

Positive Test Management Procedures (Based on CDC & CCCATA Procedures):

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If student-athlete or staff is experiencing COVID-19 symptoms, has been diagnosed with and/or has a positive test for COVID-19 they should follow CDC guidelines or any established institutional policies for management of infectious disease and/or specific COVID-19 policy. If no institutional policy is in place refer the below recommended procedure.

A. Colleges should designate specific persons within the institution who are responsible for communication with public health officials and dissemination of information to students and staff about COVID-19 exposure.

B. Set up a chain of command at your institution for COVID-19 related incidences.

C. Notify athletic director/dean or appropriate school official about student-athlete(s) or staff who are experiencing COVID-19 like symptoms, diagnosed with COVID-19, or have a positive test.

D. Initiate appropriate contact tracing procedure and notify individuals who may have been in close contact with the infected person. Recommended that contact tracing responsibilities fall to Risk Management or designated COVID-19 Task Force at each institution.

E. Instruct/educate student-athlete with COVID-19 about self-isolation procedures. (1,2)

a. Stay home except to get medical care

i. Stay in touch with your medical provider

ii. Communicate with your athletic trainer via school policy (telehealth, text, etc.)

b. Isolate yourself from other people in your home/apartment

c. Monitor your symptoms and follow care instructions from your medical provider

d. When to seek medical attention

i. Trouble breathing

ii. Persistent pain or pressure in chest

iii. Persistent cough or fever of greater than 100.4

iv. Travel to endemic or hotspot areas

e. Student-athlete should not return to athletics until cleared by a physician and submit written documentation addressing COVID-19. (see screening appendix)

F. Take into consideration that student-athletes living in residence halls or in apartments, may present issues for isolation and quarantine of individuals and groups. (2,6)

- Colleges with dorms must work with campus housing for isolation and quarantine protocols.

G. For the teams, coaches, and staff who have been exposed to a positive tested patient defer to institution policies for quarantine procedures following contact tracing.

- If no procedures exist, defer to CDC guidelines for contact tracing (i.e. within six feet for longer than 15 minutes) and quarantine any probable COVID-19 patients.
- If using CDC guidelines, athletes, coaches, and staff that have been exposed should (1,3):
 - a. Self-quarantine for 14 days after last exposure
 - b. Check temperature twice a day and watch for symptoms of COVID-19
 - c. If possible, stay away from people who are at higher-risk for COVID-19
 - d. Seek further medical attention as needed

H. Have counselors/advisors available to consult with student-athlete(s), coaches, staff and/or teams in isolation or quarantine. (2,6)

I. Institutions should have a contingency plan for illness, isolation, or quarantine of coaches, athletic trainers, and other sports medicine staff.

- Consider minimum coaching or athletic trainer staffing levels for the safe continuation of team training and competition activities. (2,6)
- If coach or athletic trainer is presumed positive for COVID-19, the individual college's Risk Management or COVID-19 Task Force will determine contact tracing for further isolation of athletes/teams.

J. Due to the near certainty of recurrent outbreaks in some locales, state associations must be prepared for periodic school closures and the possibility of some teams having to isolate for two to three weeks while in-season. Development of policies is recommended regarding practice and/or competition during temporary school closures, the cancellation of contests during the regular season, and parameters for the cancellation or premature ending to postseason events/competitions.

Discontinuation of Isolation for Individuals with COVID-19: (1,3)

A. Individuals that tested positive for COVID-19, have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

1. Symptom-based strategy
 - a. At least 10 days have passed since onset of symptoms.
 - b. At least 1 day (24 hours fever free without the use of fever-reducing medications) and improvement in all symptoms
2. Test-based strategy
 - a. Resolution of fever without the use of fever-reducing medications
 - b. Improvement in respiratory symptoms
 - c. Negative results of two consecutive respiratory specimens collected ≥ 24 hours apart.

B. Individuals with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

1. Time-based strategy
 - a. At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

*If they develop symptoms, then the symptom-based or test-based strategy should be used.

*Note: because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2. Test-based strategy
 - a. Negative results of two consecutive respiratory specimens collected ≥ 24 hours apart.

Return to Play Considerations for Student-Athlete with COVID-19: (6,11,12,13)

A. Recommend that require medical clearance before return to activity

B. Student-athlete was asymptomatic, non-hospitalized

1. Following isolation, athlete will be required to go through a gradual progression from light activity back to full sport participation with their athletic trainer per physician direction.

C. Student-athlete mild symptoms, non-hospitalized

1. Rest/recover/no exercise for 14 days during symptomatic period
2. Recommended that student-athlete undergoes cardiac screening per physician direction
3. Following isolation and symptom resolution, athlete will be required to go through a gradual progression from light activity back to full sport participation with their athletic trainer per physician direction.

D. Student-athlete severe symptoms, hospitalized

1. Rest/recover with no exercise for 14 days while symptomatic
2. No exercise for 14 days after symptoms resolves
3. Recommended that student-athlete undergoes cardiac screening if not done while hospitalized
4. Have a gradual progression from light activity back to full sport participation

Disqualifying Symptoms and Referral for Testing: Should an athlete present with a fever of greater than or equal to 100.4 F immediate referral is required and medical clearance from team physician is recommended.

Any one of the below symptoms can be used as disqualifying criteria and reason for referral at the discretion of the athletic trainer:

Cough Headache Sore throat Chills Labored
breathing Loss of taste/smell Chest pressure
Temperature of greater than or equal to 100.4

Communication of Positive Tests – Institution to Institution

1. Athletic trainer reports to institution Athletic Director
2. Athletic Director reports to other institution AD, institutions chain of report and the Executive Leadership of the ACCAC

Topics That Need Further Discussion:

1. Postponement of competitions if institutions can't travel to hotspots or have to quarantine teams

Resources:

1. Centers for Disease Control and Prevention. Coronavirus (COVID-19). <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Accessed May 21, 2020.
2. ACHA COVID-19 Task Force: Reopening Guidelines Committee. ACHA Guidelines: Considerations for Reopening Institutions of Higher Education in the COVID-19 Era. Silver Spring, MD. American College Health Association; 2020.
3. Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19: interim guidance. World Health Organization; April 14, 2020. 1-4.
4. Pre-Return and Return-to-Campus Preparation and Communication Plan. National Athletic Trainers' Association Intercollegiate Council for Sports Medicine; 2020.
5. American College of Cardiology. Exercise and Athletics in the COVID-19 Pandemic Era. <https://www.acc.org/latest-in-cardiology/articles/2020/05/13/12/53/exercise-andathletics-in-the-covid-19-pandemic-era>. Accessed May 21, 2020.
6. JAMA Cardiology. A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection. https://jamanetwork.com/journals/jamacardiology/fullarticle/2766124?guestAccessKey=6e2409c7-67d4-45ea-bc59-299c2d0a9db1&utm_source=For_The_Media&utm_medium=referral&utm_campaign=f tm_links&utm_content=tf1&utm_term=051320. Accessed May 21, 2020.
7. British Journal of Sports Medicine. (2020, May 7). Concerned about COVID-19 and the athletic heart? Prof Jon Drezner gives insight. Episode #427. <https://soundcloud.com/bmjpodcasts/concerned-about-covid-19-and-theathletic-heart-prof-jon-drezner-gives-insight-episode-427>. Accessed May 18, 2020