



HORSEHEADS CENTRAL SCHOOL DISTRICT

Parent/Guardian Information After Student COVID-19 Infection

(Based on current *American Academy of Pediatrics* guidelines)

In cooperation with the American Pediatrics Association and our school physician, the following guidelines are in place:

If your child tests positive for COVID-19, they must submit a Return to Play. However, the Return to Play Form used depends on the severity of the case.

There are 3 categories of COVID severity:

<u>SEVERITY</u>	<u>DEFINITION</u>
ASYMPTOMATIC/MILD	<ol style="list-style-type: none">< 4 Days of Fever OVER 100.4 and< 1 Week of High Risk Systematic Symptoms (Fever > 100.4, Myalgia, Chills, Profound Lethargy)
MODERATE	<ol style="list-style-type: none">≥ 4 Days of Fever OVER 100.4 and≥ 1 Week of High Risk Systematic Symptoms (Fever > 100.4, Myalgia, Chills, Profound Lethargy)
SEVERE	<ol style="list-style-type: none">ICU Stay, Intubation, Abnormal Cardiac Test, or MIS-C

Upon your child's return to school, they must provide the "**Parent/Guardian Student Assessment After COVID-19**" form. This form will indicate whether your child can return to play (Asymptomatic/Mild) or must see their PCP (Moderate/Severe).

If your child has experienced a MODERATE or SEVERE case of COVID-19, they must see their PCP to return to Physical Activity and submit the "**Return to Play**" for Moderate/Severe Cases, including both PE and Interscholastic Athletics. Upon their return they will have to follow the Gradual Return to Play (See Below)

Gradual Return to Play Protocol

BOX A: Additional Guidance on Returning to Play (Note: if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.)

When should children and adolescents return to play?

- 1) Completed isolation and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerning signs/symptoms
- 4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?

- 5) <12yo: progress according to own tolerance
- 6) 12+: gradual return to physical activity
 - o Asymptomatic / Mild symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.
 - o Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), and a minimum of 4 days of gradual increase in physical activity (one light cardio workout on own, two light practices, one full practice), no games before day 5. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.

When should children and adolescents pause return to play?

- If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam and consider referral to Pediatric Cardiology