



SDHSAA Protocol for Confirmed COVID-19 Infections

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. As of July 2021, this includes 10 days of isolation and if symptomatic, a 24 hour time period without fever along with other symptom resolution.
 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. Consult with your clinician (physician, physician's assistant, nurse practitioner, or athletic trainer)
 - b. Any cardiac testing or additional evaluation should be based on clinical concern and symptom presentation.
 - c. No exercise should be performed until 3-5 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
 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 5-7 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 medical evaluation. It is recommended to also complete a cardiology consultation.
 - 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 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.**

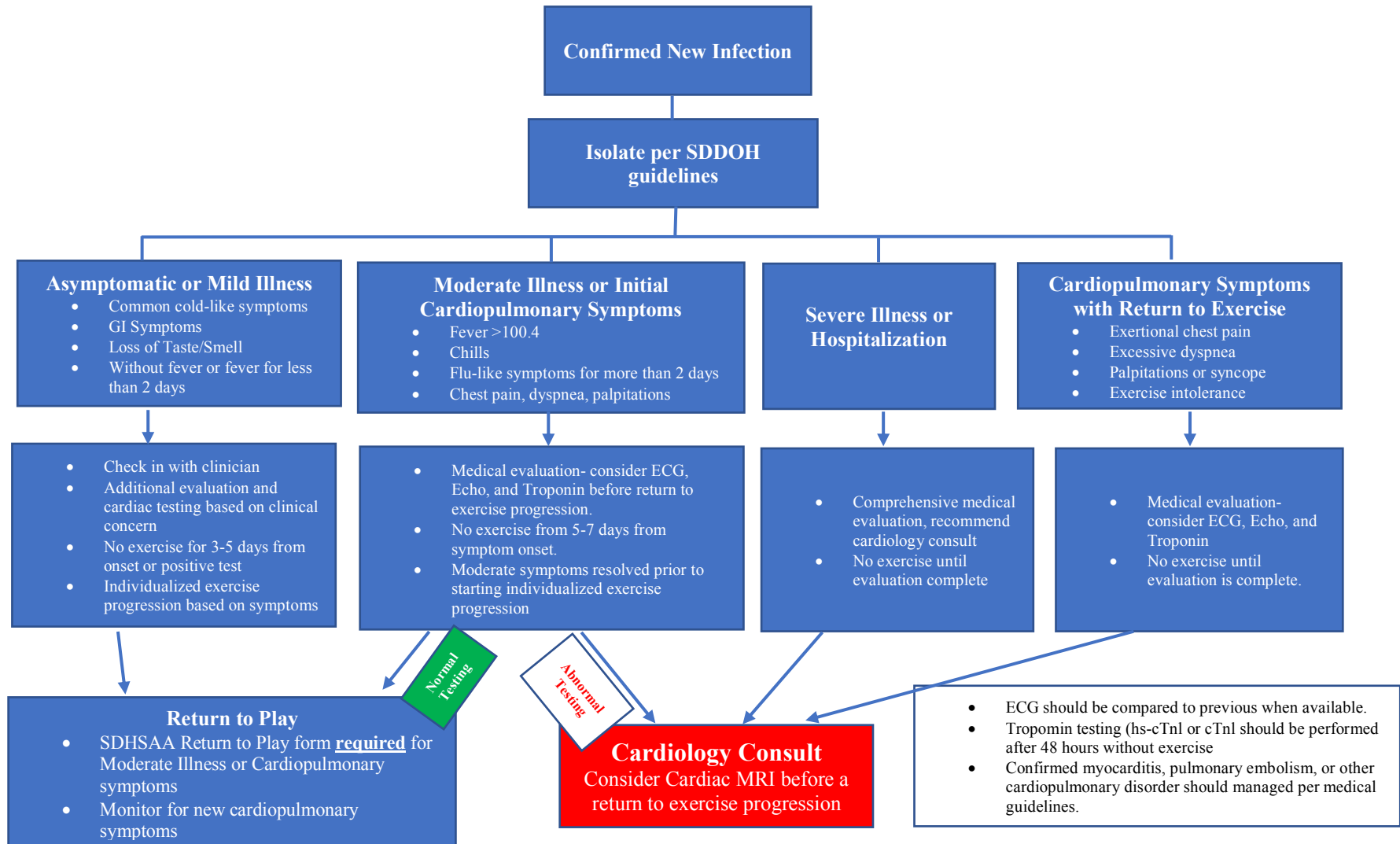
All schools should have a well-developed and well-rehearsed Emergency Action Plan for every sport/activity and at every venue with clear access to an Automated External Defibrillator (AED) and individuals trained in the use of an AED.

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*. August 2021



SDHSAA Protocols for COVID-19 Positive Student Athletes



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