

# Montana Chapter

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

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To Physicians, Coaches, Athletic Directors, and Parents of Montana Athletes,

Engaging in athletic activities has important physical and mental health benefits for children and adolescents. However, due to the coronavirus disease 2019 (COVID-19) pandemic, there are risks to athletes, family members, coaches, officials, and teammates that must be considered. Although children have not been a common source of disease outbreaks to date, the role they play in transmission to adults is unclear. Because prolonged, close contact with a person infected with SARS-CoV-2 is the main driver of transmission, the type of sport or activity and setting influences the risk of transmission. To reduce risk, modifications are recommended including hand hygiene, cloth face coverings when appropriate, cleaning and disinfecting frequently touched equipment, and prioritizing activities where physical distance can be maintained. Cloth face coverings should be worn by coaches, officials, spectators, and any volunteers. All athletes should wear a cloth face covering when on the sidelines, and physical distancing should be followed. In some cases, cloth face coverings may cause safety concerns, and some people who are engaged in high-intensity activity may not be able to wear a cloth face covering.

There are still many unknowns about the effects of COVID-19 on athletes and when it's safe for youth to return to sports after an infection. Although it seems to be less common in children than adults, COVID-19 is known to cause cardiac damage and heart inflammation (myocarditis). Additionally, myocarditis is recognized as a cause of sudden death in young athletes. **Given these uncertainties, the following updated guidelines have been created with the most current expert recommendations** and based on expert opinion from Montana pediatric cardiologists and national guidelines from the American Academy of Pediatrics<sup>1</sup> and American College of Cardiology<sup>2,3</sup>...

- Athletes or participants who exhibit any signs or symptoms of COVID-19 should be **held out of ALL practices, games, and events.**
- They should seek the advice of their healthcare provider and/or public health for recommendations on testing, isolation, and return-to-play.
- **Following MHA guidelines, all athletes with a positive test should have an evaluation, upon resolution of COVID-19 symptoms, by a licensed healthcare provider** for new symptoms of dyspnea, chest pain, palpitations, or dizziness/syncope.
- National and local pediatric cardiologists also recommend the following:
  - **Asymptomatic**: the athlete should not return to sports until 10 days **after** receiving their test results and be cleared by a healthcare provider.
  - **Mild illness** (<4 days of fever >100.4F, myalgia, chills, and lethargy): The athlete should not return to sports until 10 days **after** symptom onset and be cleared by a healthcare provider. EKG may be done per provider discretion
  - **Moderate illness** (prolonged symptoms:  $\geq$  4 days of fevers >100.4 myalgia, chills, and/or lethargy): The athlete should not return to sports until 10 days **after** their COVID-19 symptoms have resolved AND have a normal EKG AND **a pediatric cardiologist has been consulted** for further evaluation.

- **Severe illness** (hospitalization, abnormal cardiac testing, Multisystem Inflammatory Syndrome in Children (MIS-C)): The athlete should not return to sports until they have **complete cardiac testing done and be cleared by a pediatric cardiologist**. Some of these patients may require a 3-6 month restriction from sports due to concern for heart inflammation (myocarditis).

**\* A graduated return-to-play protocol is recommended after clearance by a physician (PCP or cardiologist). The progression should be performed over the course of a 7-day minimum.**

**The following return-to-play protocol found in the American Academy of Pediatrics COVID-19 Interim Guidance: Return to Sports clinical guidance was adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020:**

**Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less:** Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

**Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less:** Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

**Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less-** Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

**Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes -**Normal training activity - intensity no greater than 80% maximum heart rate.

**Stage 5: Day 7 - Return to full activity/participation (ie, - Contests/competitions).**

Disruptions in sports can be challenging for everyone, especially children and adolescents. Some participants may be emotionally affected more than others. This loss can also have a significant emotional impact on parents. All athletes should be monitored for signs and symptoms of depression and anxiety if their participation is disrupted.

This guidance is intended to encourage a safe return to sports participation during the COVID-19 pandemic. Every situation is different, and there may be other medical reasons follow-up testing is needed before returning to sports. These recommendations are likely to evolve as we continue to learn more about the effects of COVID-19 in athletes. That is why it is important for athletes, families, coaches, and schools to continue working closely with your local pediatric health experts as our collective understanding of COVID-19 and its effects on athletes is constantly evolving.

Sincerely,

MTAAP Committee on Child Health and COVID-19

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1. American Academy of Pediatrics. (2020, July 22). COVID-19 Interim Guidance: Return to Sports. Retrieved August 24, 2020, from <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinicalguidance/>

2. Dean, P., Burns Jackson, L., Paridon, S. (2020, July 14). Returning to Play after Coronavirus Infection: Pediatric Cardiologists' Perspective. American College of Cardiology. Retrieved August 24, 2020, from <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

3. Phelan, D., Kim, J. H., & Chung, E. H. (2020). A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection. JAMA cardiology, 10.1001/jamacardio.2020.2136. Advance online publication.

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