

# COVID-19 Clearance for Athletes - Updated 10/18/22

ESM Athletics follows the recommendations of the American Academy of Pediatrics (AAP) and UPSTATE Pediatrics in the approach to return to play for athletes that have been diagnosed with COVID-19 based on the severity of symptoms (see the definitions below)

## Asymptomatic/Mild Symptoms

Student athletes that were asymptomatic or experienced mild symptoms can participate **without medical clearance** provided the student has completed 5 days of isolation, are fever free for 24 hours and wear a mask for an additional 5 days.

## Moderate Symptoms

Student athletes that experienced moderate symptoms **must obtain clearance from their primary care provider** prior to resuming training or competition.

## Severe Symptoms

Student athletes that experienced severe symptoms **must obtain cardiology clearance** prior to resuming training or competition.

The AAP reminds parents to monitor for chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope when returning to exercise after COVID-19 - if these symptoms occur - stop and follow up with a medical provider.

## Definitions from the AAP

**Asymptomatic to Mild illness:**

All children and adolescents who test positive for COVID-19 should notify their pediatrician. For a child or adolescent who is SARS-CoV-2–positive who is either **asymptomatic** or **mildly symptomatic** (<4 days of fever >100.4°F, <1 week of myalgia, chills, and lethargy) an **assessment by primary care physician (phone, telemedicine, or in person consultation) is recommended.**

### **Moderate illness:**

For those with **moderate** symptoms of COVID-19 (≥4 days of fever >100.4°F, ≥1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of multisystem inflammatory syndrome in children [MIS-C]), an evaluation by their primary care physician (PCP) is recommended. People who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. PCP evaluation is currently recommended after symptom resolution and completion of isolation. The PCP will review the American Heart Association 14-element 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 syncope** and perform a complete physical examination and an EKG. If cardiac workup is negative, gradual return to physical activity may be initiated after 10 days have passed from the date of the positive test result, and a minimum of 1 day of symptom resolution (excluding loss of taste/smell) has occurred off fever-reducing medicine. **If cardiac sign/symptom screening is positive or EKG is abnormal, referral to a cardiologist is recommended.**

### **Severe illness:**

For children and adolescents with **severe** COVID-19 symptoms (ICU stay and/or intubation) or **MIS-C**, it is recommended they be **restricted from exercise for a minimum of 3 to 6 months** and obtain cardiology clearance prior to resuming training or competition. Coordination of follow-up cardiology care should be arranged prior to hospital discharge. Other testing may be ordered based on the child or adolescent's signs and symptoms