

RBA COVID-19 Policy – revised 21 December 2021

- Overview
 - This policy is aligned with the most recent guidance from the Connecticut State Department of Public Health (DPH) and was developed in consultation with CT DPH and members of the CSMS Sports Medicine Committee. In its consultation, the CSMS Sports Medicine Committee recognizes that the RBA must consider education-based factors in addition to current medical science and align interscholastic sport guidance with CT DPH recommendations to maintain consistency for its programs. The RBA emphasizes that this plan is fluid and in a perpetual state of evaluation. COVID health metrics and data in Connecticut will continue to be closely monitored and the appropriateness of holding youth sport and/or interscholastic athletic contests can change at any time. The RBA will continue to consult with our stakeholders and will adjust offerings as appropriate should the health metrics direct that action.
 - The RBA's rationale for these recommendations is based on its belief that maintaining a safe level of in-person instruction is the primary goal of our programs. While prioritizing considerations that will sustain conditions for in-person learning, the RBA strongly affirms that the value of structured physical activity is widely supported in research, especially in maintaining one's physical, cognitive, social, emotional, and mental health. As such, the RBA will provide the best sports experiences possible to its programs and participants.

- Masks
 - In alignment with the RBA's consultation with CT DPH and the CSMS Sports Medicine Committee, programs should continue to use the mask recommendations that are outlined below.
 - Interscholastic athletic competition provides a controlled cohort of student-athletes where adherence to all mask requirements can be monitored and strictly enforced. The RBA will continue to collaborate with the CSMS Sports Medicine Committee and the CT DPH on mask requirements as the winter season progresses and will change this guidance when appropriate.
 - Masks required in-game and in all other settings (practice, sidelines, bench, locker rooms, etc.) from all participants, officials, administration, and spectators.
 - The RBA recommends that parents/students requesting an exemption from the required mitigation strategies (such as mask-wearing) that such mitigation strategies are mandatory for all students participating in interscholastic sports. However, students who have, or assert that they have, a disability may be entitled to reasonable modifications under Section 504 of the Rehabilitation Act (Section 504) and/or Title II of the Americans with Disabilities Act (ADA). The RBA would like to inform students/parents that if they wish to request such modifications under Section 504 and/or the ADA, they must follow a process whereby the RBA would determine (1) whether the student has a disability

entitling him/her to “reasonable modifications,” and (2) if so, what “reasonable modifications” would be appropriate. This process will be highly individualized and case-specific and may warrant consultation with legal counsel in connection with specific requests for disability-related modifications. The RBA will defer to the process in place by the Ridgefield Public School System to evaluate such requests in connection with our curricular programs, which process can be considered for adaption for extracurricular programming, including athletics.

- Quarantine, Contacts, Isolation
 - Fully vaccinated students/staff who are a close contact with a known COVID-19 case do not have to quarantine from sports or other activities, provided they remain asymptomatic after close contact with a known COVID-19 case and continue to wear their mask at all times.
 - Students/staff who experience COVID-19 symptoms after close contact with a known COVID-19 case regardless of vaccination status will quarantine for 10 days (with a negative test on day 8 or later) or 14 days without a test.
 - Weekly testing for athletes who are not yet fully vaccinated is recommended.

- Returning to play after COVID positive test:
 - COVID-19 can affect the heart and lungs of the person infected. One uncommon but serious complication of COVID-19 is a heart condition called myocarditis. Myocarditis is an inflammation of the heart muscle (myocardium). Myocarditis can affect the heart muscle and the heart's electrical system, reducing the heart's ability to pump and causing rapid, abnormal heart rhythms (arrhythmias) which can cause cardiac arrest. Exercise can increase the likelihood of permanent heart damage in myocarditis and increase the possibility of arrhythmias and sudden cardiac death. Student athletes who have tested positive for COVID-19 should follow the guideline noted below to decrease risk of developing complications from COVID-19 infection.

- What to do if a participant had COVID-19 or has it during the season?
 - A COVID-19 positive child who is either asymptomatic or mildly symptomatic (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy) should not exercise until they are cleared by a licensed medical provider. The licensed medical provider will perform a history with emphasis on cardiopulmonary symptoms and complete physical examination. If this evaluation was completed and no contraindications to participation were identified, no further testing is warranted. The patient may then begin a gradual return to play after 10 days have passed from date of the positive test result and at least 24 hours without symptoms off-fever reducing medications.
 - If the licensed medical provider identifies any new or concerning history or physical examination findings at this visit, appropriate further testing or consultation should be ordered and participation will not be allowed until that testing is completed and no contraindications to participation are identified.

- Written documentation of medical clearance for return to sport must be provided by the medical provider. Children with moderate symptoms of COVID-19 (≥ 4 days of fever $>100.4^{\circ}\text{F}$, myalgia, chills, or lethargy or were in a hospital not an intensive care unit), should not exercise until they are cleared by a licensed medical provider. In addition to a history and complete physical exam appropriate additional testing should be ordered as determined by examination. Consultation or referral to a cardiologist is recommended, and they may request further, more extensive, testing. If cardiac evaluation is normal, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and at least 10 days of symptom resolution has occurred off fever-reducing medicine. Written documentation of medical clearance for return to sport should be provided by the medical provider.
- For patients with severe COVID-19 symptoms (ICU stay and/or on a ventilator) or multisystem inflammatory syndrome in children (MIS-C), it is recommended they be restricted from exercise for a minimum of 3 months. The student athlete should be evaluated by a licensed medical provider for a history and complete physical examination. In addition, they should be referred to a cardiologist prior to resuming training or competition. In addition to the initial evaluation and work-up, student athletes should have a coordinated evaluation at the time of returning to play for final clearance. Written documentation of medical clearance for return to sport should be provided by the medical provider.
- A graduated return-to-play protocol can begin once an athlete has been cleared by a licensed medical provider (cardiologist for moderate to severe COVID-19 symptoms) and feels well when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to student athletes who experienced moderate COVID-19 symptoms as outlined above. If the student athlete experiences any symptoms of chest pain, palpitations, syncope, shortness of breath or exercise intolerance, during this return to play protocol, they should stop exercise and inform their medical provider.
- The following progression was adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020:
 - Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.
 - Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.
 - Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less: Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.
 - Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes: Normal training activity - intensity no greater than 80% maximum heart rate.

- Stage 5: Day 7 - Return to full activity/participation (i.e., - Contests/competitions).