force
Youth Return to Sports Recommendations
(8/18/20)

The following recommendations are the result of a collaboration among sports medicine and pediatric infectious diseases professionals in the St. Louis Metropolitan area. SSM Health, BJC HealthCare and Mercy have collaborated to create the St. Louis Sports Medicine COVID-19 task force to provide recommendations related to the resocialization of both youth and high school sports during the COVID-19 pandemic in the St. Louis region. This update includes new categories of high, moderate, and low contact frequency sports/activities. In addition, there are updated phases for each category and updated criteria being used by this task force. There is also an updated MSHSAA COVID-19 Return to Play Form.

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 and recommendations as related to sports must be followed. Also, schools and sports teams may place stricter criteria than what is listed below.

GOAL: Provide recommendations for the resocialization of sport with regard to practice and 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 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 participation before these organizations' recommendations may create increased liability if an athlete is injured at a time when participation in practices or competitions is not recommended.

GUIDING PRINCIPLES:

-The information regarding SARS-CoV-2, the virus causing the COVID-19 illness, is changing rapidly nationally and in our community. These recommendations will be reviewed and updated based on new scientific information and local information including COVID-19 testing capacity and state and local health department recommendations.

-Key strategies currently used should continue: frequent and effective hand hygiene, social distancing as able, disinfecting high-touch areas, and avoiding touching the face.

-Measures to determine progressing to the next phase will include the two criteria below as well as additional input provided by the St. Louis Pandemic Task Force and the local health departments.

1. 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 for children.
2. 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.

RECOMMENDATIONS:

- I. Recommendations for all phases in both youth and high school activities
 - i. Athletes, coaches, officials, referees, and umpires **MUST** undergo a [healthcare screening](#) prior to starting any activity (practice, scrimmage, or games).
 - ii. Masks or face coverings **MUST** be worn for athletes, coaches, officials, referees and umpires any time they are not doing strenuous physical activity.
 - iii. A list of names of all participants should be kept for each practice, scrimmages, and games. If a participant is absent, the reason for this absence should be determined.

- iv. Practice or game times should be spaced out to limit the number of individuals coming and going at the same time.
- v. 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.
- vi. The use of locker rooms is not recommended. If they must be used, proper social distancing should apply within the locker room. (i.e. use only every third locker). Proper area for equipment storage and cleaning is recommended.
- vii. No unnecessary individuals should be present (such as managers, extra coaches, non-participating athletes, etc.). However, We recommend a minimum of two adults be at practices, whether it be two coaches, or volunteer or club/school representative. The additional adult can in addition to the group restriction (groups of 10) as long as they do not have direct contact with the unmasked individuals. We encourage parents to have the ability to view the safety precautions in place during practice, but not in a way that creates gatherings of parents at practices. We fully support the continued practices of the guidelines created by the U.S. Center for SafeSport.
- viii. 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.
- ix. The parent or caregiver should wear a mask or face covering.
 - x. During competitions, spectators should practice social distancing as permissible and spectators should wear masks or face covering. There is no specified limit on number of spectators, but organizations and schools should put in limits based on other factors (i.e. gym size) to promote social distancing.
 - xi. Any scrimmages or games should be played only against teams located within the St. Louis region. (Defined as the Metro East, St. Louis City, St. Louis County, St. Charles County, Jefferson County and Franklin County)
 - xii. Do not share water bottles during practice. An individual athlete may use their own water bottle, and it should be clearly marked with their name. Cups may be used to drink water but should only be for single use.
 - xiii. Coolers should be properly sanitized after each use, and a new cooler should be used for each team or group. [CDC guidance for cleaning and disinfecting should be followed.](#)
 - xiv. Ice towels should be used only once, then thrown out or washed properly.
 - xv. No whirlpools, cold tubs, or hot tubs should be used during any of the listed phases. Best practice for emergency use still applies.
 - 1. Have a cold water immersion tub on-site or within 5 minutes of the field.
 - 2. On field, it is recommended to have ice towels ready, in addition to the cold tub, for cooling during breaks and to cover the head in the event that an athlete has an exertional heatstroke and needs to be immersed.
 - xvi. No team huddles should take place.
 - xvii. No handshakes or fist bumps should take place.
 - xviii. Any equipment used during activities should be disinfected with Environmental Protection Agency (EPA) certified products between each use.
 - xix. Any jerseys used during these workouts should be washed daily and shouldn't be shared with other players during workout. Any balls used (basketball, baseball, soccer ball etc.) can be used during any of the listed phases, however it should be disinfected as much as feasible during the activity.

II. Special Considerations for Athletes and Coaches

- i. 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.

- ii. Current Risk Factors
 - 1. Risk increases steadily with age
 - 2. Obesity and body mass index >30
 - 3. Chronic lung disease including moderate or severe asthma
 - 4. Type 2 diabetes
 - 5. Chronic kidney disease
 - 6. Sickle Cell disease
 - 7. Heart conditions
 - 8. Immunocompromised (e.g. any transplant recipient, needing immunosuppressant medications (e.g. steroids, biologics, etc.), patients receiving chemotherapy, etc.)
 - 1) If you think that your child is immunocompromised, please check with your child's healthcare provider.
- iii. Adults should consider delaying participation in these activities if risk factors are present. Consultation with your healthcare provider (Physician, Nurse Practitioner, Physician Assistant) is recommended if you have questions.
- iv. 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.

III. Social Considerations/Assessments

- i. Exceptions may be needed for some of these conditions based on circumstances.
 - 1. Showers may be needed after practice in some circumstances (like having to work after practice, homelessness, etc.). Coaches and administrators can make these exceptions. Social distancing should be maximized and proper cleaning should take place.
 - 2. Water bottles that can be clearly marked for individuals should be made available. They should be cleaned after an individual uses them.
 - 3. 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.
 - 4. 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.
 - 5. For athletes not able to wash their workout clothes, schools and organizations should attempt to help provide this for them.
- ii. 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.

IV. Screening

- i. Every athlete/coach/official is required to be screened ([see video](#)) when they enter the campus or facility where the sporting activity will take place. They should be required to wear a mask or face covering until they screen negative.
- ii. Secondary screening
 - 1. Athletic organizations that are outside of school based activities are still required to do a secondary screening, even if children have attended in person school that day.
 - 2. Schools that have in person learning or blending learning
 - 1) If the school required a temperature check and symptom screening for in person learning, then it is recommended that a secondary screen take place sometime after noon each day for the children participating in after school activities. If a temperature check was already completed that day it will not be required to complete the temperature check again. If a temperature check was not completed at the beginning of the school day due to screening process or the child doing virtual learning that day then a temperature check should be performed with the symptom check prior to starting after school activities.

- 2) It is recommended that the screening questions be done in one of the following methods:
 - i. Current technology used at the school for morning screenings, as long as the screening is done by or with the child and that it can be completed a second time within 24 hours.
 - ii. Google Form
 - iii. QR Code linked to an online form
 - iv. In person screening
 - 3) Please note it is important to have records of who was screened at your organization.
- iii. 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:
- 1) If the high school employs a Certified Athletic Trainer or other health care provider, the following items are recommended:
 - i. Personal Protective Equipment should be worn, including surgical masks and gloves.
 - ii. Wear surgical mask at all times when on campus or in the facility. Mask can be worn for up to two days unless soiled or torn, then discard immediately. Gloves should be worn at all times and changed between patients. Gloves may be removed while working with the same patient if needed. Hand hygiene should be performed after removing the gloves and before putting on gloves (if there is a gap in time between removing and putting on a new pair of gloves). Masks should be stored in a paper bag when not in use.
 - iii. Athletic Trainer should clean any tables used for assessing athletes with hospital grade cleaner after each patient and wipe down 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 distancing in 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.
 - iv. The screening should include the following questions:
 1. Today or in the past 24 hours have you had any of the following symptoms:
 - 1) Fever (temperature greater than 100.4 for children and greater than 100 for individuals over the age of 18)
 - 2) New or worsening cough
 - 3) Shortness of breath or trouble breathing
 - 4) Sore throat that is different from your seasonal allergies
 - 5) Rhinorrhea (runny nose)/congestion, different than seasonal allergies
 - 6) New loss of smell or taste, or both
 - 7) Diarrhea or vomiting
 - 8) Do you have a household member or close contact who has been diagnosed with COVID-19 in the past 2 weeks? (Close contact is defined as prolonged exposure of greater than 10 minutes within 6 feet without a mask. Local health departments should be contacting individuals that are close contacts of a positive COVID-19 patients.)
 2. Temperature check with a thermometer is recommended but not required (temperature greater than 100.4).
 - 1) Temperature assessment is much more important for screening adults

- 2) Forehead thermometer or touchless thermometer is preferred
- v. If an athlete, coach, or official has positive finding on their COVID-19 screening, they should be sent home immediately. If the athlete's parents are not present, escort the athlete to a designated isolation room or an area away from others. They should wear a mask or face covering. They should then be directed to their PCP or a virtual visit as listed on the resource section below.
 - vi. After the athlete, coach, or official is screened negative, they should receive an indicator that shows they have been screened (for example: a colored wrist band, a sticker that changes daily, a marking on hand) with the current date and initials of the screener. Athletes do not need to wear masks or face coverings during play.
- V. Positive COVID 19 Athlete or Coach
- i. Notify the local public health authority. A school nurse, athletic trainer, healthcare provider, or member of the organization 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. All athletes, coaches and staff are required to inform school or organization of a positive test so proper contact tracing can occur.
 - ii. If an athlete or coach is confirmed to have COVID-19, the following should occur:
 1. Individuals who have had a significant exposure (defined as direct contact or prolonged exposure (> 15 minutes) within 6 feet without a mask) to a positive COVID-19 individual must quarantine for 14 days from the last date of exposure to the positive COVID-19 individual.
 - 1) If the exposed individual develops symptoms during these 14 days, testing for SARS Cov-2 should occur. The athlete/coach can return if the test is negative and symptoms have improved.
 2. **Please note that a negative test during the 14 day quarantine window does not allow an individual to return sooner than the 14 days.**
 3. Exception could be made if:
 - 1) All activities were done practicing appropriate social distancing or if individuals are wearing face coverings.
 - 2) If a coach is positive and was wearing a mask or face covering, it is possible that none of their contacts will have to be excluded from play or practice. In some cases, a mask or face covering may not be considered protective depending on the type of exposure.
 4. Coaches and staff who were in contact with the infected individual while properly wearing a mask may not need to be excluded from practice and play. In some cases, a mask may not be considered protective depending on the type of exposure.
 5. The local health department has the final authority on who is considered exposed.
 6. Please note if an athletic trainer wearing proper PPE is exposed to a positive COVID-19 patient they should be treated as a healthcare worker in their work setting.
 7. AT may continue to work as long as he/she does not exhibit symptoms and must adhere to universal masking at all times. The AT must monitor and record symptoms twice daily for 14 days.
 8. If he/she develops symptoms as defined by the CDC as being consistent with COVID-19, the AT must remove themselves from their responsibilities, report their illness to their employer and initiate quarantine until directed otherwise.
 9. If AT tests positive, then they follow the same protocols to return to work.
 10. If AT demonstrates symptoms but tests negative, they must have 24 hours with resolution of fever without use of fever-reducing medications and demonstrate improvement in any respiratory symptoms.
 11. If testing positive, but asymptomatic:

- 1) Isolate at least 10 days from confirmed COVID-19 test and as long as they have remained asymptomatic they can return to work.
- iii. [Returning to sports](#) post COVID-19 diagnosis with no or only mild symptoms (not hospitalized). The rationale behind the following guidelines is based on the myocardial injury, cardiac dysfunction, and arrhythmias that have been in association with COVID-19.
 1. Athletes must meet all the following criteria to return to sports
 - 1) At least 14 days have passed since symptoms first appeared. During this time the athlete/coach should not participate in any exercise while monitoring of clinical worsening of symptoms.
 - 2) Symptoms have resolved, no fever (>100.4) for 24 hours without fever reducing medications, improvement in respiratory symptoms (cough, shortness of breath)
 - 3) The patient should be evaluated and provide a note for sport participation from a medical provider (MD, DO, NP, PA). (See Appendix 3)
 - 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 if concerned.
 - iii. Medical providers should take into consideration the intensity level of sport participation and exercise to help guide their decision to pursue additional evaluation.
 2. After clearance from a medical provider the athlete needs to go through the Return to Play Protocol with a coach or athletic trainer. (See Appendix 3 & 4)
 3. If symptoms worsen or new symptoms occur during gradual return of play such as, but not limited to, chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope the athlete/coach should be evaluated by a medical provider. Any exercise related symptom that has not improved after 4-6 weeks should warrant additional evaluation.
 4. All practices and competitions should have individuals who are familiar with CPR, the chain of survival, and how to use Automated External Defibrillators (AEDs).
2. Coaches or other staff returning post COVID-19 diagnosis must provide a note stating they have been cleared to return to work.

VI. Activity Type- Please note this entire section has been updated. Sports/Activity classifications can be found in Appendix 1.

- i. High frequency sports
 - a. **Phase 3: Recommend moving to this phase on August 24th.**
(please note phase 3 is different for high and moderate frequency sports)
 - i. Full team practices, no limit on number of participants and coaches. However, it is recommended to keep the practice groups small (20 or less) and distanced whenever possible
 - ii. Only intra-squad scrimmages (within the team that practice together) are allowed.
 - iii. No spectators should be allowed.
 1. NOTE: it is the responsibility of the host site to enforce these recommendations related to spectators.
 - iv. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face

covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.

b. Phase 4

- i. Scrimmaging and games played within the region (as defined above) are allowed.
- ii. No tournament style competitions are allowed, such as bracket style play where multiple teams play back to back, including showcases.
- iii. Spectators should be limited to one adult per athlete and must wear a mask/face covering to attend practice or games. Facilities must require spectators to remain social distanced.
 1. NOTE: it is the responsibility of the host site to enforce these recommendations related to spectators' limitations
- iv. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.

c. Phase 5

- i. No restriction on practice or competition type or size.
- ii. Recommend only playing games within the region (as defined above), however tournament style play is allowed.
- iii. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.
- iv. Spectators must still be limited as stated in phase 4. Spectators are required to wear mask/face covering and to social distance.

d. Phase 6

- i. No restriction on location or competition type.
- ii. No restriction on spectators.
- iii. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.

ii. Moderate frequency sports

a. **Phase 3: Recommend moving to this phase on August 24th.**

(please note phase 3 is different for high and moderate frequency sports)

- i. Full team practices, no limit on number of participants and coaches. However, it is recommended to keep the practice groups small (20 or less) and distanced whenever possible.
- ii. Intra-squad (within the team) or inter-organization (within your club or organization) scrimmages are allowed.
- iii. No spectators should be allowed.

1. NOTE: it is the responsibility of the host site to enforce these recommendations related to spectators.

iv. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.

b. Phase 4

i. Scrimmaging and games played within the region (as defined above) are allowed.

ii. No tournament style competitions are allowed, such as bracket style play where multiple teams play back to back, including showcases.

iii. Spectators should be limited to one adult per athlete and must wear a mask/face covering to attend practice or games. Facilities must require spectators to remain social distanced.

1. NOTE: it is the responsibility of the host site to enforce these recommendations related to spectators' limitations

iv. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.

c. Phase 5

i. No restriction on practice or competition type or size.

ii. Recommend only playing games within the region (as defined above), however tournament style play is allowed.

iii. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.

iv. Spectators must still be limited as stated in phase 4. Spectators are required to wear mask/face covering and to social distance.

d. Phase 6

i. No restriction on location or competition type.

ii. No restriction on spectators.

iii. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.

iii. Low frequency sports

a. Phase 3: Recommend moving to this phase on August 24th.

i. No restrictions on practices. Competitions (games) are allowed however additional precautions should be made to decrease congregation of athletes and spectators.

ii. Please see specific recommendation for cross county meets in Appendix 1.

iii. For other specific precautions for other sports or activities please reference the national organization for that activity or contact the task force directly.

- iv. Recommend only competitions within the region (as defined above), however tournament style play is NOT allowed, including showcases.
 - v. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.
 - vi. Spectators must still be limited and required to wear mask/face covering and to social distance.
 1. NOTE: it is the responsibility of the host site to enforce these recommendations related to spectators' limitations
- b. Phase 4
- i. No restriction on location or competition type.
 - ii. No restriction on spectators.
 - iii. Daily screenings are still required before any physical activity. Athletes should remain in their mask/face covering until they begin vigorous physical activity. As soon as activity has ended athletes should be required to wear mask/face covering again. Any time the athlete is not actively engaged in physical activity (i.e. meetings, standing on sideline, injured not participating) they must be wearing a mask/face covering.

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St. Louis Sports Medicine COVID-19 Task Force Screening and Contact Tracing Video

<https://www.youtube.com/watch?v=LV-C4bJFGXQ>

COVID-19 EDUCATIONAL COURSES:

[COVID-19 for Coaches and Administrators Course](#)

St. Louis County Health Department to report cases and contacts:

Send email to cdcs.doh@stlouis.com. Please include name, date of birth, phone number of positive case and any potential contacts.

For questions about specific cases email provider-covid@stlouisco.com.

St. Louis City Health Department to report cases and contacts:

Send an email to casereporting@stlouis-mo.gov or

Communication disease epidemiologist Binoj Peter at 314-657-1453.

RESOURCES:

www.ssmhealth.com/coronavirus-updates

www.bjc.org/Coronavirus

www.mercy.net/covid

www.cdc.gov/coronavirus

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus>

RESOURCES FROM INDIVIDUAL SPORTS ORGANIZATIONS:

[NFHS Recommendations for Performing Arts](#)

[USA Gymnastics Guide for Safe Reopening of Gyms](#)

[USA Gymnastics Guide for Safe Reintegration of Gymnastic Activity](#)

[USA Baseball](#)

[US Tennis Association Recommendations](#)

[US Golf Association Back2Golf Recommendations](#)

[Dance USA Recommendations Return to Dance](#)

[US All Star Federation: Club Cheer and Dance Teams](#)

[USA Track and Field Recommendations](#)

[USA Water Polo Updates Regarding COVID-19 - USA Water Polo](#)

[USA Swimming: Coronavirus](#)

[US Lacrosse: Return to Play](#)

[US Lacrosse: Lacrosse at Home](#)

[US Youth Soccer Return to Activity](#)

[US Youth Football](#)

[USA Wrestling COVID-19 Updates Special Section](#)

[NFHS Band Recommendations](#)

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Appendix 1: Sport/Activity Classifications

Appendix 2: Cross Country Recommendations

Appendix 3: Frequency Asked Questions

Appendix 4: Returning to Sports After a COVID-19 Diagnosis Template

Appendix 5: Returning to Sports Post COVID-19 Infection Protocol

(Appendix 1)

Sport/Activity Classifications

Low Frequency Contact	Moderate Frequency Contact	High Frequency Contact
<ul style="list-style-type: none">• Adventure Racing• Badminton• Bodybuilding• Bowling• Bicycling• Canoeing/Kayaking• Cross Country (per published recommendations by this task force)• Diving• Field events• Fishing• Golf• Gymnastics• Handball• Horseback Riding• Marching Band• Orienteering• Riflery• Rope jumping• Running• Sailing• Scuba• Skating (ice, inline, roller)• Skateboarding• Surfing• Swimming• Table tennis• Tennis• Track• Weightlifting• Windsurfing	<ul style="list-style-type: none">• Baseball• Cheerleading• Crew/rowing• Dance• Fencing• Field Hockey• Lacrosse• Racquetball• Soccer• Softball• Ultimate Frisbee• Volleyball	<ul style="list-style-type: none">• Basketball• Boxing• Ice hockey• Martial arts• Floor hockey• Football (tackle, flag, & touch)• Rugby• Water polo• Wrestling

(Appendix 2)

Cross Country Recommendations

1. Considerations
 - a. Current local health ordinances on gathering size (currently capped at 50)
 - b. Cross country can be considered moderate risk if run as usual. With proper modifications can easily be made into a low risk sport.
 - c. Events are outdoors, where spread is already known to be less likely
 - d. Even with potential for spectators, courses are spread out over a great distance with race courses covering a 3.1 mile (5km) distance.
 - e. When competition is allowed, competitions should be limited to the recommended competition area per the St Louis Sports Medicine COVID Task Force (Metro East, St. Louis City, St. Louis County, St. Charles County, Jefferson County and Franklin County)
2. Proposals
 - a. Race size
 - i. Cap individual races to 80 runners per race
 1. Individual teams are generally as small as 7 (varsity) but can be larger in JV events.
 2. During a race, runners become very spread out so there is not sustained close contact between individuals.
 - b. Team tent ‘villages’
 - i. In order to minimize congregation of athletes, meet directors should reconsider the need for team tent areas
 - ii. If tent areas are used, planning should be made to provide appropriate distancing.
 - iii. Masks should be required for athletes who are congregating at their team tent
 - c. Starting line
 - i. Start line/boxes – Boxes are sized a 2meters wide with an open box between teams, allowing for social distancing at the start between teams
 - ii. Warm up “run outs” would be restricted to the space directly in front of the team start box
 - iii. Warm up apparel should be removed prior to coming to the start line.
 - d. Masks would be required up until 3 minutes prior to the start of the race
 - i. At 3 minutes, masks will be given to a representative of the team to either be kept for the athlete to use after the race or to discard if it is a disposable mask.
 - ii. Recommend that athletes put their mask into a brown paper bag labeled with their name to be provided back to the athlete at the end of the race.
 - iii. Athletes, race officials, finish line personnel and spectators are required to wear masks. The only exception to the mask is when strenuous physical activity is being performed, which essentially applies to the athletes only during their event.
 - iv. Strong consideration should be made for personnel working the finish line to wear face shields or protective eye wear, masks and gloves.
 - e. Race course
 - i. Course width should be looked at to ensure that the minimum width of the course is 2M
 - ii. Courses also need to be assessed for unnecessary overlap if an area is run multiple times in its traditional configuration to avoid potential congestion.
 - iii. If spectators are allowed on the course, spectators should wear masks and maintain social distancing throughout the course viewing areas.
 - f. Finish line
 - i. Races should use FAT timing methods
 - ii. Runners should be encouraged to stay on their feet and clear the finish area quickly after crossing the finish line to allow for appropriate social distancing following the race where more sustained close contact may occur. Medical attention
 - iii. Finish corrals should be used instead of finish chutes

- iv. Personnel working the finish line should have masks and gloves and are encouraged to wear a face shield or eye protection.
- v. Hand sanitizer, disinfecting wipes/sprays should be readily available at the finish line.
- vi. If events have spectators, no spectators should be allowed within the last 200 meters before the finish line
- g. Race starts
 - i. Consideration can be made to staggered starts separated by 5 minutes to decrease number of runners on the course at one time
 - ii. Adequate time should be planned in between races to clear the course and avoid congregation between start and finishes of races
 - iii. Meet sizes (ie. numbers of teams competing) should be reconsidered to avoid overcrowding
- h. Awards/Results
 - i. Award ceremonies will not be held. Coaches should be sent home with medals at the end of the meet
 - ii. Result boards should not be used to avoid unnecessary congregation.
 - iii. Online result information should be provided to coaches prior to the meet to distribute to parents to access if spectators are restricted.
- i. Concessions/T-shirts
 - i. T-shirts and other race gear should be considered to be sold online prior to the race and distributed to teams at the event
 - ii. Concessions stands should sell only pre-packaged items and lines should maintain social distancing.
- j. Spectators
 - i. Given the size of cross country courses, most are easily sustainable for socially distancing spectators.
 - ii. If restrictions for spectators are necessary, consider limiting to 2 per athlete.
 - iii. Consider having runners leave the course after their race is completed to limit individuals on site
- k. Permitting
 - i. The County should provide necessary permits to allow proper planning to occur prior to races

(Appendix 3)
FAQ's for the Resocialization of Sports in the St. Louis Region
(Updated 5/28/20)

The St. Louis Sports Medicine COVID-19 Task Force has created this frequently asked questions guide to help individuals understand the Resocialization of Sports Recommendations.

Where can I find information about moving from one phase to the next?

We will provide updates on our websites regarding the gating criteria being met for each phase. This can be found on the SSM Health, BJC and Mercy websites. Additionally, you can reach out to any of the outreach coordinators listed on the recommendations for updates.

How often should we disinfect equipment like baseballs, basketballs, or football?

We recommend that you disinfect any ball as often as is feasible during your activity. For example, disinfect the ball between each session, drill, inning, or quarter. Any time there is enough stoppage in play that it is realistic to disinfect the ball it should be done. A ball can be used during any of the recommended phases, however during the early phases social distancing is recommended when doing so. [CDC guidance for cleaning and disinfecting should be followed.](#)

Should I send my child to practice with a face mask/covering?

Yes, we recommend that individuals are wearing their face mask/covering while being screened and then anytime not doing vigorous physical activity. We also recommend you send a labeled bag with your child for them to store their mask in during practice.

Should I allow my child to participate if they have any of the underlying conditions listed?

If your child has any of the conditions listed as risk factors we recommend you contact your child's primary care provider to discuss their condition and how returning to sports may affect their condition. Every patient's condition is unique and needs to be addressed by their treating provider.

What should I do if I answer yes to one of the screening questions?

If you answer yes to any of the screening questions or have a fever as defined by the guidelines you should have a face cover on, be isolated and return home as soon as possible. We recommend you then contact your primary care provider for further guidance on COVID-19 testing. If you do not have a primary care provider SSM Health, BJC and Mercy all have resources for COVID-19 testing listed of the recommendations. You should not return back to activity until you have documentation demonstrating your COVID-19 test was negative or a note from their healthcare provider indicating they do not need to be tested and their symptoms are not due to COVID-19. As a reminder, if anyone in your household test positive, your whole household should be quarantined until released by a healthcare provider.

What do I need to do to return to sports after being diagnosed with COVID-19?

In order to return post COVID-19 we recommend you to be fever free for a minimum of 72 hours, have improvement of respiratory symptoms, a minimum of 14 days have passed from when your symptoms first appeared, and you have a clearance note from a medical provider.

The full list of recommendation can be found on our website at <https://www.ssmhealth.com/newsroom/2020/5/stl-health-care-systems-collaborate-youth-sports>.

(Appendix 4)

MSHSAA COVID-19 Return to Play Form

If an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP)

Athlete's Name: _____ DOB: _____ Date of Positive Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applies)

- 14 days have passed since onset of symptoms OR has been asymptomatic throughout 14 days of quarantine
- Symptoms have resolved (No fever ($\geq 100.4F$) for ~~72~~ 24 hours without fever reducing medication, improvement of symptoms (cough, shortness of breath)
- 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 exercise YES NO
 - Unexplained Syncope/near syncope YES NO
 - Unexplained/excessive dyspnea/fatigue w/exertion YES NO
 - New palpitations YES NO
 - Heart murmur on exam YES NO

NOTE: If any cardiac screening question is positive or if athlete was hospitalized, consider further workup as indicated. May include CXR, Spirometry, PFTs, Chest CT, Cardiology Consult

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

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Address: _____

Evaluator's Signature: _____

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

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form.

- Stage 1: (**2 Days Minimum**) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- Stage 2: (**1 Day Minimum**) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- Stage 3: (**1 Day Minimum**) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- Stage 4: (**2 Days Minimum**) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- Stage 5: Return to full activity

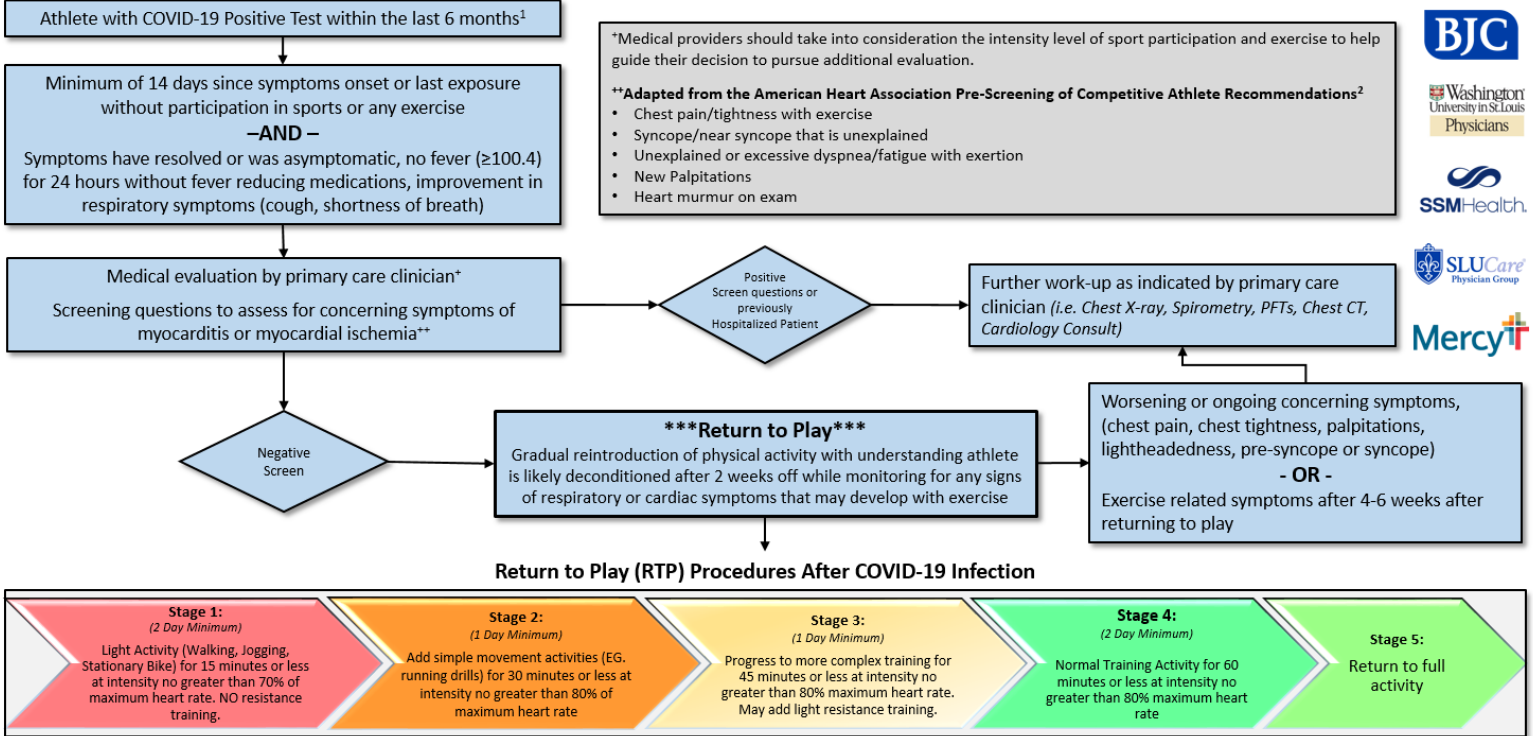
Cleared for Full Participation by School Personnel (Minimum 7 days spent on RTP): _____

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.

UPDATED: 8/10/2020 8:45 AM

(Appendix 5)

St. Louis Metropolitan Area Sports Resocialization Task Force: Returning to Play Post COVID-19 Infection



Athlete with COVID-19 Positive Test within the last 6 months¹

Minimum of 14 days since symptoms onset or last exposure without participation in sports or any exercise
–AND–
 Symptoms have resolved or was asymptomatic, no fever (≥100.4) for 24 hours without fever reducing medications, improvement in respiratory symptoms (cough, shortness of breath)

Medical evaluation by primary care clinician*
 Screening questions to assess for concerning symptoms of myocarditis or myocardial ischemia**

*Medical providers should take into consideration the intensity level of sport participation and exercise to help guide their decision to pursue additional evaluation.

**Adapted from the American Heart Association Pre-Screening of Competitive Athlete Recommendations²

- Chest pain/tightness with exercise
- Syncope/near syncope that is unexplained
- Unexplained or excessive dyspnea/fatigue with exertion
- New Palpitations
- Heart murmur on exam

Positive Screen questions or previously Hospitalized Patient

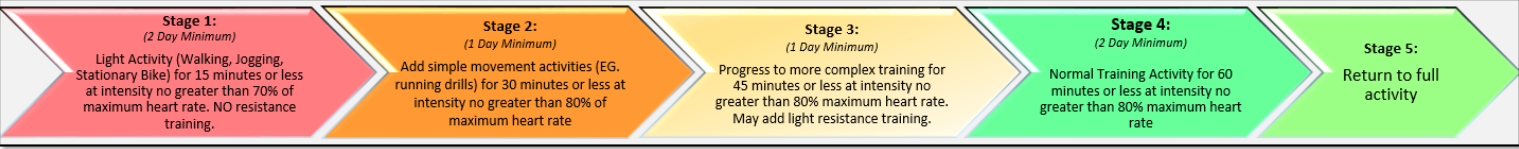
Further work-up as indicated by primary care clinician (i.e. Chest X-ray, Spirometry, PFTs, Chest CT, Cardiology Consult)

Negative Screen

*****Return to Play*****
 Gradual reintroduction of physical activity with understanding athlete is likely deconditioned after 2 weeks off while monitoring for any signs of respiratory or cardiac symptoms that may develop with exercise

Worsening or ongoing concerning symptoms, (chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope)
 - OR -
 Exercise related symptoms after 4-6 weeks after returning to play

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



1. Adaptions from: Phelan, Dermot, Jonathan H. Kim, and Eugene H. Chung. "A game plan for the resumption of sport and exercise after coronavirus disease 2019 (COVID-19) infection." JAMA cardiology (2020).
 2. Adaptions from: Maron BJ, Thompson PD, Puffer JC, et al. Cardiovascular pre-participation screening of competitive athletes. A statement for health professionals from the Sudden Death Committee (clinical cardiology) and Congenital Cardiac Defects Committee (cardiovascular disease in the young), American Heart Association. Circulation.1996;94:850–856.

