



# OCTORARA AREA SCHOOL DISTRICT

## Athletic Health and Safety Plan

**\*Home of the BRAVES\***

### Introduction

As directed by the Pennsylvania Department of Education, Octorara's COVID-19 Athletic Health and Safety Plan will expire on the last day of the 2021-2022 school year. In an effort to prevent the spread of COVID-19 in the school community, Octorara Athletics will implement the following health and safety protocols for district operations. These protocols follow the recommended guidance from the CDC, the Athletic Program's Physician, and PennMedicine LGHealth.

### General Information

- Vaccinated and unvaccinated coaches and student-athletes are encouraged to wear face coverings indoors and when social distancing cannot be maintained.
- Any student-athlete, coach, or staff member who is sick should stay at home.
- All off-season workouts are open and voluntary. Student-athletes will not be penalized for not attending off-season workouts; however, they should participate in at-home workouts to physically prepare for their upcoming sports season.

### Information for Coaches

- Coaches should report any exposures to COVID-19 or positive test results to the athletic director.
- Notification of any use of an OASD facility (indoor or outdoor) must be approved by the athletic director prior to entry into the facility.
- Coaches must maintain an accurate record of attendance for every team event.

### Information for Student-Athletes

- Student-athletes should report any exposures to COVID-19 or positive test results to the athletic director and coach.
- Student-athletes must arrive with an adequate hydration supply. Shared water bottles and the use of water fountains will not be permitted.
- Vaccinated and unvaccinated student-athletes are encouraged to wear masks indoors or when social distancing cannot be maintained.

## Miscellaneous Information

### Facility/Equipment Cleaning

- Adequate cleaning schedules will be created and implemented for all athletic facilities to mitigate any communicable disease.
- OASD will provide cleaning supplies.
- Athletic facilities and durable equipment must be [properly cleaned](#) before and after team events. High touch areas must be cleaned more often.
  - Athletic facilities will be cleaned by custodians before each team event.
  - High touch areas and equipment will be cleaned before, during, and after team events by coaches.
- Fitness Center equipment must be cleaned/sanitized before and after each use by the user.

### Team Events

All team events (practices, home competitions, meetings, team dinners, etc.) must be held on OASD's campus or at an approved off-campus site. Off-campus sites must be approved by the athletic director prior to scheduling team events.

### Transportation Services

All coaches and student-athletes are required to, per order of the Transportation Security Administration, wear face masks or shields while traveling in district provided vehicles. Athletes from the same family will sit together whenever possible.

### Overnight/Out of State Events/Events in COVID-19 Hot Spots

OASD will evaluate each event and follow all local/state government guidelines on a case by case basis. The safety of our student-athletes, coaches, and staff members by limiting their exposure to COVID-19 is a high priority. Overnight/Out of State Events must be approved by the athletic director thirty days prior to departure.

## Screening Procedures

- Any student-athlete, coach, or staff member who is sick should stay at home and notify the athletic trainer.
- Anyone who feels ill or who has drawn concern that they may be ill while on campus, must don a face covering and immediately leave the campus or self-isolate in an area until transportation arrives.
- If an individual becomes ill at an away competition, then a parent/guardian will be notified and transportation arrangements will be made.

- If an individual reports that they have been a close contact of someone who has a confirmed case of COVID-19 in the past 14 days, they must follow the current CCHD's guidelines for returning.

## **SICK OR ILL INDIVIDUALS:**

- I. Any student-athlete, coach, or staff member who is sick should stay at home.
  - A. The athletic trainer will reach out to the sick or ill individual to review onset of symptoms, number of symptoms experienced and severity of symptoms to determine the necessary course of action.
  - B. If warranted the symptomatic individual will follow the appropriate guidelines for a COVID-19 Positive individual (see below).
- II. An individual who **develops COVID-19 symptoms** must exclude themselves from sports, isolate at home, and be referred to a physician.

Symptoms include cough, shortness of breath, difficulty breathing, lack of smell or taste, fever (measured or perceived), sore throat, chills, muscle pain, fatigue, headache, congestion/runny nose, nausea, vomiting, or diarrhea.

- III. If symptoms meet the above criteria, a physician's clearance or negative Covid test will be required to return to participation.

## **POSITIVE INDIVIDUALS:**

- I. An individual who **tests positive** for Covid-19 must:
  - Isolate for 10 days from the date of the onset of symptoms or date of positive test if asymptomatic.
  - Refrain from exercise and sport participation for 10 days from the date of their positive test.
  - Undergo an in-person physical, and cardiac evaluation by a PCP or team physician using the Covid-19 RTP form (see page 6 below)
    - Timeline may alter depending on the severity of symptoms experienced (reference Covid-19 RTP form)
  - Undergo a gradual return to play under supervision of the athletic trainer to monitor for possible underlying complications.

## **CLOSE CONTACTS AND RETURN TIMELINES:**

- I. An individual who **is a Close Contact of a COVID-19 Positive Individual** must exclude themselves from sports, quarantine at home, and are recommended to see a physician.

- A **Close Contact** of a COVID-19 Positive Individual is defined as:
  - An individual who is within 6 feet distance for > 15 minutes, cumulatively, over a 24 hour period with the COVID-19 positive individual;
  - A household member of a COVID-19 positive individual.

#### A. TIMELINE FOR SYMPTOMATIC CLOSE CONTACT:

If the close contact individual develops symptoms of COVID-19 (see Sick and Ill Individuals paragraph II),

- And is *not* tested, the individual will be assumed positive, and must:
  - Isolate for 10 days from the onset of symptoms
  - Receive clearance by undergoing an in-person physical, cardiac examination, and possible EKG by a PCP or team physician using the Covid-19 RTP form (below).
  - Undergo a gradual return to play under supervision of the athletic trainer to monitor for possible underlying complications.
- And has a *negative* test, the individual may return to sport:
  - After clearance is received from a physician stating that illness is not associated with covid-19
  - Provide documentation of the negative test result.
- And has a *positive* test, the individual must:
  - Isolate for 10 days from the onset of symptoms
  - Receive clearance by undergoing an in-person physical, cardiac examination, and possible EKG by a PCP or team physician using the Covid-19 RTP form (below).
  - Undergo a gradual return to play under supervision of the athletic trainer to monitor for possible underlying complications.

#### B. TIMELINE FOR ASYMPTOMATIC CLOSE CONTACT:

If the close contact individual does not have symptoms, it is recommended that they are tested for COVID-19:

- If the asymptomatic individual tests positive, refer to guidelines for a positive individual (see above).
- If the individual is not tested, it is recommended they quarantine for 14 days before returning to sport, however, alternate timelines may be available:
  1. The individual may return to sport 10 days after the last exposure to the COVID-19 Positive Individual.
  2. The individual may return to sport after 7 days since the last exposure with evidence of a negative test collected *no sooner than* 5 days from last exposure.

3. If the individual is vaccinated, they may remain with the team, but must don a mask during all team activities for 14 days. In order to remove the mask prior to 14 days, the individual must show evidence of a negative test collected 3 days after the last known exposure.
  4. If symptoms develop during the 14 days after last exposure, the individual must follow the guidance for a Close Contact with Symptoms (see above)
- To enter the gradual return to play, athletes must provide the *COVID-19 Return To Play Clearance* form signed by their PCP or the team physician. The COVID-19 Return to Play Clearance form can be found below, on the Octorara district website, or by clicking [here](#)
  - **The team physician, Dr. Keith Heck, has final say on all return to sport decisions regarding COVID-19.**
  - Anyone who tests positive for COVID-19 within 14 days of attending a team event must notify the athletic director so that proper notification and contact tracing can be implemented. They must also notify the athletic director to implement a plan to return.

# COVID-19 Return to Sport

An athlete who has recovered from COVID-19 must be cleared by an approved healthcare provider before returning to exercise or sport activity. When symptoms have resolved, please take this form to the athlete's PCP for physical exam, consideration for further testing, and clearance for return to sport.

**Athlete's Name** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date of Positive Test:** \_\_\_\_\_  
**Date of Onset of Symptoms:** \_\_\_\_\_ **Date of Resolution of Symptoms:** \_\_\_\_\_

Please mark all symptoms experienced

Cough:	Shortness of breath:	Fever:	Loss of taste/smell:	Congestion:
Headache:	Muscle Aches:	Sore Throat:	Nausea/diarrhea:	Other:

**Date of Physical Exam:** \_\_\_\_\_  
**Healthcare Provider fills out this section**

**Screening questions: (All answers below must be no to RTP)**

Chest pain/tightness with exercise: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Unexplained syncope/near syncope: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Unexplained/excessive dyspnea/fatigue with exertion: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 New palpitations: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Heart murmur on exam: \_\_\_\_\_ YES \_\_\_\_\_ NO

Athlete was completely <b>asymptomatic</b> entire duration of illness:	Athlete experienced <b>mild</b> symptoms: (<4 days of fever, <1 week myalgia, chills, lethargy)	Athlete experienced <b>moderate</b> symptoms: (4+ days of fever, 1+ week myalgia, chills, lethargy, non-ICU hospital stay and no evidence of MIS-C)	Athlete was <b>hospitalized</b> : (ICU or MIS-C)
-At least 10 days after <i>positive test</i> -In person physical and cardiac examination	-At least 10 days after <i>positive test</i> -In person physical and cardiac examination	-Exercise restriction until 10 days <i>symptom free</i> -In person physical and cardiac examination -EKG for students ages 12+	-Referral to Cardiology recommended for clearance

Please provide date and results of EKG. If there was no EKG was performed, please provide reason why.

\_\_\_\_\_ Athlete **IS cleared** to start the return to activity progression.  
 \_\_\_\_\_ Athlete is **NOT cleared** and is being referred for cardiology for further work up.

**Evaluating Medical Office Information (Please Print or Stamp)**

Evaluator's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Evaluator's Address: \_\_\_\_\_  
 Evaluator's Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

Please take this clearance sheet back to your school's Athletic Trainer. They will coordinate the graduated return to play progression with you as outlined on following page.

# COVID-19 Return to Sport

## COVID-19 Return to Play Progression

Athlete's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Positive Test: \_\_\_\_\_  
 Date of Onset of Symptoms: \_\_\_\_\_ Date of Resolution of Symptoms: \_\_\_\_\_

Stage	Number of Days minimum	Requirement	Exercise	Heart Rate	Date Completed and ATC Initials
One	2	< or = 15 minutes	Light Activity: walk, jog, bike	70% max	
Two	1	< or = 30 minutes	Simple Movement Activity: Bodyweight exercises/running drills	80% max	
Three	1	< or = 45 minutes	Complex training (Sport specific drills) and light weight training	80% max	
Four	2	< or = 60 minutes	Normal activity/practices	80% max	
Five	n/a	Full Return	Return to full activity/games	n/a	

This athlete has successfully completed their 7 day graduated return to play progression. They are now cleared to resume normal gym and recess participation.

School ATC Name \_\_\_\_\_  
 School ATC Signature \_\_\_\_\_ Date \_\_\_\_\_