PLAYING HIGH SCHOOL SPORTS DURING COVID-19:
An Athletic Trainer’s Perspective

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DISCLOSURE
• No Financial Disclosures
• No Conflicts of Interest
LEARNING OBJECTIVES
- Recognize the causes of rapid transmission of COVID-19 in interscholastic athletics.
- Identify re-implementation strategies for high school athletics amid the COVID-19 pandemic.
- Prioritize the roles of the athletic trainer during the COVID pandemic in prevention, communication, and safe return to athletic competition.

COVID-19 INFECTION SUMMARY
- Rt Value in the US: Number of People who become infected by and infectious Person between 0.84 and 1.11 - Jan 23, 2021
- Incubation Period: 2-14 days. Symptoms typically appear 6/7 days after exposure, however can test positive without symptoms. (Pneumonia or Asymptomatic)
- Maybe Contagious 48 hours prior to experiencing symptoms
- Most People are no longer contagious by the 10th day after COVID symptoms begin
- Pending resolution of fever and symptom improvement
- A full, 14-day quarantine remains best way to avoid spreading after close contact exposure. (Contact Tracing)
- Close contact is defined by CDC as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
- CDC Guidelines: D/C quarantine after minimum 10 days exposure if you remain asymptomatic or after a minimum of 7 days if you have a negative COVID test within 48 hours of when you plan to end quarantine.

TRANSMISSION
- Contact Transmission
  - Direct - in Handshake
  - Surface - in Surface/Object
- Droplet Transmission
  - Respiratory Droplets suspended in the air typically < 6 ft, no longer period
- Aerosol - Definition
  - Respiratory droplets of a certain size (e.g., smaller droplets and particles, as well as to describe the collection or cloud of these respiratory droplets in the air)
- Indoor vs Outdoor Transmission
  - Less than 10% of reported global SARS-CoV-2 infections have occurred outdoors and the odds of indoor transmission were 18.7 times higher in comparison to outdoor transmission. (Bulfone TC, et. al, 2020)
- Highest Incidence
  - Droplet Transmission/Contact Transmission>Airborne Transmission
- Airborne Transmission Factors
  - Indoor spaces within which an infecting person was present
  - Proximal exposure to respiratory particles, after contact with respiratory secretions (e.g. coughing, sneezing, excreting)
  - Inadequate ventilation or air handling
RE-IMPLEMENTATION

Significance of March 11, 2020
Consideration Factors

Centers for Disease Control and Prevention (CDC)
Latest Update December of 2020
National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee
Latest Update January of 2021
States Interscholastic Athletic Association
Sports Medicine Advisory Committee
States Department of Public Health
Local District Guidance

CONSIDERATIONS & MITIGATING FACTORS

• CDC
  • Community Levels of COVID-19
  • Physical Closeness of Players
  • Length of Time of Closeness
  • Open vs. Closed Setting
  • Amount of Equipment/Gear Contact
  • Ability to Physical Distance while Not Playing
  • Age of Participants
  • Higher Risk Players for Illness
  • Non-Essential Individuals
  • Travel Outside Local Community
  • Size of Team
• NFHS
  • May 2020 - Potential Infection Risk by Sport
    • High - Moderate - Low
  • January 2020 - COVID-19 rates of participants in any given sport are directly proportional to prevailing community disease rates.
  • Participants in non-contact sports show lower rates of COVID-19 than contact sports.
  • Participants in outdoor sports show lower rates of COVID-19 than indoor sports.
  • Face mask use while participating in indoor sports results in COVID-19 rates comparable to the rates found in outdoor sports.
  • The great majority of sports-related spread of COVID-19 does not appear to occur during sports participation, but from social contact.

ROLE OF THE ATHLETIC TRAINER

Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training, and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, emergency care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions (NATA).

During COVID-19 or any pandemic does our Role change?
Do our daily task and responsibilities change?
Does our value change?
EXPECTATIONS AND RESPONSIBILITIES

COVID Advisory Committee (School and Athletic)

Does your school have one?
Are you an active voice on the committee?

Suggested Members:
- School Policy & Communication Regarding:
  - Responsibilities
  - Administration and Documentation
  - Isolation & Quarantine
  - School/Athletic Infection Control
  - Guidelines and Policy for STI, Pre-Participation, and RTP

PROTECT YOUR SELF AND YOUR SPACE

Infection Control

- Inventory Control: Do you have what you need?
- Personal Protective Equipment
- Approved Cleaning/Disinfectants
- Coaches/Athlete/Athletic Department Training, PPE, Distancing, Etc.
- Water/Ice Distribution

- Following CDC Guidelines for Healthcare Workers
- PPE/Distance Guidelines
- Athletic Training Facility
- Control Space: Indoor vs Outdoor
- Screen Athletes Upon Entry/Evaluation
- Documentation: Self-Screen
- Athletic Sign-In and Daily Notes
- Communication Documented
- Cleaning Schedule and Sign-off (Shared Responsibility)

CLINICAL AND PRACTICE CONSIDERATIONS

Pre-Participation
- Pre-Participation Exam
- Exercise Adaptations and Injury Prevention

Evaluation and Treatment
- On Field vs Athletic Training Facility
- Treatment and Equipment

Return to Play Best Practice and Guidelines
- MD Clearance
- Progressive Return following Clearance
- School Policy in Place: Consistency