



## SDHSAA COVID-19 Return to Play Form

If a participant has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP)

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Positive Test: \_\_\_\_\_

### THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: \_\_\_\_\_

Criteria to return (Please check below as applicable)

- ☐ Individual has recovered from moderate illness or initial cardiopulmonary symptoms
- |                                      |                              |                             |
|--------------------------------------|------------------------------|-----------------------------|
| Fever of greater than 100.4          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Chills                               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Flu-like symptoms for 2 days or more | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Chest pain                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Dyspnea/Palpitations                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- ☐ Individual was not hospitalized due to COVID-19 infection and did not exhibit severe illness
- ☐ Cardiopulmonary Symptoms with Return to Exercise have been explored with further testing as appropriate
- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| Exertional chest pain            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Excessive dyspnea                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Palpitations                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Syncope                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Unexplained exercise intolerance | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- ☐ Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Chest pain/tightness with exercise               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Unexplained Syncope/near syncope                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Unexplained/excessive dyspnea/fatigue w/exertion | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| New palpitations                                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Heart murmur on exam                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

NOTE: If any cardiac screening question is positive or if participant was hospitalized, consider cardiology consultation. May include ECG, Echo, or Troponin.

- ☐ Individual HAS satisfied the above criteria and IS cleared to return to activity on the following date: \_\_\_\_\_  
Note: A return to play plan should be individualized based on symptom presentation. No exercise should be attempted for 5-7 days from symptom onset and until all moderate illness symptoms have resolved.
- ☐ Individual HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

### Medical Office Information (Please Print/Stamp):

Evaluator's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Evaluator's Address: \_\_\_\_\_  
\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

RTP Procedure adapted from Drezner et al. (2021). *Cardiopulmonary Considerations for High School Student Athletes During the COVID-19 Pandemic- Update to the NFHS-AMSSM Guidance Statement*. National Federation of State High School Associations, American Medical Society of Sports Medicine.



### **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.**

### **SDHSAA - Serving Students Since 1905**

Board Chairperson – Mr. Tom Culver  
Assistant Director – Ms. Jo Auch  
Assistant Director – Mr. Brooks Bowman

Executive Director – Dr. Daniel Swartos  
Assistant Director – Mr. Randy Soma  
Finance Director – Mr. Ryan Mikkelsen

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

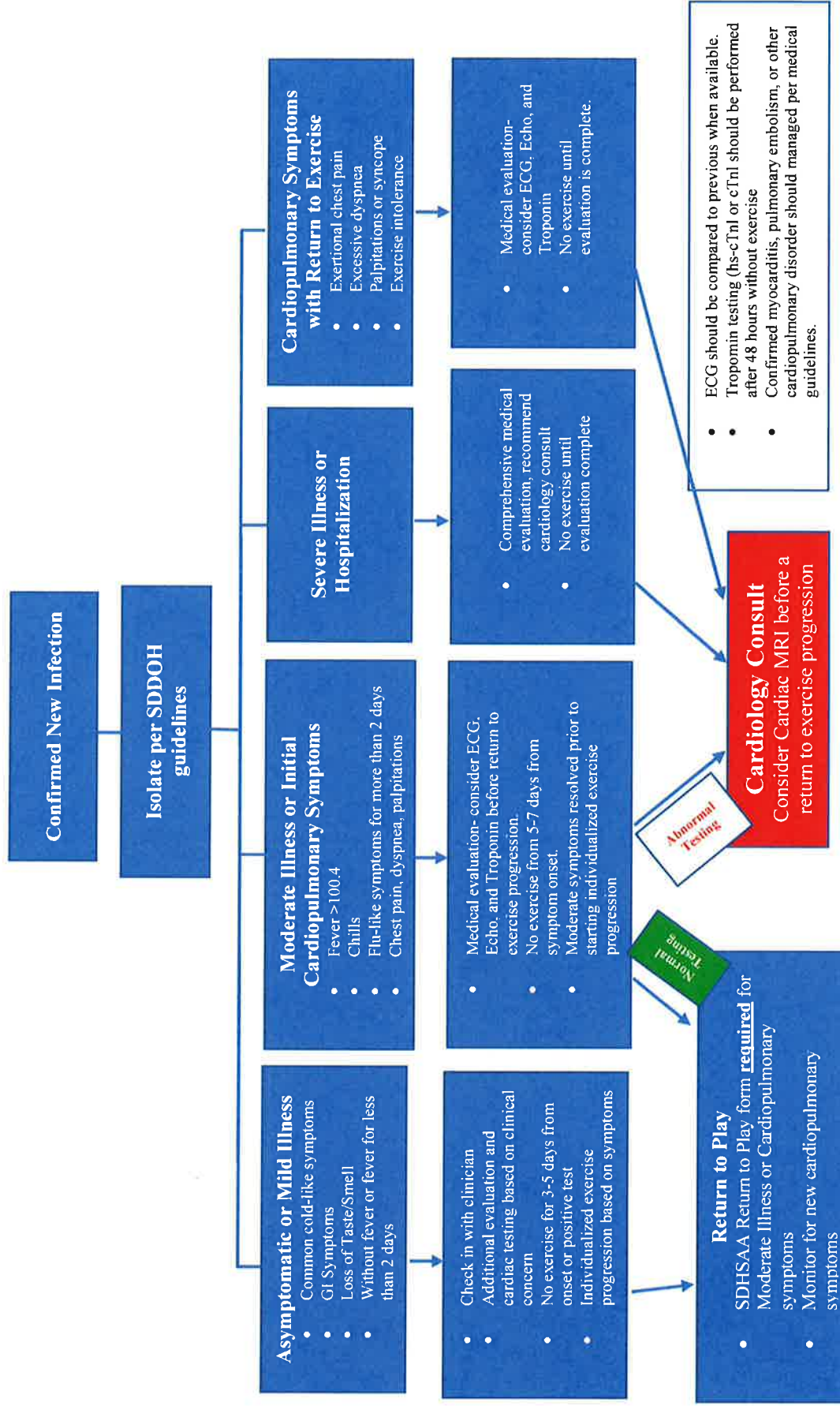


## South Dakota High School Activities Association

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### SDHSAA Protocols for COVID-19 Positive Student Athletes



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