



## EAST GREENBUSH CENTRAL SCHOOL DISTRICT

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Dear Parent/Guardian,

The athletic department's primary concern is with the health and safety of our student-athletes. The following is an overview of our COVID-19 Return to Play (RTP) guidelines which follows The American Academy of Pediatrics interim guidance with input from the district's medical director. In the event that one of our athletes tests positive or has been suspected of having COVID-19 the following information should be used to understand the expectations to return to activity/athletics. This information is subject to change as we learn more about COVID-19 and individual circumstances will be considered. Families are encouraged to discuss this information with their family physician, but ultimately medical clearance to participate in sports will be determined by the district medical director. These guidelines apply to all students wishing to participate in athletics, whether they are obtaining pre-season clearance, mid-season clearance, or open gym clearance.

**Mild or No Symptoms:** This is defined as less than 4 days of a fever greater than 100°F, or short duration of myalgia, chills, or fatigue. Athletes who test positive for COVID-19 should not exercise until cleared by a physician. It is suggested they visit with their primary care physician (PCP) who will review the pre-participation screening evaluation with special emphasis on cardiac symptoms including chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or fainting and perform a complete physical examination in-person (no tele-health appointments). If the examination is normal, no further testing is warranted and the athlete may begin a gradual RTP after 10 days have passed from the date of a positive test result and a minimum of 24 hours symptom free.

**Moderate Symptoms:** This is defined as 4 or more days of a fever greater than 100°F, myalgia, chills, or fatigue; or those who had a non-ICU hospital stay and no evidence of MIS-C. Athletes with moderate symptoms should be referred to a cardiac specialist and obtain an ECG after symptoms have subsided or at a minimum of 10 days past the date of the positive test result. Depending on the severity and duration of symptoms additional testing may be warranted. If the cardiac workup is negative a gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine.

**Severe Symptoms:** This is defined as an ICU stay or intubation, or multi-system inflammatory syndrome (MIS-C). Athletes with severe symptoms should be restricted from physical activity for 3-6 months, and require cardiology clearance prior to resuming training or competition. Extensive cardiac testing should include but is not limited to: troponin tests, echocardiogram, and cardiac MRI.

**Return to Play Protocol:** A graduated return-to-play protocol can begin once an athlete has been cleared by a physician (cardiologist for **moderate** to **severe** COVID-19 symptoms) and is symptom free when performing normal daily activities. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to athletes who experienced **moderate** COVID-19 symptoms as outlined above. Return to play will be overseen and guided by the athletic trainer or coach.

Stage 1	2 day minimum, 15 min or less	Light activity (walking, jogging, biking), intensity no greater than 70% of maximum heart rate. NO resistance training.
Stage 2	1 day minimum, 30 min or less	Add simple movement activities (running drills, throwing, catching), intensity no greater than 80% of maximum heart rate.
Stage 3	1 day minimum, 45 min or less	Progress to more complex training, intensity no greater than 80% maximum heart rate.
Stage 4	2 day minimum, 60 minutes or less	Normal training activity, intensity no greater than 80% maximum heart rate
Stage 5		Return to full activity/participation

\*The following progression was adapted from Elliot N, et al, infographic, *British Journal of Sports Medicine*, 2020.

## ASSESSMENT/RELEASE FOR RETURN TO PLAY

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Patient:

School:

DOB:

Sport:

Primary Care Physician:

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Date of onset of COVID symptoms:

Date of COVID Positive test:

Date of Resolution of COVID symptoms:

Symptoms longer than 4 days?:

N                    Y

Hospitalization due to COVID symptoms?:

N                    Y

H/O Cardiac abnormalities followed by cardiology?:

N                    Y

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### Recent symptoms:

Chest pain at rest or with exertion? (not musculoskeletal or costochondritis):

N                    Y

Shortness of breath with minimal activity? (unrelated to respiratory symptoms):

N                    Y

Excessive fatigue with exertion?:

N                    Y

Abnormal heartbeat or palpitations?:

N                    Y

Syncope or near-syncope?:

N                    Y

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Normal cardiovascular exam?:

N                    Y

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Cardiology referral indicated?:

N                    Y

Cleared for gradual return to sports?:

N                    Y

Medical Provider Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_

### **Suggested gradual return to sports progression\***

(adopted from Elliott N, al, infographic, British Journal of Sports Medicine, 2020)

Stage 1: 2 days minimum, ≤ 15 minutes, light activity (walking, jogging, stationary bike), no resistance training.

Stage 2: 1 day minimum, ≤ 30 minutes, add simple movement activities (e.g. running drills).

Stage 3: 1 day minimum, ≤ 45 minutes, progress to more complex training, may add light resistance training.

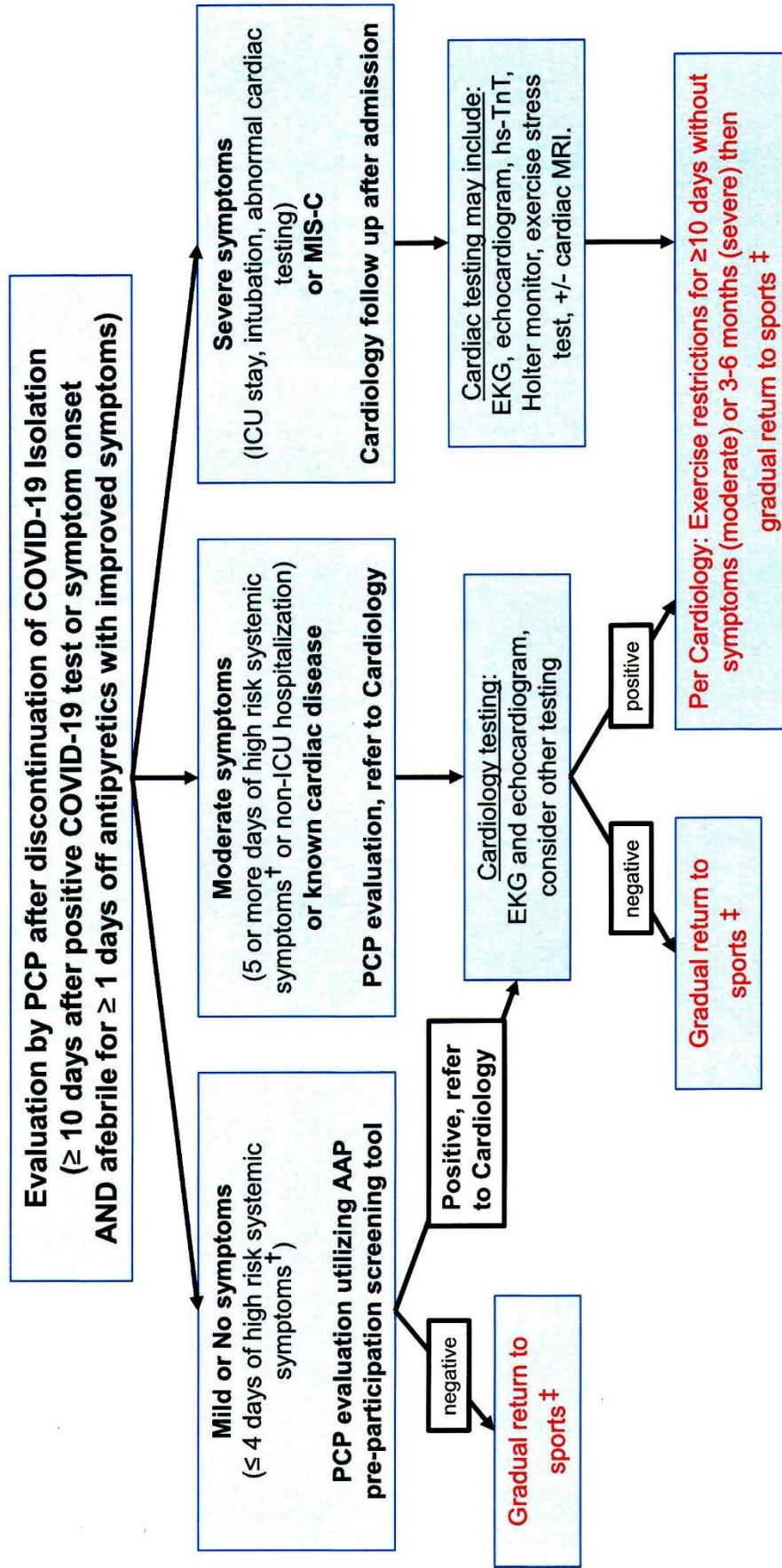
Stage 4: 2 days minimum, 60 minutes, normal training activity.

\*Patient should be symptom free before progressing to next stage.

# Return to Play Related to COVID-19 Infection in Pediatric Patients (K-12)\*

This document contains interim suggested guidance based on current information available to inform assessment and risk stratification for release to participation in physical education, sports and moderate to vigorous play for pediatric patients.

Note, patients with close contact exposure to COVID-19 are restricted from participation for  $\geq 14$  days (same duration as quarantine).



\* Published by UR GCH COVID Pediatric RTP Workgroup on 12/15/2020 using the AAP Updated Guidance on Returning to Sports Activities:  
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

† High risk systemic symptoms are: fever >100.4, myalgia, chills, or profound lethargy

‡ Gradual return to sports can begin immediately (Mild or No symptoms) or ≥10 days after the end of symptoms and should be over at least 7 days with no return of symptoms. An AAP-suggested protocol is on the attached page.