



**The Connecticut Interscholastic Conference**  
**2021-2022 Updated Winter and Spring Sports COVID-19 Guidance**  
**Effective February 28<sup>th</sup>, 2022**  
**Aligned with DPH and CSDE February 2022 Considerations**

*This guidance is a fluid document and will be updated as more data, health metrics, and sport-specific information becomes available.*

This document is aligned with the most recent consideration from the Connecticut State Department of Public Health (DPH) and the Connecticut State Department of Education (CSDE). CIAC's guidance 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 CIAC 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 member schools.

*The CIAC 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 CIAC will continue to consult with our stakeholders and adjust offerings as appropriate should the health metrics direct that action.*

The CIAC'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 member schools and association. While prioritizing considerations that will sustain conditions for in-person learning, the CIAC strongly affirms that the value of a structured physical activity is widely supported in research, especially in maintaining one's physical, cognitive, social, emotional, and mental health. As such, the CIAC will provide the best sports experiences possible to its member schools.

### **COVID-19 and Flu Vaccination Joint Position Statement (CIAC, CT DPH, and CSMS Sports Medicine Committee)**

The Connecticut Department of Public Health (DPH), the Connecticut Interscholastic Athletic Conference (CIAC), the Connecticut State Medical Society (CSMS) Sports Medicine Committee, and many youth sports organizations in our state are joining together to encourage interscholastic athletic administrators and other youth athletic team administrators to help all their athletes stay on the field and in the classroom by assisting them to get vaccinated against COVID-19 and the flu, when eligible.

Vaccination is currently the most critical and effective strategy for preventing COVID-19 transmission. Athletic organizations should strongly encourage all eligible participants to get fully vaccinated against COVID-19 and to receive a booster dose when eligible, to provide the best available protection for themselves, their families, and their communities. Vaccination can help athletes, coaches, and officials avoid interruptions and/or cancellations of athletic activities.

Despite the availability of COVID-19 vaccines and boosters, many vaccine-eligible youths will not be fully vaccinated during the winter and spring sports season. The risk of COVID-19 transmission among these participants and any at-risk family members remains significant.

### **Masks**

Beginning Monday, February 28<sup>th</sup>, the CIAC, in consultation with its medical experts, does not require masks at any outdoor practices and competitions. The CIAC, in consultation with its medical experts, does not require masks for student-athletes and officials while participating in indoor competitions and practices. Student-athletes, coaches, officials, game workers, and spectators will follow mask permissions and restrictions issued by the facilities in which events occur. The CIAC respects the decision of any individual who chooses to wear a mask in practice or competition. The federal TSA mandate for transportation requiring all individuals to wear a mask has been extended through March 18<sup>th</sup>. This federal requirement includes traveling for sports contests.

In districts where it is determined that continuing with mask requirements is in the school community's best interest, the CIAC requests that consideration be given for allowing athletes to compete indoors without masks while wearing masks in all non-competitive activities (e.g., on the bench, in the locker room, etc.). As school districts and athletic programs evaluate community considerations for masking, the CIAC offers to meet with any interested school or district to review the sport-specific data it has collected and analyzed. A significant finding of CIAC's research is that even during Connecticut's highest positivity rate surge in the pandemic to date, CIAC interscholastic athletic practices and competitions provided safe, structured physical activity, with less than 1% of student-athlete COVID-19 cases stemming from these experiences.

### **Quarantine, Contacts, Isolation**

Student-athletes and coaches should follow their school district's quarantine, isolation, and contacts policy and procedure for all students. A student-athlete who has tested positive for COVID-19 should not exercise during isolation and follow the AMSSM or AAP return-to-play guidelines.

### **Return-to-Play after COVID-19 Infection**

The CIAC recommends that student-athletes who have tested positive for COVID-19 follow return-to-play guidelines established by medical professionals. Currently, the CIAC recognizes the joint guidance issued by the American Medical Society for Sports Medicine (AMSSM) and the National Federation of High Schools (NFHS) and the guidance issued by the American Academy of Pediatrics (AAP) as medically reviewed and established guidelines.

In consideration of recent studies, the AMSSM and NFHS expert task force updated cardiac assessment and return-to-play guidelines for high school student-athletes with prior SARS-CoV-2 infection. Compared to AAP guidance, which is broad guidance encompassing all pediatric age groups, the AMSSM and NFHS expert task force explicitly focused on the student-athlete demographic who engage in interscholastic competition. Therefore, the AMSSM and NFHS task force guidance directly applies and appertains to the CIAC's student-athlete population.

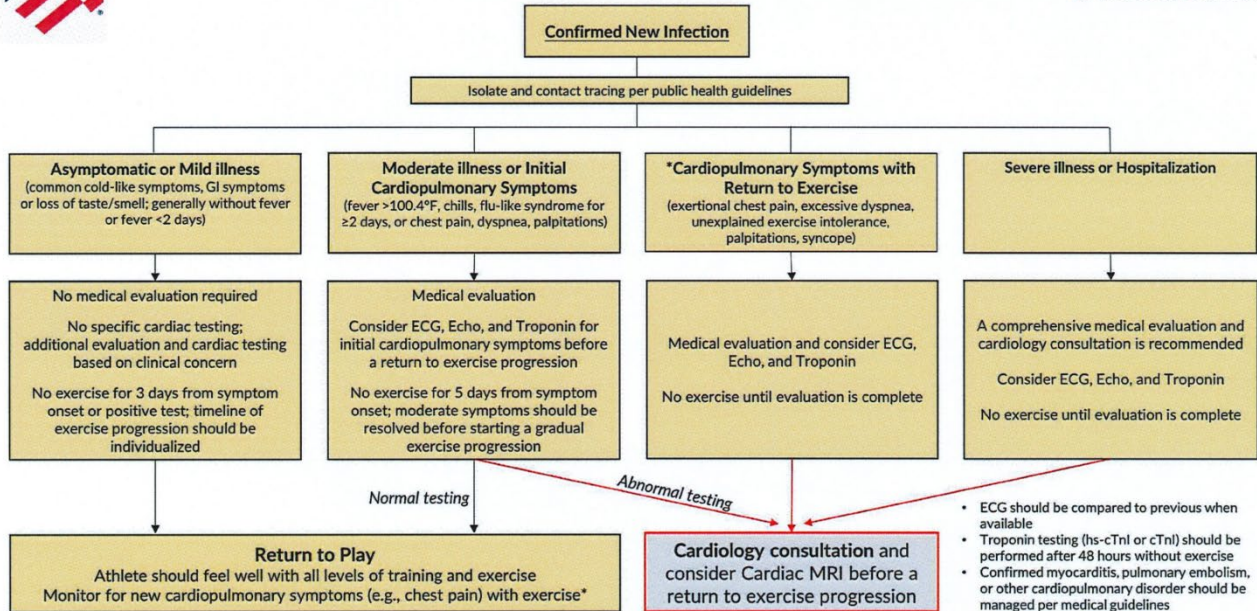
The AMSSM and NFHS recommendations (January 2022) include:

- **Asymptomatic and mild symptoms:** Athletes with asymptomatic infections or only mild symptoms (e.g., common cold-like symptoms generally without fever, gastrointestinal symptoms, or loss of taste/smell) do not require formal medical evaluation or cardiac testing. However, athletes with any specific concerns should check-in with a clinician (e.g., physician, nurse practitioner, physician assistant, or athletic trainer) to determine if further clinical evaluation is needed. Athletes should be 3 days from symptom onset or positive test before beginning an exercise progression (while complying with public health guidelines for isolation).
- **Moderate and cardiopulmonary symptoms:** Athletes with moderate symptoms (e.g., fever > 100.4°F, chills, flu-like syndrome for 2:2 days) or initial cardiopulmonary symptoms (e.g., chest pain, dyspnea, palpitations) should be evaluated by a clinician. Cardiac testing (e.g., ECG, TTE, troponin) is recommended for athletes with cardiopulmonary symptoms during the acute phase of infection. Athletes with remote infections and moderate symptoms > 3 months ago who never received a work-up but have returned to full activity without symptoms do not need a medical evaluation or additional cardiac testing. Cardiology consultation and cardiac MRI should be considered for abnormal results and as clinically indicated. We recommend athletes are 5 days from symptom onset and that moderate symptoms are fully resolved before starting an exercise progression.
- **Severe symptoms:** Athletes with severe disease requiring hospitalization, including those diagnosed with multisystem inflammatory syndrome in children (MIS-C), should undergo formal evaluation with a cardiovascular specialist prior to starting an exercise progression.
- **Cardiopulmonary symptoms on return to exercise:** All athletes with SARS-CoV-2 infections should be closely monitored for new cardiopulmonary symptoms as they return to exercise. In general, athletes should feel well as they return to any level of training and exercise. Athletes with cardiopulmonary symptoms when they return to exercise (e.g., exertional chest pain, excessive dyspnea, syncope, palpitations, or unexplained exercise intolerance) should undergo additional cardiac testing (e.g., ECG, TTE, troponin) if not already performed and be evaluated by a cardiologist with consideration for a cardiac MRI or other investigations as indicated.
- **Return-to-sport exercise progression:** The return-to-sport progression and timeline should be individualized and is based on numerous factors including baseline fitness, severity and duration of COVID-19 symptoms, and tolerance to progressive levels of exertion. Most athletes will require a graded exercise progression. Athletes with systemic symptoms or illnesses of longer duration will require a more gradual exercise progression over at least a few days. Absent special indications, a prolonged return-to-sport timeline is not supported by evidence and further restriction from sports participation can contribute to detraining, increased injury risk, and mental health concerns.

- **Preparticipation Physical Evaluation (PPE):** Additional history questions during a routine PPE should consider if the athlete had a COVID-19 illness. If yes, consider clarifying: when, what symptoms, and if the athlete is experiencing any new symptoms with exercise, especially chest pain.



**Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic**



**Spectator/Fan Attendance**

Decisions regarding regular season spectator/fan attendance should be made at the individual district and school level, in consultation with the local health department, and in the context of any state or local mandates in place at any time. The CIAC supports the plans established by school districts that direct the presence of adults on campus at this time. Notwithstanding the above, the local districts' current operating plan will govern permissible regular season spectator/fan attendance. The CIAC will determine spectator/ fan attendance protocol for its state championship tournaments.

**Student-Athlete Sports Physical Requirement**

In collaborating with the Connecticut State Medical Society, Sports Medicine Committee, it is appropriate to extend the validation of physicals to 15-months due to the high demand for medical appointments. Yearly sports physicals to assess injury risk and receive health guidance from doctors are critically important. Again, the coronavirus is a health pandemic, and students should receive a physical within the 13-month standard when possible.