

Sample COVID-19 Return to Activity Policy & Procedures

Policy Area: COVID-19	Subject: Return to Activity
Title of Policy: COVID-19 Return to Activity	Number: (This is a numbering system used by the organization)
Effective Date: (Date policy is to be implemented)	Page Number: (x of x)
Approved Date: (Date when policy was approved)	Approved By: (This area may contain a routing list of individuals who must review and approve)
Revision Date: (Date of most recent revision)	

1. Purpose of policy:

The COVID-19 pandemic has sparked dramatic changes across all aspects of our daily lives. The combination of lifestyle modifications and potential comorbidities associated with COVID-19 also presents important, athlete specific health and safety risks as return to sport plans emerge. While it is clear that transition periods have a higher risk for catastrophic sport injury,¹⁻⁶ some of the factors that place athletes at higher risk during these periods may be amplified as a result of social distancing measures. These risk factors may also be amplified at various levels – so even athletes within the same team may have a spectrum of risk profiles. As plans for a return to organized sport begin, over 10 million high school and college athletes emerge from this unprecedented period, calling for healthcare providers and administrators to give greater consideration for how to reduce risk while re-introducing sport.

This template is developed based on the principles outlined in the document: *Return to Sports and Exercise during the COVID-19 Pandemic: Guidance for High School and Collegiate Athletic Programs*.

NOTE: This policy is intended to address return to physical activity considerations during, and immediately following physical distancing. This policy is not intended to: 1) provide a recovery plan specific for COVID-19 patients, 2) discuss administrative considerations and practices, 3) discuss cleaning procedures or personal protection practices, 4) provide a detailed discussion of screening, testing, isolating and contact tracing for sport programs. Please see **[insert name(s) of your COVID-19 administrative policy here]** for **[Organization Name]** policy on these items.

¹Casa DJ, Anderson SA, Baker L, et al. The Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions. *Strength and Conditioning Journal*. 2015;37(6):113-116.

²Yau RK, Kucera KL, Thomas LC, Price H, Cantu RC. *Catastrophic Sports Injury Research Thirty-Fifth Annual Report: Fall 1982 – Spring 2017*. National Center for Catastrophic Sport Injury Research at the University of North Carolina at Chapel Hill; 2018.

³Kay MC, Register-Mihalik JK, Gray AD, Djoko A, Dompier TP, Kerr ZY. The Epidemiology of Severe Injuries Sustained by National Collegiate Athletic Association Student-Athletes, 2009–2010 Through 2014–2015. *Journal of Athletic Training*. 2017;52(2):117-128. doi:10.4085/1062-6050-52.1.01

⁴Casa DJ, Guskiewicz KM, Anderson SA, et al. National athletic trainers' association position statement: preventing sudden death in sports. *Journal of Athletic Training*. 2012;47(1):96–118.

⁵Parsons JT, Anderson SA, Casa DJ, Hainline B. Preventing catastrophic injury and death in collegiate athletes: interassociation recommendations endorsed by 13 medical and sports medicine organisations. *Br J Sports Med*. 2020;54(4):208-215. doi:10.1136/bjsports-2019-101090

⁶Casa DJ, Almquist J, Anderson SA, et al. The inter-association task force for preventing sudden death in secondary school athletics programs: best-practices recommendations. *Journal of Athletic Training*. 2013;48(4):546–553.

2. Policy statement:

This policy describes the best practice procedures for returning to sport and exercise following a period of prolonged physical distancing for students/athletes of **[Organization Name]**.

This document is designed specifically for the return to activity following physical distancing from the COVID-19 pandemic. As such, the topics in this document overrule the **[Put the name of the other policies your school has that this will over-rule – e.g., Preparticipation Evaluation Policy, Musculoskeletal Prevention and Treatment policy, etc.]**

until **[put the date this policy will expire OR something similar to “the administration of Organization Name deems fit]**. This policy will be a living, working document, that is continually reviewed and updated as the organization and our community changes.

3. Definitions:

- *Close Exposure* - A close exposure is defined as having a household member with COVID-19, prolonged exposure (>10 minutes) within 6 feet of an individual with confirmed COVID-19, direct exposure to infectious secretions (e.g., being coughed on) or direct physical contact during sports from an individual with COVID-19.
- *Upper Limit* - workout would be the highest level of intensity and volume an athlete would be able to tolerate when in peak condition.

4. Scope:

This policy applies to all staff members (e.g., athletic trainers, physicians, athletic administrators, coaches, strength and conditioning staff, school administrators, advisors) of **[Organization Name]** who are associated with athletics.

5. Procedures:

Preparticipation Physical Evaluations

1. Access to healthcare professionals to complete an in-person preparticipation physical evaluation (PPE) may be limited for the 2020-2021 academic school year. Our organization’s policy for PPE requires a new PPE every **[insert length of time here, 12 months, 13 months, etc.]** to be on file with the **[athletic trainer, athletic director, school nurse, etc.]**. Given this may not be feasible in our current pandemic, the following procedures are in place for the duration of this policy:
 - a. Athletes who had a valid PPE on file for the 2019-2020 academic year will be granted a one-year extension to receive their PPE. In other words, for athletes whose PPE would expire in the 2020-2021 academic year, will be granted a one-year extension to receive a new physical.
 - b. However, all athletes will be required to update and complete the health history portion of the PPE **[see original PPE form, require the top portion that is typically filled out by the athlete/parents/guardians]** along with a COVID-19 specific health history (See Appendices).
 - i. The health history and COVID-19 specific health history will be reviewed by the organization’s healthcare professionals. Positive responses will trigger an evaluation prior to participation in sports.
 - c. Athletes who are first time participants in athletics, or athletes who did not have a PPE during the 2019-2020 academic year, will still be required to have a PPE prior to athletic participation.
 - d. **[if organizations are requiring a PPE for athletes with certain medical conditions (e.g., cardiac, autoimmune, etc.) add in the additional language here to delineate that requirement]**
2. Athletes with a prior COVID-19 diagnosis should undergo a medical assessment before returning to exercise.
 - a. Every student-athlete with a prior diagnosis of COVID-19, symptoms suggestive of COVID-19, or a “close exposure” to someone with COVID-19 must contact their medical provider to determine if further evaluation is warranted prior to returning to sports.
 - i. Regardless of if the medical provider deems further evaluation is warranted, documentation must be provided to the **[insert role]** prior to participation.
 - b. A medical evaluation is required for student-athletes with a confirmed diagnosis of COVID-19.
 - i. This may include additional cardiac, such as an electrocardiogram (ECG), pulmonary, and kidney function testing as determined by the physician.
 - c. Those at greater risk for developing severe COVID-19 disease or complications should undergo an informed decision-making process with their medical provider before a return to sports as exposure to teammates and opponents may increase their risk of becoming infected. Individuals at higher risk of severe COVID-19 include those with a serious heart condition, uncontrolled or moderate to severe asthma, chronic lung disease, diabetes, obesity, pre-existing kidney disease, or a weakened immune system.

- i. Although the Centers for Disease Control and Prevention states that patients with these conditions may be at greater risk for more severe disease, there are limited published data in young athletes to support this determination at this time.
 - ii. **[alternative suggestion: once the COVID-19 specific health history and the past medical history of the PPE are completed; the AT will review and recommend any follow-up precautions to the team physician and the athlete/parents/guardians]**
- d. All athletes with prior COVID-19 will be screened for ongoing symptoms of chest pain/pressure with exercise, difficulty breathing or dizziness with exercise, or decreased exercise tolerance.

Return to Physical Activity

1. Given the unique circumstances and potential health risks not yet fully recognized as well as the increased workload created by the implementation of these considerations, it is **[required, recommended – select based on your organization’s requirement]** that no conditioning/return-to-activity take place without the presence of an appropriate healthcare professional (e.g., athletic trainer).
2. Given the high risk for musculoskeletal injury following a prolonged period of physical inactivity, coaches will be required to submit practice plans to the **[insert role that the plan will be submitted to, e.g., athletic administrator]** for the duration of this policy. This requirement is out of an abundance of caution to ensure that practice plans are in line with the following requirements.
 - a. The plans must include the upper limit for exercise intensity and the volume
 - i. The “upper limit” workout would be the highest level of intensity and volume an athlete would be able to tolerate when in peak condition.
 - ii. This workout will be utilized to determine the maximum allowable limits using the 50/30/20/10 and F.I.T. (Frequency, Intensity, Time of Weight Training) rules.
3. The 50/30/20/10 rule
 - a. For all athletes:
 - i. Weekly conditioning volume must be reduced by 50% from the uppermost volume on file in week 1 with a 1:4 or greater work to rest ratio (W:R).
 - ii. Weekly conditioning volume must be reduced by 30% from the uppermost volume on file in week 2 with a 1:4 or greater work to rest ratio (W:R).
 - iii. Conditioning volume can then return to normal training volumes and intensities based on the professional judgment of the coach and the medical staff.
 - b. For new athletes (athletes who are new to the program):
 - i. Weekly conditioning volume must be reduced by 20% from the uppermost volume on file in week 3 with a 1:4 or greater work to rest ratio (W:R).
 - ii. Weekly conditioning volume must be reduced by 10% from the uppermost volume on file in week 4 with a 1:4 or greater work to rest ratio (W:R).
 - c. Note: if at any time an athlete begins to show signs of struggle or exhaustion, they must be removed from the drill
 - d. Athletes involved in multiple sports will not participate in multiple sport practices or conditioning sessions during the pre-season or should reduce the workload in each of the sports practices or conditioning sessions by at least 50%.
4. The F.I.T. Rule (Frequency, Intensity Relative Volume, Time)
 - a. Coaches must design conditioning programs using the F.I.T. Rule.
 - b. The F.I.T. Rule provides guidance for phasing in weight training and should be used following a period of active rest or periods of minimal training (See Appendices).
 - c. The F.I.T. rule is designed to ensure that frequency, intensity relative volume (IRV), and time of rest interval are appropriately administered to minimize the chance of severe muscle damage during weight training.
 - d. Frequency is defined as the number of training sessions completed per week for a specific muscle group or movement type. For example, the student-athlete might train a total of 5 days in the week, but only train the lower body for 3 days, so the frequency for lower-body movements equals 3. Following a period of inactivity, it is recommended that frequency not exceed 3 days in the first week and no more than 4 days in the second

week. IRV is a derivation of volume load that includes the %1RM (one repetition maximum) and is calculated with the following equation: Sets x Reps x % of 1RM (as a decimal) = IRV

i. Example: 3 sets x 10 reps x 0.50 (which would be 50% 1RM) = 15 IRV

- e. The recommendation is to keep IRV between 11 – 30 with a W:R of 1:4 or greater the first week and 1:3 or greater the second week. IRVs of greater than 30 are contraindicated in the first 2 weeks following a period of inactivity in addition to coaches' own professional judgment regarding limitations on the return to training program.

Heat Acclimatization

1. Once exercise adaptations have been achieved (see previous section), it is important to ensure heat acclimatization is also achieved, though these may occur simultaneously.
2. No athlete will be allowed to participate in competition until they have completed a minimum of **[insert number of days required to participate]** practices.
3. In the event that training is paused for more than **[5-7 days – revised based on organization requirements]** due to “stay at home orders” or any other reason, athletes must restart or extend the heat acclimatization process prior to the resumption of activity. The **[qualified healthcare professional]** at **[Organization name]** will decide on the restart or extension of the heat acclimatization period on a case by case basis.

Hydration

1. At no time will any athlete be denied access to fluids.
2. All athletes will be required to weigh in and weigh out of practices and will also be required to record their most recent urine color (visually) **[organizations with a refractometer should consider adding this measure in as well]**. Weight and urine color will be monitored by **[name of person monitoring, coach, athletic trainer, etc.]**.
 - a. Signs of dehydration (e.g., loss of <2% weight, dark urine color, USG 1.020, extreme thirst) will require a hydration plan. The hydration plan will be developed by **[person creating the hydration plan]**.
 - b. **[See Appendices for hydration monitoring chart.]**
3. Public hydration will not be available. This includes shared water bottles and water sources. Each athlete will be required to bring their own individualized and labeled bottles.
 - a. **[if your organization is considering having a cooler filled with water/other fluids or a hose to refill individualized bottles, consider language about a designated person to refill that is trained on appropriate measures to reduce decontamination. If athletes will be allowed to refill their bottles, consider language of how athletes must wash their hands or use sanitizer prior to and after filling their bottles]**
4. If an athlete arrives to practice or competition without an individualized bottle, they will not be allowed to partake in the practice/competition.

Environmental Monitoring

1. The **[Organization Name]** policy for monitoring the environment **[name of policy where environmental monitoring policy is]** will continue to be in effect.
2. As environmental heat stress increases, modifications, such as the removal of unnecessary equipment or clothing, increased frequency of rest breaks, and access to hydration, or rescheduling the session to an earlier/later (i.e., cooler) time of the day should be implemented.

Injury Prevention

1. Each team will be required to develop a preventative training program. The purpose of these training programs is to reduce the likelihood of musculoskeletal injury.
2. Each team will dedicate a minimum of **[enter required minimum number, e.g., 10, 15, 20]** minutes at the beginning of practice to implement the preventative training program. The preventative training program may, and likely will, take the place of the traditional warm-up for the team.
3. Preventative training programs:
 - a) Should include exercises in at least 3 of the following categories: strength, balance, plyometrics, agility, and flexibility.

b) Will be performed [enter how frequent it will be performed, every practice, 2-3 times per week].

Education and Notification of Changes

1. Athletes/Parents/Guardians

a) In an effort to ensure constant communication and notification of changes to enhance the health and safety of the athletes as well as address concerns related to logistical planning for the athletics season, we will notify athletes/parents/guardians within [insert timeframe of when this will be disseminated, e.g., one week] after this policy has been approved.

b) [insert how the dissemination of information will occur: phone blast, email, website, social media]

2. Coaches

a) In an effort to ensure constant communication and notification of changes to enhance the health and safety of the athletes as well as address concerns related to logistical planning for the athletics season, we will notify athletes/parents/guardians within [insert timeframe of when this will be disseminated, e.g., one week] after this policy has been approved.

b) [insert how the dissemination of information will occur: meeting, virtual meeting, phone blast, email, website, social media]

3. [add additional personnel as needed]

6. Training/Retraining:

The following personnel have been trained to ensure a safe participation environment for all individuals, coaches, employees, and staff mentioned in the Scope section of this document, who are engaged in activities.

This training includes but is not limited to, the policy and protocols outlined in this document.

Athletics staff education (coaches, administrators, medical staff)

Name	Title	Responsibility	Date
Example: Joe Smith	Physician	Medical director for high school; responsible for review of the protocols	12/5/00
Example: Coach Miller	Coach	Ensuring the use of the 50/30/20/10, F.I.T., heat acclimatization, environmental monitoring, hydration and Injury prevention protocols	12/5/00

7. Policy Approvals

The signatures below indicate the approval of this policy. The signature(s) and date(s) encompass the entire document. This policy is effective for one year following the date.

Role: _____ Date: _____

Name (printed): _____ Signature: _____

Role: _____ Date: _____

Name (printed): _____ Signature: _____

Role: _____ Date: _____

Name (printed): _____ Signature: _____

Role: _____

Date: _____

Name (printed): _____ Signature: _____

DISCLAIMER

This document is provided by the Korey Stringer Institute, an organization housed at the University of Connecticut, as a template to assist with preliminary drafting of the above policy. Using this document and any other information (text, graphics, images or other materials) from the Korey Stringer Institute is solely at your own risk. The policies described represent best practices as interpreted by the Korey Stringer Institute at the time of drafting this document. While the Korey Stringer Institute does its best to reflect current best practices, the most appropriate policies and procedures are subject to change at and may not be directly reflected in this document. Use of this document does not constitute endorsement by the Korey Stringer Institute. Modification of the policy or procedures in this document may not reflect best practices. All policy decisions should be reviewed by appropriate local administration prior to implementation. Any individual or organization utilizing this document should use discretion and consider the individual circumstances at their work setting.

This template has been modified from the Board of Certification, Inc. (BOC) Guiding Principles for AT Policy and Procedure Development & the Return to Sports and Exercise during the COVID-19 Pandemic: Guidance for High School and Collegiate Athletic Programs. This document was created by the Korey Stringer Institute.

Appendix A
COVID-19 Supplemental Questionnaire

1. Have you had any of the following symptoms in the past 2 weeks?
 - a. Fever
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Shaking chills
 - e. Chest pain, pressure, or tightness
 - f. Fatigue or difficulty with exercise
 - g. Loss of taste or smell
 - h. Persistent muscle aches or pains
 - i. Sore throat
 - j. Nausea, vomiting, or diarrhea

2. Do you have a family or household member with current or past COVID-19?

3. Do you have moderate to severe asthma, a heart condition, diabetes, pre-existing kidney disease, or a weakened immune system?

4. Have you been diagnosed or tested positive for COVID-19 infection?

5. If you had COVID-19:
 - a. During the infection did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?
 - b. Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?

Appendix B

Examples of Frequently Used High School Football Conditioning Drills (a), Example Application of 50/30/20/10 Rule (b) and F.I.T. Rule (c)

Table 1a. Sampling of High School Football Conditioning Drills

(Collected from personal communication with various high school football strength & conditioning coaches within Arkansas, Kansas, Louisiana, Mississippi, Oklahoma, Texas)

Drill	Reps	Time in Seconds (Skill/Power/Linemen)	Rest
110's Drill	16	16/18/21	45
Staggered 110/100/90 Drill	16	16	45
Half Gasser Drill (Over & Back)	14	17/18/21	45
300 yd. Shuttles (25 yds.)	3	65/70/75	2:30
300 yd. Shuttles (50 yds.)	3	59/66/70	2:30
300 yd. Shuttles (50&Back/40&Back/30&Back/20&Back/10&Back)	3	62/68/73	2:30
50 (25&Back)/40 (20&Back)/30 (15&Back) Drill	20	8/7/6	35/30/25

Table 1b. Example of the Application of 50/30/20/10 to the 110 Drill

New Athletes - 110 Drill			
Reduction	Reps	Time	Rest
Week 1 - 50%	50% = 8	16/18/20	64/72/80
Week 2 - 30%	30% = 11	16/18/20	48/54/60
Week 3 - 20%	20% = 13	16/18/20	45
Week 4 - 10%	10% = 14	16/18/20	45

Table 1c. Example Application of the F.I.T. Rule

Intensity relative volume (IRV) practical examples in the first 2 weeks after a transitional period					
Example	Sets	Repetitions	% 1RM	IRV units	Range level
1	3	12	0.65	23.4	Acceptable
2	5	10	0.60	30.0	Acceptable
3	5	8	0.70	28	Acceptable
4	8	5	0.75	30.0	Acceptable
5	10	10	0.50	50	Much too high
Includes warm-up sets.					
RM = repetition maximum.					

Reprinted with permission from: Caterisano A, Decker D, Snyder B, et al. CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity. *Strength and Conditioning Journal*. 2019;41(3):23.

Appendix C

High School (a) and NCAA (b) Preseason Heat Acclimatization Guidelines

Table 2a. High School Preseason Heat Acclimatization Guidelines

Area of Practice Modification	Practices 1-5		Practices 6-14
	Practices 1-2	Practices 3-5	
# of Practices Permitted Per Day	1		2, only every other day
Equipment	Helmets only	Helmets & Shoulder Pads	Full Equipment
Maximum Duration of Single Practice Session	3 hours		3 hours (a total maximum of 5 hours on double session days)
Permitted Walk Through Time (not included as practice time)	1 hour (but must be separated from practice for 3 continuous hours)		
Contact	No Contact	Contact only with blocking sleds/dummies	Full, 100% live contact drills

NOTE: warm-up, stretching, cool-down, conditioning, and weight-room activities are Included as part of practice time

Table 2b. NCAA Football Preseason Heat Acclimatization Guidelines

Area of Practice Modification	Practices 1-5			Practices 6+
	Practices 1-2	Practices 3-4	Practice 5	
# of Practices Permitted Per Day	1			>1, if not consecutive days with multiple practices
Maximum Duration of Single Practice Session	3 hours			3 hours on days with 1 practice
Equipment*	Helmets only	Helmets & Shoulder Pads	Full Pads Full Equipment	
Double Practice Days	None			No more than 5 total hours of on-field practice permitted - with at least 3 continuous hours between practices

