

Austin ISD COVID-19 Return to Play Packet

Date of Suspected Exposure: _____ **Student Name:** _____

Date of Assessment: _____ **School Name:** _____

Dear Parent/Guardian:

Your child has reported to an athletic trainer that he/she has been diagnosed, exposed to, or has symptoms of COVID-19. Austin ISD requires that your child be evaluated and cleared by a physician and be symptom free before beginning the COVID-19 Return to Play protocol (RTPP). The Austin ISD Athletics RTPP has been developed based on current research and has been approved by the team physician. The Austin ISD Athletics RTPP will be updated as additional information becomes available.

Please understand for your child's safety, he/she will remain out of participation until they have been cleared by a physician or physician designee and completed the RTPP. Returning an athlete before this happens may predispose them to another type of injury or be fatal due to the lack of research for COVID-19.

COVID-19 Management

- Individuals who report a positive COVID-19 diagnosis with no symptoms should stay at home and should not be allowed on campus until the criteria for return has been met.
- Medical clearance is required for any individual that has a positive COVID-19 diagnosis or is isolated for presumptive COVID-19; and is at least 5 days symptom free. It may be recommended that the patient have a normal ECG₁ per the physician's orders. It is up to the parent/guardian to front this cost and clearance will not be given until clearance of ECG.
- Individuals who report not experiencing symptoms but report close contact with a confirmed COVID-19 case should be cautious and get tested for COVID-19 approximately 5 days after exposure.
- Individuals who report a positive COVID-19 diagnosis with symptoms OR any Individuals who report experiencing symptoms & reports close contact with a confirmed COVID-19 case OR Individuals who report symptoms of COVID-19 with no close contact or confirmed COVID-19 case should stay at home and should not be allowed on campus until the following criteria is met:
 - At least 5 days have passed since symptoms first appeared.
 - If it is begin 5-10 days, symptoms must be completely resolved before return
 - If 10 days have passed, it must be at least 24 hours have passed since resolution of fever without the use of fever-reducing medications and the individual has improvement in symptoms (e.g., cough, shortness of breath).
 - Medical clearance is required for any individual that has a positive COVID-19 diagnosis or is isolated for presumptive COVID-19 to Return to Play

Return to Play

The Austin ISD COVID-19 RTPP consists of phases that must be completed before the athlete may resume interscholastic athletics. Each phase completion is up to the discretion of the athletic trainer based on the athletes' overall performance. The athlete may not begin the RTPP until he/she has received written clearance from the treating physician or designee allowing them to do so and have been symptom free for at least 5 days. It is the student and parent's responsibility to obtain this clearance. Athletes may return to full game play the day after the completion of all 4 phases of the COVID-19 Return to Play Protocol.

The COVID-19 RTPP is outlined below:

| Phase | Description |
|-------|--|
| 1 | Duration: 1 Day -Athlete is symptom free -15 minutes of aerobic exercise (walking, light jogging, stationary bike, no resistance training) at <70% MHR -Athlete completes above criteria without fatigue or breathlessness |
| 2 | Duration: 1 Day -Athlete is symptom free -30-45 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% MHR -Athlete completes above criteria without fatigue or breathlessness |
| 3 | Duration: 1 Day -Athlete is symptom free -45-60 minutes of sports specific activity (including warm-up) at <80% MHR -Athlete completes above criteria without fatigue or breathlessness |
| 4 | Duration: 1 Day -Athlete is symptom free -Athlete is able to participate in full practice with no restrictions -Athlete completes above criteria without fatigue or breathlessness |

Parent/Guardian COVID-19 Acknowledgement Form**Athlete Name:** _____ **Student ID #:** _____ **Date:** _____

By signing below, as a parent/guardian you are acknowledging that you have been informed of the following:

- ☐ The child listed above has been reported as having been exposed to COVID-19
- ☐ Appropriate management of COVID-19
- ☐ Written medical clearance note from a physician or physician designee must be provided to begin the Austin ISD Athletics COVID-19 Return-to-Play Protocol (RTPP) and to return to participation.
- ☐ Austin ISD Athletics RTPP, including requirement of 5 days symptom free prior to beginning Austin ISD Athletics RTPP
- ☐ Communicate with staff athletic trainers if any signs or symptoms of COVID-19 appear, return, or worsen

Parent/Guardian Name (print)_____
Parent/Guardian Signature_____
Date_____
Student Name (print)_____
Student Signature_____
Date_____
Staff Athletic Trainer Name (print)_____
Staff Athletic Trainer Signature_____
Date

COVID-19 Physician Clearance Form for Athletes

Dear Healthcare Provider,

The Austin ISD Athletic Training Department has developed a COVID-19 Return-to-Play Protocol (RTPP) that considers recommendations of the UIL, NFHS, CDC, KSI, ACC, and local health authorities. Austin ISD employs licensed and certified athletic trainers to monitor the progress of athletes. Feel free to contact the Austin ISD athletic trainers if you have any questions.

The American College of Cardiology (ACC) recommends that in certain circumstances following the diagnosis of COVID-19, a pediatric patient has a normal ECG prior to returning to participation. The patient's physician will determine if this is necessary based on his/her evaluation.

In order to begin the Austin ISD RTPP, the patient must have a physician's (or physician's designee) clearance on file with the athletic trainer and be at least 5 days symptom free.

If activity at any step results in a return of symptoms, then activity should be immediately halted. If any symptoms occur (including excessive fatigue) while going through RTPP, the athlete must return to the previous stage and progress again after a minimum of 24 hours period of rest without symptoms. Multiple incidences of return of symptoms will result in referral back to the treating physician.

Austin ISD Athletics COVID-19 Return to Play Protocol:

Athletes may return to full game play the day after the completion of all 4 phases of the COVID-19 Return to Play Protocol

| Phase | Description |
|----------|--|
| 1 | Duration: 1 Day -Athlete is symptom free -15 minutes of aerobic exercise (walking, light jogging, stationary bike, no resistance training) at <70% MHR -Athlete completes above criteria without fatigue or breathlessness |
| 2 | Duration: 1 Day -Athlete is symptom free -30-45 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% MHR -Athlete completes above criteria without fatigue or breathlessness |
| 3 | Duration: 1 Day -Athlete is symptom free -45-60 minutes of sports specific activity (including warm-up) at <80% MHR -Athlete completes above criteria without fatigue or breathlessness |
| 4 | Duration: 1 Day -Athlete is symptom free -Athlete is able to participate in full practice with no restrictions -Athlete completes above criteria without fatigue or breathlessness |

Please complete the following regarding the patient's experience with COVID-19 and care plan:

Name of Patient: _____

COVID-19 Exposure: YES or NO If YES: Date of MOST RECENT Exposure: _____

COVID-19 Symptomatic: YES or NO If YES: Date of Start of Symptoms: _____

Date of End of Symptoms: _____

COVID-19 Diagnosis: YES or NO If YES: Date of Positive Diagnosis: _____

Electrocardiogram Performed: YES or NO If YES: Results: NORMAL or ABNORMAL

Echocardiogram Performed: YES or NO If YES: Results: NORMAL or ABNORMAL

Date of Medical Clearance to begin Austin ISD Athletics COVID-19 RTPP (must be minimum of 5 days after symptoms end):
_____**Please check one of the following regarding the COVID-19 Return-to-Play Protocol:**

Based on my evaluation of this patient:

- ☐ Athlete has had an ECG or other cardiac screening which was normal and **MAY** begin the Austin ISD COVID-19 Return-to-Play protocol. Once the RTPP has been satisfactorily completed, this athlete may return to athletics with no restrictions.
- ☐ Athlete **MAY** begin the Austin ISD COVID-19 Return-to-Play Protocol without the need for an ECG or other cardiac testing. Once the RTPP has been satisfactorily completed, this athlete may return to athletics with no restrictions.
- ☐ Athlete is pending further cardiac screening and **MAY NOT** begin Austin ISD COVID-19 Return-to-Play Protocol. Athlete must be re-evaluated in my office on _____.
- ☐ Athlete **MAY NOT** begin Austin ISD COVID-19 Return-to-Play Protocol and will be referred to a cardiologist.
- ☐ Other recommendations of treating physician: _____
-
- _____

Name of Physician or Designee: _____

Address: _____ Phone Number: _____

Physician Signature: _____ Date: _____

Once a physician has completed this form, return it to the athletic trainer.

ATHLETIC TRAINER CONTACT LIST

| | |
|--|---|
| <p>Akins HS Athletic Trainers</p> <p>Stacie Salazar (512) 841-9701 stacie.salazar@austinisd.org</p> <p>Contact for: Mendez MS; Paredes MS</p> | <p>Anderson HS Athletic Trainers</p> <p>Michael Busby (512) 841-1574 michael.busby@austinisd.org</p> <p>Amy Ngo (512) 841-7799 amy.ngo@austinisd.org</p> <p>Contact for: Dobie MS; Murchison MS</p> |
| <p>Ann Richards HS Athletic Trainer</p> <p>Kris White (512) 414-3236 ext 53055 kristine.white@austinisd.org</p> <p>Contact for: Ann Richards MS; Covington MS</p> | <p>Austin HS Athletic Trainers</p> <p>Timothy Matthews (512) 414-7242 timothy.matthews@austinisd.org</p> <p>Abby Edwards (512) 414-7242 abby.edwards@austinisd.org</p> <p>Contact for: O.Henry MS; Small MS</p> |
| <p>Bowie HS Athletic Trainers</p> <p>Pablo Riera (512) 414-0491 pablo.riera@austinisd.org</p> <p>Lauren Maldonado (512) 414-0490 lauren.maldonado@austinisd.org</p> <p>Contact for: Bailey MS; Gorzycki MS</p> | <p>Crockett HS Athletic Trainer</p> <p>Maria Lopez (512) 414-7895 maria.a.lopez@austinisd.org</p> <p>Contact for: Bedichek MS</p> |
| <p>Eastside HS Athletic Trainer</p> <p>DeJuan Lewis (512) 414-3627 dejuan.lewis@austinisd.org</p> <p>Contact for: Martin MS</p> | <p>Navarro HS Athletic Trainer</p> <p>Adrian Yopez (512) 414-7434 Adrian.yopez@austinisd.org</p> <p>Contact for: Burnet MS</p> |
| <p>LASA HS Athletic Trainer</p> <p>Sue Torres (512) 414-5272 ext 23073 sue.torres@austinisd.org</p> <p>Contact for: Kealing MS</p> | <p>LBJ HS Athletic Trainer</p> <p>Michael Kuo 512-414-7062 michael.kuo@austinisd.org</p> <p>Contact for: Garcia MS; Means MS</p> |
| <p>McCallum HS Athletic Trainer</p> <p>Matt Johnson (512) 414-7572 matthew.johnson@austinisd.org</p> <p>Contact for: Lamar MS</p> | <p>Northeast HS Athletic Trainer</p> <p>Kendra Brookover (512) 414-7675 kendra.brookover-tharp@austinisd.org</p> <p>Contact for: Webb MS</p> |
| <p>Travis HS Athletic Trainer</p> <p>Teresa Delgado (512) 414-7740 teresa.delgado@austinisd.org</p> <p>Contact for: Lively MS</p> | <p>AISD Athletic Trainer Contact</p> <p>Denise Vanlandingham Area Athletic Coordinator (512) 414-1042 denise.vanlandingham@austinisd.org</p> |

Austin ISD COVID-19 Return-to-Play Protocol Checklist

Athlete Name: _____ **Student ID:** _____

Date of Exposure: _____ **Date of Removal from Activity:** _____

| Phase | Description | AT Initial | Date |
|--------------|--|-------------------|-------------|
| N/A | - Athlete has been symptom free for 5 days -Athlete is cleared by physician and ECG performed (IF prescribed by the doctor or preferred by parent) -Athlete able to participate in normal activities of daily living -Athlete completes above criteria without fatigue or breathlessness | | |
| 1 | -Athlete is symptom free -15 minutes of aerobic exercise (walking, light jogging, stationary bike, no resistance training) at <70% MHR -Athlete completes above criteria without fatigue or breathlessness | | |
| 2 | -Athlete is symptom free -30-45 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% MHR -Athlete completes above criteria without fatigue or breathlessness | | |
| 3 | -Athlete is symptom free -45-60 minutes of sports specific activity (including warm-up) at <80% MHR -Athlete completes above criteria without fatigue or breathlessness | | |
| 4 | -Athlete is symptom free -Athlete is able to participate in full practice with no restrictions -Athlete completes above criteria without fatigue or breathlessness | | |

I, _____ acknowledge that the above athlete has completed the Austin ISD COVID-19 Return-to-Play protocol and is cleared to resume full return to play.

Athletic Trainer Signature

Date