

MPA GUIDANCE FOR RETURN TO SPORT AFTER COVID-19 DIAGNOSIS

(at least, as of August 6, 2020)

From: MPA Guidance for Opening High School Athletics and Activities:
https://www.mpa.cc/page/hot_news

MPA GUIDANCE: COVID RESPONSE TEAM

- Every school should establish a COVID-19 Response Team to help identify and implement policies and procedures for safe return-to-school and sport activities. This team could include the school/ team physician, certified athletic trainer, athletic director, administrator, and school nurse. The team could also assist in developing policies related to COVID-19 reporting, screening and contact tracing.
- It is crucial that prior to the start of any organized activity a well-developed emergency action plan (EAP) be put in place with specific language regarding COVID-19. It is also important that each location where training is taking place have access to an AED.

RETURN TO PLAY AFTER COVID-19 DIAGNOSIS

- Athletes with a prior COVID-19 diagnosis should undergo a medical assessment before returning to exercise.
 - Every student-athlete with a prior diagnosis of COVID-19, symptoms suggestive of COVID-19, or a “close exposure” to someone with COVID-19 must contact their primary care physician to determine if further evaluation is warranted prior to returning to sports.
 - Regardless of if the medical provider deems further evaluation is warranted, documentation must be provided to the COVID-19 Response Team prior to participation.
 - A medical evaluation is required for student-athletes with a confirmed diagnosis of COVID-19. This may include additional cardiac, pulmonary, and kidney function testing as determined by the physician.

Return to Play for High School Athletes Following COVID-19 Infection (08.10.2020)

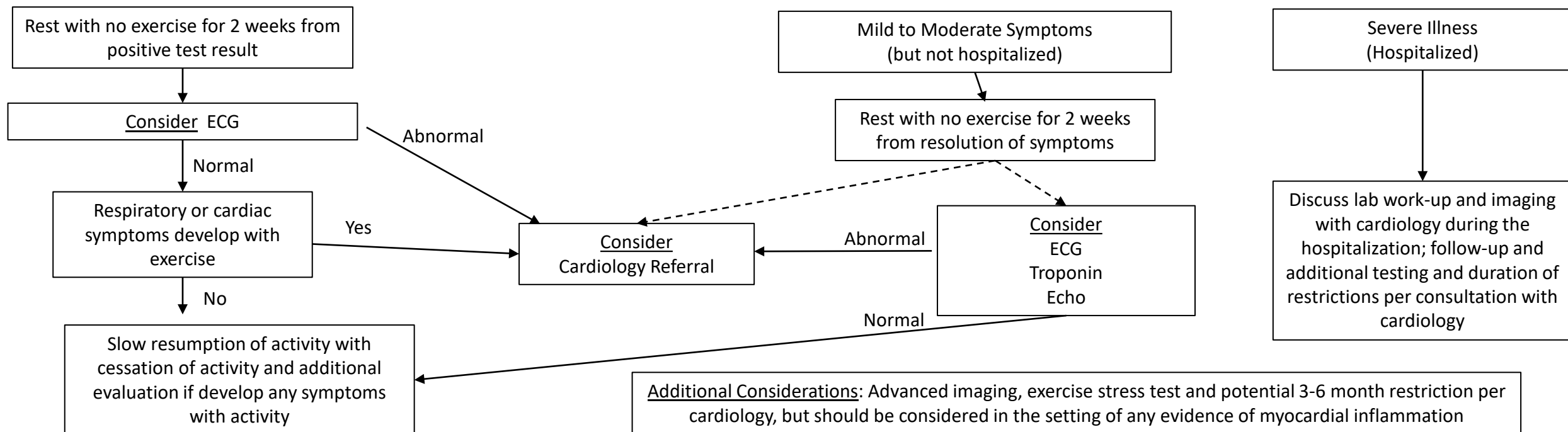
Considerations:

- The proposed clinical shared baseline is based on very limited data regarding the risk of persistent myocardial inflammation following COVID-19 infection. Evidence based recommendations may change as more data emerge.
- The proposed clinical shared baseline applies to high school athletes.
 - College athletes and individuals >17 years old should consider evaluation according to adult sports medicine/cardiology guidelines
 - Multisystem Inflammatory Syndrome in Children (MIS-C) may occur 3-4 weeks following COVID-19 infection. Based on early reporting, >80% of MIS-C cases are in individuals <15 years old. Cardiovascular collapse may be acute and profound with MIS-C
 - The proposed clinical shared baseline does NOT apply to return to play following MIS-C infections
- Restrictions based on myocarditis guidelines (which includes 3-6 month restriction from activity and competitive play, with advanced imaging and additional testing prior to return to play) should be done with cardiology consultation

ALL ATHLETES WITH SUSPECTED OR PROVEN COVID INFECTION NEED TO CONTACT THEIR PRIMARY CARE PROVIDER FOR CLEARANCE TO RETURN TO PLAY

Asymptomatic COVID+

Symptomatic COVID Infection



CLEARANCE FOR RETURN TO SPORT AFTER COVID-19 DIAGNOSIS

Athlete Name: _____

DOB: _____

Date of positive COVID-19 test or diagnosis: _____

For athletes with asymptomatic COVID-19 infection (i.e. did NOT develop COVID-19-related symptoms at any point): Consider clearance for return to activity at least 2 weeks after positive test result as long as remains symptom-free.

For athletes with symptomatic COVID-19 infection. Clearance requires both of the following

- a. 2-week rest period after complete resolution of symptoms
- b. Appropriate cardiac evaluation to confirm resolution of COVID-19 related dysfunction.

Athletes cleared for sport participation may begin a slow progression of conditioning and sport-related activity under adult supervision. If COVID-19-related symptoms develop with resumption activity (e.g. undue shortness of breath, chest pain), discontinue physical exertion and contact health care provider.

Special instructions/additional restrictions:

Physician name: _____

Date of clearance: _____