



**SDHSAA Protocol for Confirmed COVID-19 Infections
Updated January 2022**

Notes-

- a) Athletes with infections that are 90 days or more in the past who were asymptomatic or who had mild or moderate illness **and** have returned to full activity without symptoms do not need additional cardiac testing unless indicated by their physician.
 - b) Athletes with infections that are 10-89 days in the past who have undergone an annual Preparticipation Physical Evaluation (PPE) during that time frame **and** indicated on the Preparticipation History that they tested positive for COVID 19 do not need additional cardiac testing unless indicated by their physician during the PPE.
1. Upon confirmation of COVID-19 infection, follow SDDOH guidelines.
 2. **If you are asymptomatic or have mild illness**, such as common cold-like symptoms without a fever, GI symptoms, or loss of taste/smell:
 - a. No medical evaluation required. Athletes with specific concerns should check in with a clinician to determine if further clinical evaluation is needed.
 - b. Any cardiac testing or additional evaluation should be based on clinical concern and symptom presentation.
 - c. No exercise should be performed until **3 days** from symptom onset or positive test if asymptomatic.
 - d. Progression to return to play should be individualized, with monitoring for new symptoms triggered by exercise. **SDHSAA RTP form not required, but may be requested by school at school's discretion.**
 3. **If you have moderate illness or initial cardiopulmonary symptoms**, to include fever greater than 100.4°F, chills, flu-like symptoms for 2 days or more, chest pain, palpitations, and/or dyspnea:
 - a. Complete a medical evaluation, with ECG, Echo, or Troponin as determined by your physician.
 - b. If any testing (ECG, etc) is abnormal, complete a cardiology consultation, with physician determined Cardiac MRI before completing an individualized return to exercise progression.
 - c. If medical evaluation is normal, no exercise should be performed until **5 days** from symptom onset AND resolution of all moderate symptoms.
 - d. Progression to return to play should be individualized, with monitoring for new symptoms triggered by exercise. **The SDHSAA Return to Play form must be completed prior to return to activities if you have moderate illness or any cardiopulmonary symptoms.**
 4. **If you have severe illness or are hospitalized:**
 - a. Complete a comprehensive **formal** medical evaluation **with a cardiovascular specialist.**
 - b. An ECG, Echo, or Troponin should be considered by the physician team. The ECG should be compared to previous results if available. Troponin testing should be performed after 48 hours without exercise.
 - c. If there is confirmed myocarditis, pulmonary embolism, or other cardiopulmonary disorders, medical guidelines should dictate treatment.
 - d. Return to play should be individualized based upon physicians' recommendations, with monitoring for new symptoms triggered by exercise. No exercise should be attempted until evaluation is complete. **Physician must write a note clearing the student to return to activities prior to return.**

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5. **All athletes with COVID-19 infections should be closely monitored for cardiopulmonary symptoms as they return to exercise.** These symptoms include exertional chest pain, excessive dyspnea, unexplained exercise intolerance, palpitations and syncope. If these symptoms occur with exercise, additional cardiac testing should be performed and evaluated by a cardiologist. No additional exercise should be attempted until the evaluation is complete. An individualized return to play progression should be developed based upon baseline fitness, severity and duration of COVID-19 symptoms, and tolerance to progressive levels of exertion. **The SDHSAA Return to Play form must be completed prior to return to activities with any cardiopulmonary symptoms.**

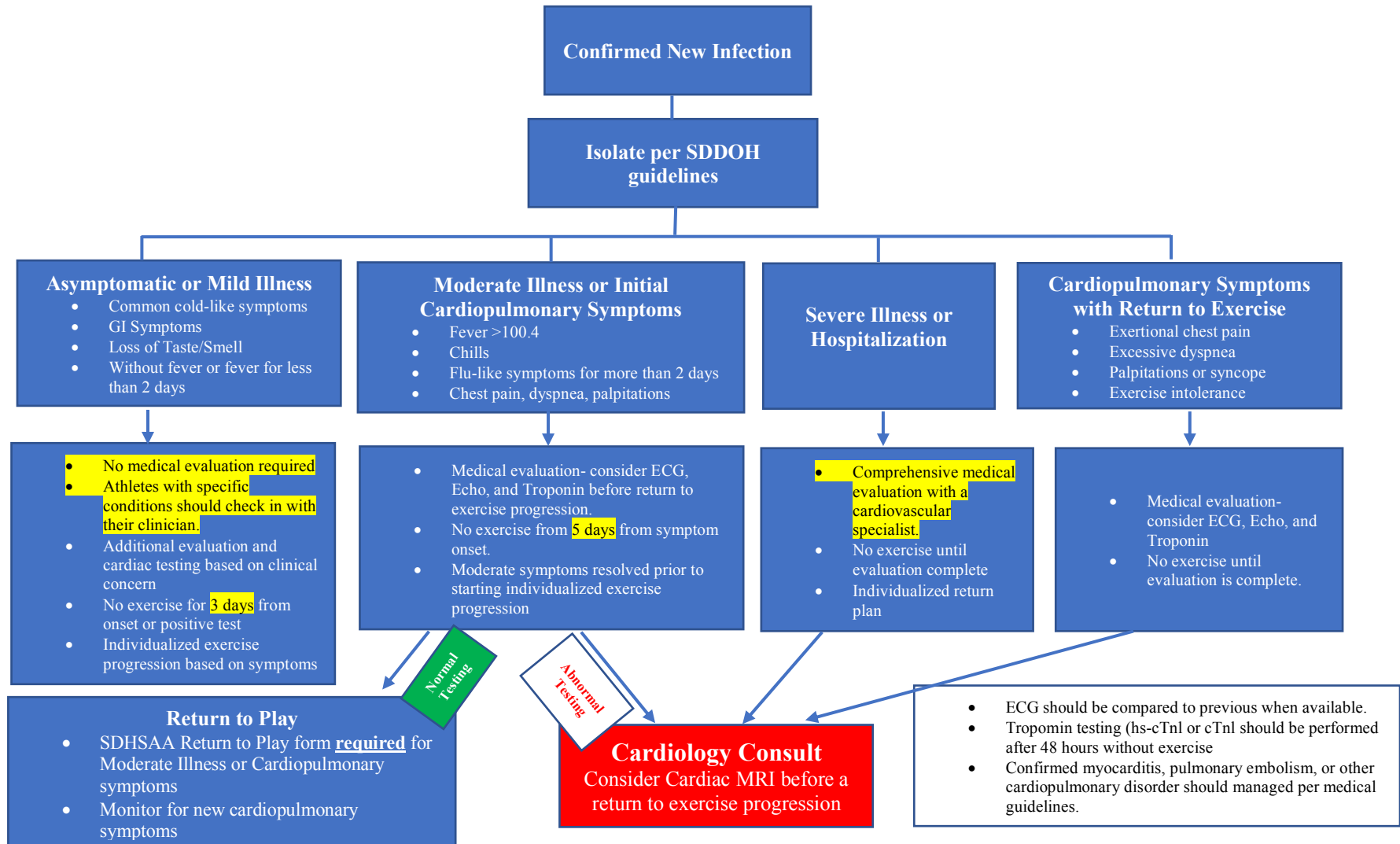
All schools should have a well-developed and well-rehearsed Emergency Action Plan for every sport/activity and at every venue with clear access to an Automated External Defibrillator (AED) and individuals trained in the use of an AED.

References

Drezner, Johnathan A., Heinz, William M., Asif, Irfan M., Batten, Casey G., Fields, Karl B., Raukar, Neha P., Valentine, Verle D., Walter, Kevin D., & Baggish, Aaron L. "Cardiopulmonary Considerations for High School Students During the COVID-19 Pandemic: Update to the NFHS AMSSM Guidance Statement". *NFHS Position Statements and Guidelines*. January 2022



SDHSAA Protocols for COVID-19 Positive Student Athletes



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SDHSAA COVID-19 Return to Play Form

If a participant 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)

Individual'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 applicable)

- Individual **has recovered** from moderate illness or initial cardiopulmonary symptoms

Fever of greater than 100.4	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chills	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Flu-like symptoms for 2 days or more	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chest pain	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dyspnea/Palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>

- Individual **was not** hospitalized due to COVID-19 infection and did not exhibit severe illness

- Cardiopulmonary Symptoms with Return to Exercise have been explored with further testing as appropriate

Exertional chest pain	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Excessive dyspnea	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Syncope	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained exercise intolerance	YES <input type="checkbox"/>	NO <input type="checkbox"/>

- Cardiac screen **negative** for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with exercise	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained Syncope/near syncope	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained/excessive dyspnea/fatigue w/exertion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart murmur on exam	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NOTE: If any cardiac screening question is positive or if participant was hospitalized, consider cardiology consultation. May include ECG, Echo, or Troponin.

- Individual HAS satisfied the above criteria and IS cleared to return to activity on the following date: _____
Note: A return to play plan should be individualized based on symptom presentation. No exercise should be attempted for 5-7 days from symptom onset and until all moderate illness symptoms have resolved.
- Individual 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: _____

RTP Procedure adapted from Drezner et al. (2021). *Cardiopulmonary Considerations for High School Student Athletes During the COVID-19 Pandemic- Update to the NFHS-AMSSM Guidance Statement.* National Federation of State High School Associations, American Medical Society of Sports Medicine.