



ANCHORAGE SCHOOL DISTRICT COVID-19 RETURN-TO-PLAY PROTOCOL

COVID-19 Myocarditis Risks (Please Read Carefully)

- COVID-19 is caused by the SARS-CoV-2 (severe acute respiratory syndrome-coronavirus 2) virus.
- This virus causes inflammation of the heart muscle (myocarditis) in some people. It can occur in children and adolescents with even mild or asymptomatic infection. Recent studies have found evidence of heart inflammation in a small percentage (0.5% to 3%) of people with COVID-19.
- Often this heart inflammation is mild and without symptoms, but in some cases, it can lead to poor heart function and even sudden cardiac arrest with physical activity.
- The heart inflammation may remain undetected even months after the illness.
- Myocarditis is one of the leading causes of sudden cardiac arrest in competitive athletes in the United States.
- Anyone who has had COVID-19 should talk with their primary care provider before resuming competitive athletics.
- Athletes who have had more severe COVID-19 illness would benefit from an in-person visit with their primary care provider and consultation with a pediatric cardiologist to identify any signs of heart inflammation before resuming competitive athletics.

If an athlete has tested positive for COVID-19 in the last 90 days, they must be cleared for progression back to activity by an approved health care provider (MD/DO/PA-C/ARNP)

Athlete's Name: _____ DOB: _____

Date of positive COVID-19 test: _____ Date of Evaluation: _____
(The Return-to-Play progression is based on today's evaluation)

Criteria to Start Return-to-Play (RTP) Progression (Please check below as applicable)

- Athlete was NOT hospitalized due to COVID-19 infection.
- Athlete had mild disease as defined by: fewer than 4 days of fever greater than 100.4, and less than 1 week of myalgia, chills, or lethargy.
- American Heart Association 14 Element Screening evaluation completed. Cardiac screen negative for myocarditis/myocardial ischemia (all answers below must be "NO")
 - YES NO Chest pain or tightness
 - YES NO Syncope (fainting) or near syncope
 - YES NO Shortness of breath out of proportion for upper respiratory tract infection,
 - YES NO New-onset palpitations

NOTE: If any cardiac screening question is positive; athlete was hospitalized; had fever > 100.3 for 4 or more days; or experienced a week or more of malaise, lethargy or chills, they should get an ECG at minimum and a pediatric cardiology referral should be considered.

If an athlete received ICU level of care, was intubated, or was diagnosed with MIS-C, restrict exercise for 3-6 months and seek pediatric cardiology consultation for clearance to begin RTP progression. Based on the [American Academy of Pediatrics COVID-19 Interim Guidance: Return to Sports and Physical Activity](#), updated 12/01/2021

Health Care Provider Determination

- Athlete **HAS** satisfied the above criteria and **IS** cleared to start the RTP progression on this date: _____
- Athlete **HAS NOT** satisfied the above criteria and is **NOT** cleared to return to activity.
 - Athlete will return on _____ for further evaluation.
 - Athlete has been referred to pediatric cardiology.

Medical Office Information:	
Health Care Provider Name and Title:	Phone:
Health Care Provider Signature:	Date:



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Athlete COVID-19 Return-to-Play Progression

*****THIS RETURN-TO-PLAY PROGRESSION MUST BE FILLED OUT BY THE ATHLETIC TRAINER*****

Athlete's Name: _____ DOB: _____

Date of positive COVID-19 test: _____ Date of Evaluation: _____
(The Return-to-Play progression is based on the health care evaluation date)

Athletes must complete the progression below without development of: chest pain, chest tightness, palpitations, lightheadedness, presyncope or syncope, difficulty breathing, excessive fatigue with exercise. If these symptoms develop, the student should be referred back to the evaluating provider who signed the form. If mild fatigue develops, they should repeat the previous day and if they remain asymptomatic, they can continue to go through the stages.

Stage	Day	Activity	Date	RTP Evaluator's Initials
I	1 and 2	Light activity (walking, jogging, stationary Bike) for 15 minutes or less. NO resistance training.		
II	3	Add simple movement activities (i.e., running drills) for 30 minutes or less.		
III	4	Progress to more complex training for 45 minutes or less. May add light resistance training.		
IV	5 and 6	Normal training activity for 60 minutes or less		
V	7	Return to full activity/participation (i.e., contests/competitions)		

Athlete cleared for Full Activity/Participation by School Personnel/Provider based on completed progression through the RTP stages.

Athletic Trainer Name:	Phone:
Athletic Trainer Signature:	Date: