# ASAA Return-To-Practice Protocols as of 7/15/2020

## Objective
This document is intended to provide guidance for schools to consider with their stakeholders in designing return-to-activity protocols in accordance with state and local restrictions and or recommendations.

## Foundation
ASAA believes and research supports (see attached), it is essential to the physical and mental well-being of students to return to physical activity and athletic competition. We recognize that all students may be unable to return to – and sustain – athletic activity at the same time across the state. There will likely be variations in what sports and activities are allowed to take place. ASAA endorses the idea of returning students to school-based athletics and activities in any and all situations where it can be done safely.

Expanding knowledge of COVID-19 transmission could result in significant changes to these protocols. ASAA will disseminate more information as it becomes available.

Schools should not allow meetings, practices, events or competitions to take place unless all protocols by coaches and advisors can be followed. Administrators must emphasize the need for all coaches and participants who have signs or symptoms of illness to stay home to decrease risk of viral transmission.

“Vulnerable individuals” are defined by CDC as people age 65 years and older and others with serious underlying health conditions, including, but not limited to, high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised such as by chemotherapy for cancer and other conditions requiring such therapy. It is recommended that “vulnerable individuals,” including coaches, student participants, staff and officials, consult with their health care provider to determine whether participation in activities or events is prudent under the circumstances. Request for reasonable accommodations should be considered in accordance with the Americans with Disabilities Act and Alaska law.

Due to the near certainty of recurrent outbreaks in the coming months, schools must be prepared for periodic closures and the possibility of some teams having to isolate for two or more weeks. 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 post-season events/competitions.

## Points of Emphasis

- Expanding knowledge of COVID-19 transmission could result in significant changes to these protocols. ASAA will disseminate more information as it becomes available.
- Schools should not allow meetings, practices, events or competitions to take place unless all protocols by coaches and advisors can be followed. Administrators must emphasize the need for all coaches and participants who have signs or symptoms of illness to stay home to decrease risk of viral transmission.
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## Fall Practices

<table>
<thead>
<tr>
<th>Fall Practices</th>
<th><strong>Low Risk</strong></th>
<th><strong>Intermediate Risk</strong></th>
<th><strong>High Risk</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As determined by school district</strong></td>
<td>Minimal Community Transmission (&lt;5 cases per 100,000 population) (See DHSS COVID-19 Alert Levels)</td>
<td>Moderate Community Transmission (5-10 cases per 100,000 population) Some undetected cases and infrequent discrete outbreaks (See DHSS COVID-19 Alert Levels)</td>
<td>Widespread Community Transmission (10 cases per 100,000 population) Many undetected cases and frequent discrete outbreaks (See DHSS COVID-19 Alert Levels)</td>
</tr>
<tr>
<td><strong>Practice</strong></td>
<td>Participants, if possible, when not exercising or competing, social distancing of a minimum of 6 feet should be maintained.</td>
<td>Practices should be limited to the facility’s capacity to have participants 10’ apart.</td>
<td>In person school is canceled</td>
</tr>
<tr>
<td></td>
<td>Accommodations should be made for High risk participants.</td>
<td>Maintain a minimum of 20 minutes between the end of a practice and the beginning of a subsequent practice for</td>
<td>All indoor activities cease</td>
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<td></td>
<td></td>
<td></td>
<td>Maintaining virtual contact with</td>
</tr>
</tbody>
</table>
**Practice Protocol**

<table>
<thead>
<tr>
<th><strong>Participant Screening</strong></th>
<th><strong>Facility Cleaning</strong></th>
<th><strong>Facility &amp; Equipment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to attending participants, coaches and advisors must sign a waiver of liability related to COVID-19. Screen participants prior to each session. Includes a temperature check, questions and phone number/email. Information should be recorded and stored to help facilitate contact tracing of a confirmed exposure. Anyone with a temperature of greater than 100.3 degrees or with positive symptoms reported should not be allowed to participate, should self-isolate, and contact their primary care provider or other health-care professional. There should be a designated individual on site responsible for monitoring and following all screening, cleaning and social distancing protocols.</td>
<td>Cleaning and disinfecting must be conducted in compliance with CDC protocols or, in lieu of performing the CDC cleaning the facility maybe shut down for at least 72 hours followed by disinfecting of all common services. Hand sanitizer should be plentiful and available to individuals as they transfer from place to place. Weight equipment should be wiped down thoroughly before &amp; after each individual’s use Any equipment such as weight benches, athletic pads, etc. having holes with exposed foam should be covered.</td>
<td>Facility should have signage of cleaning protocols and visual indicators of proper spacing between individuals. All shared equipment, (including balls, bats, mats, etc.) should be cleaned intermittently and prior to the next session. (Intermittently - every 10 min) Facility should have signage of cleaning and COVID protocols and visual indicators (cones, tape, etc.) of proper spacing between individuals.</td>
</tr>
</tbody>
</table>

- Limited Contact with Others (increased distance and decreased exposure time); Limited Sharing of Equipment.
- Workouts should be conducted in "pods" of students with the same 5-12 students working out together weekly to limit overall exposures.
- Accommodations should be made for High risk participants.

- Outdoor conditioning can be held with 10' maintained between all individuals.

- Participants is encouraged to conduct outdoor conditioning.

- Outdoor conditioning is conducted at a medium risk level.

- No use of indoor facilities.

- Outdoor facilities should have visual indicators of proper distancing.
<table>
<thead>
<tr>
<th><strong>Face Coverings</strong></th>
<th>Hand sanitizer should be plentiful and available to all participants.</th>
<th>Hydration stations (water cows, water trough, water fountains, etc.) should not be utilized. As much as possible no sharing of equipment. Any shared equipment, (including balls, bats, mats, free weights, etc.) should be cleaned frequently and prior to the next session. (Frequently - every time drill is stopped) Hand sanitizer should be plentiful and available to all participants.</th>
<th>No sharing of equipment Hand sanitizer should be plentiful and available to all participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloth face coverings by participants should be encouraged when not engaging in vigorous activity. Such as sitting on the bench, in the locker room, on the sidelines, etc. Participants should always be allowed to wear face coverings, if desired As approved by the NFHS, plastic shields designed specifically for football and hockey helmets are allowed. Plastic shields covering the entire face for all other sports will not be allowed due to the risk of unintended injury to the person wearing the shield or others. Coaches are strongly encouraged to wear cloth face coverings. Especially when physical distancing is not possible</td>
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<td>Cloth face coverings by participants must be used when not engaging in vigorous activity. Coaches must wear cloth face coverings.</td>
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<tr>
<td><strong>Individual Hygiene</strong></td>
<td>Wash your hands for a minimum of 20 seconds with warm water and soap or hand sanitizer before touching any surfaces or participating in workouts. Appropriate clothing/shoes should be worn at all times to minimize sweat from transmitting onto equipment-surfaces. Sneeze or cough into a tissue, or the inside of your elbow. Avoid touching your face. Have your own water bottle. Water bottles must not be shared. Food should not be shared. All individuals should refrain from handshakes, high fives, fist/elbow bumps, group celebrations, etc.</td>
<td>Wash your hands for a minimum of 20 seconds with warm water and soap or hand sanitizer before touching any surfaces or participating in workouts. Appropriate clothing/shoes should be worn at all times to minimize sweat from transmitting onto equipment-surfaces. Students should report in appropriate attire and immediately return home to shower after participation. Sneeze or cough into a tissue, or the inside of your elbow. Avoid touching your face. Have your own water bottle. Water bottles must not be shared. Food should not be shared. All individuals should refrain from handshakes, high fives, fist/elbow bumps, group celebrations, etc.</td>
<td>Outdoor conditioning – same as medium risk</td>
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<tr>
<td>Activity Risk Tiers</td>
<td>Description</td>
<td>Examples</td>
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<tr>
<td><strong>Tier 1</strong></td>
<td>Activity that can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between use by participants</td>
<td>Swimming individual events, Cross Country Running, Rifle, Nordic Ski, Cheer (no stunting), Esports, Track &amp; Field individual running and throwing events, DDF individual events</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td>Activity that involves close sustained contact, but with protective equipment in place that may reduce the likelihood of viral transmission between participants, or intermittent close contact, or the use of equipment that can’t be cleaned between participants.</td>
<td>Tennis, Flag Football, Swimming relays, Volleyball, Gymnastics, Bowling, Hockey, Basketball, Baseball, Soccer, Softball, Track &amp; Field relays and jumping events, DDF partner events, Music solos</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 3</strong></td>
<td>Activity that involves close sustained contact between participants and lack of significant protective barriers</td>
<td>Football, Cheer stunting, Wrestling, Music duets or larger groups</td>
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</table>
The Impact of School Closures and Sport Cancellations on the Health of Wisconsin Adolescent Athletes

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INTRODUCTION
BACKGROUND: In March of 2020, Wisconsin schools were closed and interscholastic sports cancelled in an attempt to slow the spread of the COVID-19.

The impact that these actions have had on the health of adolescent athletes has not been presented to date.

Child health experts have stated that school closures may have profound societal, economic, and psychosocial consequences for students and need to be further studied.

OBJECTIVE: To identify how COVID-19 related school closures and sport cancellations in Wisconsin have impacted the health of adolescent athletes.
Participants: 3,243 adolescent athletes in Wisconsin (58% female, Age: 16.2 ± 1.2 yrs., from 71/72 Wisconsin counties)

Recruitment: Social media (Facebook, Twitter), Mass e-mail campaign

Data Collection: May 2020

Methods: Short (6.8 minute) online survey

Additional Variables: All sports (high school and club) in the last 12 months, Location (Zip code and county)
Assessments

Mental Health (MH)
General Anxiety Disorder-7 Item (GAD-7)
Scores: 0 – 21, (higher scores = increased anxiety)
Anxiety Categories: Mild to Severe

Patient Health Questionnaire-9 Item (PHQ-9)
Scores: 0 – 27, (higher scores = increased depression)
Depression Categories: Mild to Severe

Physical Activity (PA)
Pediatric Functional Activity Brief Scale (PFABS)
Scores: 0 – 30 (higher scores = greater physical activity)

Health Related Quality of Life (HRQoL)
Pediatric Quality of Life Inventory 4.0 (PedsQL)
Scores: 0 – 100 for Physical, Psychosocial and Total quality of life scores
(higher scores = better quality of life)
Prevalence of Anxiety Symptoms in Adolescent Athletes During COVID-19 Related School Closures and Sport Cancellations in Wisconsin

65% reported anxiety symptoms in May 2020

Moderate and Severe Anxiety = 25%

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Minimal or None</td>
<td>34.7%</td>
</tr>
<tr>
<td>Mild</td>
<td>40.3%</td>
</tr>
<tr>
<td>Moderate</td>
<td>11.7%</td>
</tr>
<tr>
<td>Severe</td>
<td>13.4%</td>
</tr>
</tbody>
</table>
Prevalence of Depression Symptoms in Adolescent Athletes During COVID-19 Related School Closures and Sport Cancellations in Wisconsin

68% reported symptoms of depression in May 2020

Moderate to Severe Depression was 3.5X higher during May 2020 (p < 0.001)
Decrease of Physical Activity of Adolescent Athletes During COVID-19 Related School Closures and Sport Cancellations in Wisconsin

Physical Activity ↓ 50% in May 2020 (p < 0.001)
Decreases in the Health Related Quality of Life of Adolescent Athletes During COVID-19 Related School Closures and Sport Cancellations in Wisconsin

Quality of Life ↓ in May 2020 (p < 0.001)
COVID-19 related school closures in Wisconsin are associated with worsening mental health, physical activity and health related quality of life.

No existing data showing the impact of COVID-19 on the health and well-being of Wisconsin adolescent athletes.

The negative psychosocial effects may result in additional health care utilization and spending in future years.
Mental Health

Estimates = 66,000 Wisconsin adolescent athletes at risk for depression.

In the short term, mental health disorders can impact whether these students use drugs/alcohol, stay in school, engage with peers or graduate from high school.

In the long term, these disorders can become chronic and influence whether these individuals go on to college, use drugs/alcohol extensively or form meaningful lifelong relationships.
Mental Health

Previous studies have demonstrated that prolonged quarantines can negatively impact mental health.

Schools play an important role in providing access to mental health services for disadvantaged students.

Medical providers, parents, and policy-makers must recognize the mental health strain the current pandemic is placing on adolescent athletes.
Physical Activity was 50% lower than levels reported prior to COVID-19

Physical activity has a beneficial effect on a wide range of health outcomes in adolescents.

Exercise and organized sports are widely recognized as powerful antidepressant and anti-anxiety interventions.

The negative effects of the COVID-19 pandemic on anxiety or depression are likely going to be perpetuated by continued lower rates of exercise and organized sport opportunities.

Limiting exercise and organized sports opportunities during the 2020/21 academic year can be expected to exacerbate these harmful health conditions and outcomes.
Health Related Quality of Life

The quality of life scores in May 2020 were lower than previous research on healthy adolescents, non athletes and athletes with significant sports injuries such as a concussion.

Quality of life scores were much lower than reported previously in Wisconsin student athletes during the 2015 – 2018 school years.
COVID-19 related school closures and sport cancellations in Wisconsin appear to be associated with significant, negative impacts on the health and well-being of Wisconsin adolescent athletes.

Public health experts and school administrators need to consider the impacts (benefits and risks) of prolonged school closures and sport cancellations when considering steps to limit the spread of COVID-19 in Wisconsin.
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