



# UPMC Sports Medicine Playbook: Return to Sports During COVID-19 Minimum Guidelines (Youth)

## **ADDENDUM: UPMC Sports Medicine Playbook December 2020 Update**

In November 2020, the PA Department of Health (DOH) released revised recommendations based on extensive increases in COVID-19 cases, hospitalizations, and deaths in the Commonwealth of Pennsylvania. One of these orders is to wear a mask when indoors and outdoors “at all times”. This includes while actively engaged in workouts and competitions, standing on the sidelines, etc. The PA DOH recognizes in these orders when the mask impedes breathing or creates an unsafe condition (noting that “mere discomfort” is not considered a risk) other alternatives can be considered.

The following is an excerpt from the [American Academy of Pediatrics Return to Sports Guidelines](#), published in September 2020: “The World Health Organization does not recommend use of a cloth face covering during vigorous exercise, and the CDC cautions that some people who are engaged in high-intensity activity may not be able to wear a cloth face covering. When no vigorous exercise is being performed and physical distancing is not possible, a cloth face mask should be worn. Cloth face coverings should not be worn in water activities (e.g., swimming, diving) or in activities where they could pose an injury risk as a result of catching on equipment or accidentally impairing vision during performance of sport (e.g., gymnastics, cheer). Special considerations may be appropriate when there is an increased risk of heat-related illness.”

Since the development of the UPMC Sports Medicine Playbook in May 2020, the science of COVID transmission has not substantially changed. However, given the current community disease load (December 2020), the likelihood of exposure has considerably increased. Each school, sport, and program will need to individually determine their risk level based on COVID disease prevalence, sport level of contact (high vs low), venue (indoor vs outdoor), and athlete tolerance of masking. It continues to be imperative that even if a mask is not tolerable during activity due to safety and or physiologic concerns, that ALL individuals when not active be appropriately masked without ANY exception. This includes all coaches, staff, parents, and players at all times while not participating. All individuals should continue to maintain 6-foot social distancing anytime possible (locker rooms, sidelines, benches etc.). Sanitizing procedures with frequent hand washing, equipment cleaning, and venue disinfection should be diligently enforced.

Finally, while we recognize the immense benefits of athletics to individuals and communities – from youth through professional sports – teams must flexibility and willingness to pause all activities for periods of time if the health and safety of participants is in question. Activity cessation decisions should be based on COVID contact and/or community disease prevalence. These circumstances will need to be evaluated on a team-by-team basis by the administration and coaching staff, with guidance from the medical team at each individual school or program.

**UPMC is committed to working together to get to the other side of the COVID-19 pandemic. The challenges have been constantly changing and testing everyone’s physical and mental stamina. UPMC will continue to be your partner as we navigate this storm together, and we will continue to provide guidance and updates as they evolve.**

## Introduction

This document contains guidelines for establishing a minimal set of standards to assist athletic programs in resuming participation. Understand that while these recommendations are scientific and have been constructed by a team of experts at UPMC, neither we, nor anyone can guarantee prevention of illness or injury during athletic participation. There can be no guarantee of safety in a contact sport. This document does not supersede any state or federal guidelines in place for the COVID-19 pandemic. Appreciate, as the medical and scientific community learns more about COVID-19, these recommendations are subject to change. It remains important to continue to consult and follow the most recent CDC guidelines. Each school or league is responsible for implementing appropriate safeguards for resumption of play. UPMC is not liable for anyone who contracts COVID-19 while practicing or playing or participating in any manner.

## Pre-participation Physicals

- As part of the typically required annual well child exam, the examining practitioner should document any recent illness and any known COVID-19 exposure.
- Recommendations for cardiac testing after having a known COVID-19 infection are evolving, so please check with your primary care physician prior to the start of sport for the most current recommendation if your child has tested COVID-19 positive.

## Social Distancing

- **Social distancing should be encouraged at all times when not actively engaged in sport (six feet at a minimum).**
- When at practice or in competition, any unnecessary contact should be avoided such as handshakes, high fives, fist bumps, or elbow bumps.
- Student athletes should sit every other seat on a bench and should avoid using a dugout when possible. They should consciously stand six feet apart when not participating in a drill or activity that requires closer contact.
- Examine all spaces at your facility to help encourage six feet of social distancing. Helpful reminders like taping off six-foot increments on bleachers or in concession stand and restroom lines would be valuable.

## Sanitization

- All equipment should be cleaned between each individual use.
- When possible, athletes should not share gear and instead use their own personal equipment.
- Each athlete should have his/her own personal defined hydration container that is never to be shared.
- Hand sanitizer should be made available throughout the facility for use before, during, and after workouts and competitions.
- Restrooms should be sanitized more frequently by appointed staff.

## Personal Protective Equipment

- All participants, coaches, parents, and any others who may be present should be strongly encouraged to use masks when in any indoor spaces.
- Cloth face coverings are adequate (surgical or N95 masks, while also acceptable, are not necessary). The CDC website has complete references for mask specifications and maintenance. The garment should cover both the nose and mouth and allow for continued unlabored breathing.

- While we understand it may be difficult to wear a mask when actively participating in a sport that takes place indoors on a court, (for example: volleyball, basketball, gymnastics) the percentage of time without the mask should be limited to the active participation time.
- At all times, all coaches, staff, and observers should be encouraged to be masked 100% of the time when indoors, and masks should be strongly considered when outdoors and in close proximity.
- Wearing gloves has not been shown to decrease transmission of the virus. Recommendation is for frequent handwashing and avoidance of touching the face.

### Acclimatization Phases

As many athletes are deconditioned from the quarantine period, the NCAA suggests a six-week acclimatization period in preparation for any season. This should occur in a phased and staggered manner to help prevent the potential spread of illness by the asymptomatic carrier.

#### Phase One:

Opposed to collegiate sports, youth sports participants are generally from the same community and are presumed to have appropriately socially distanced by nature of the government mandates. Therefore, there is not a required need for a 14-day isolation period built into the timeline. However, in the course of phase one a COVID-19 education module to educate students, parents, coaches, and staff about disease symptoms, spread, and prevention should be encouraged. The CDC and state department of health have numerous online resources that are simple and free to access.

#### Phase Two:

Two weeks of individual team practices or group practices of a maximum of 25 individuals total, including coaches. Ideally these groups would be 10 participants or less; however, we understand the organization of most youth sports teams does not realistically allow for that structure.

#### Phase Three:

If community disease load is on a downward trend and there were no confirmed cases of COVID-19 on the team during phase two, teams may progress to game/competition settings with no more than 50 total participants, including coaches, taking part at any one time (a tournament may have more than 50 athletes, but no more than 50 people should be on the same playing surface simultaneously).

### Practice

- When possible, a daily no-touch temperature should be obtained for each athlete and coach. If  $>99.5^{\circ}$  F, that individual should be removed from the group and their parent or guardian notified of the documented fever.
- All participants should stay at home if they are ill or not feeling well.
- Limit practice groups to only essential personnel. Discourage parents from staying on site if the practice space does not allow for appropriate social distancing. This would be especially important when in an indoor venue.
- Restrict pre-/post-practice free play amongst the group. All activities should have constant adult supervision to assure appropriate social distancing and PPE guidelines are being followed.

### Competition

- Single games should be scheduled and played making appropriate allowances for social distancing among the participants and crowd.
- Consider asking each athlete to only bring one or two “fans” to watch the game if venue space is limited and will not allow for appropriate social distancing.
- Club/League leadership should allow ample time between competitions to avoid having the “on deck” teams congregating while having to wait for field or court space to open.
- As with practice, when possible, a daily no-touch temperature should be obtained for each athlete, coach, and official. If  $>99.5^{\circ}$  F, that individual should be removed from the group, and if a minor, their parent or guardian should be notified of the documented fever.
- All participants should stay at home if they are ill or not feeling well.
- Tournament play and large events should be set up in a manner similar to the NCAA Basketball Tournament. Event directors should spread teams out over multiple venues to assure a limited number of people in any one space (especially when indoors). Limiting the density of humans in a space will reduce the risk of a super spreading COVID-19 event. As with single game play, competition organizers will need to create a schedule with ample time between events to prevent congregation of athletes waiting for their turn to play.
- Examples of this may be:
  - A youth baseball/softball tournament: Spread play over the course of the week hosting games in the evenings, not just weekend play. Separate teams by age and distribute games to fields across several local locations (different parks, schools, club fields, etc.).
- To reiterate, as most tournaments involve multiple age brackets and groupings (like wrestling weights), try to divide the larger mass into as small of groups as possible and spread those groups over multiple locations to diminish the density of people and allow for easier social distancing.
- Downtime between events at a tournament should be limited. Discourage teams/athletes from congregating between competition periods.
- Families should bring their own food/drink items for consumption. There should not be shared team food items that are not pre-packaged and sealed.
- Concession stands should be organized in a way that allows for continued social distancing and proper food preparation precautions. As with all indoor spaces, masks are encouraged to be worn at all times.
- When events are held indoors, those not actively participating in the event including parents, fans, and coaches should be wearing masks at all times.

### Illness Protocol

- Should an individual athlete become ill during any of the above periods, they should be immediately removed from the group, masked if not already, and isolated in their individual space. Their parent or guardian should be immediately notified.
- Testing for COVID-19 should be done if medical provider prescribes.
- If testing is positive, contact tracing should be initiated.
  - This tracing will identify those individuals who would have been within six feet of the sick athlete for more than 15 minutes while the person was symptomatic or within the 48 hours prior to becoming symptomatic.

- To learn more about contact tracing, visit the Pennsylvania Department of Health or CDC websites:  
[PA Department of Health](#)  
[Centers for Disease Control and Prevention](#)
- Those identified will need to be put in social isolation for 14 days and closely monitored for the development of symptoms. While testing of the asymptomatic contact may be available, it does not confirm the infection potential of that individual so cannot be relied on for return to play.
- The athlete with the positive COVID-19 test may return 72 hours after resolution of symptoms, including but not limited to: fever (without the use of fever reducing medications), cough, shortness of breath, AND at least 10 days have passed since symptoms first appeared according to CDC guidelines. Emerging evidence in the field of cardiology recommends a 14-day convalescent period from the start of symptoms prior to starting back to strenuous activity and consideration of cardiac testing. Students who test positive for COVID-19 should provide a written release for return to activity from their medical provider before allowing continued participation.