

**Resocialization of Sports in the St. Louis Region**  
**(Updated 6/1/20)**

**\*This updated document has clarification in the special considerations section, recommendations for the use of balls during activity, returning to play after COVID-19, the naming of the task force and additional resources for individual sports.**

The following recommendations are the result of a collaboration among sports medicine and pediatric infectious diseases professionals in the St. Louis Metropolitan area. SSM Health, BJC HealthCare and Mercy have collaborated to create the St. Louis Sports Medicine COVID-19 task force to provide recommendations related to the resocialization of both youth and high school sports during the COVID-19 pandemic in the St. Louis region.

**GOAL:** Provide recommendations for the resocialization of sport with regard to practice and competition, keeping in mind the health and safety of our youth and high school athletes, coaches/personnel, parents/caregivers and spectators.

**IMPORTANT, MUST READ:** Playing sports with and against other individuals, in any capacity during this time, holds an inherent risk of a child or teenager becoming infected and potentially infecting other individuals, such as their household members. Please consider this risk when allowing your child or teenager to participate in organized sports. Teams, clubs, and organizers must be familiar with recommendations from their national, state, and local governing bodies regarding illness (including, but not limited to, COVID-19). Resuming participation before these organizations' recommendations may create increased liability if an athlete is injured at a time when participation in practices or competitions is not recommended.

**GUIDING PRINCIPLES:**

-The information regarding SARS-CoV-2, the virus causing the COVID-19 illness, is changing rapidly nationally and in our community. These recommendations will be reviewed and updated based on new scientific information and local information including COVID-19 testing capacity and state and local health department recommendations.

-Key strategies currently used should continue: frequent and effective hand hygiene, social distancing as able, disinfecting high-touch areas, and avoiding touching the face.

-The Centers for Disease Control and Prevention (CDC) and White House Guidelines for [Opening Up America Again](#) form the basis of the recommendations below. These guidelines propose state or regional gating criteria and preparedness responsibilities in an effort to phase back into daily life, business openings, and large gatherings. The nature of how COVID-19 spreads also dictates how there may be regional differences in the phasing in of resocialization. The purpose of this slow phasing is to minimize disease spread as much as we can. The gating criteria to be used based upon the Opening Up America Again guidelines are:

1. Stable or downward trajectory of influenza-like illness reported within a 14-day period AND a downward trajectory of COVID-like syndrome cases reported within a 14-day period.
2. Stable or downward trajectory of documented cases of COVID-19 within a 14-day period or a downward trajectory of positive tests as a percent of total tests within a 14-day period.
3. Hospitals can treat all patients without crisis care and there is a robust testing program in place for at-risk healthcare workers, including emerging antibody testing.

-The recommendations discussed below are meant as general guidelines, in the context of federal, state, and local county recommendations. All federal, state, and local health department orders and recommendations as related to sports must be followed. Also, schools and sports teams may place stricter criteria than what is listed below.

-Regional COVID-19 disease rates will direct the use of these proposed guidelines, based on local and Missouri Health Department ([Map Series](#)).

## **RECOMMENDATIONS:**

- I. Recommendations for all phases in both youth and high school activities
  - i. Athletes, coaches, officials, referees, and umpires MUST undergo a [healthcare screening](#) prior to starting any activity (practice, scrimmage, or games).
  - ii. Practice or game times should be spaced out to limit the number of individuals coming and going at the same time.
  - iii. Hand hygiene is essential. Organizations and facilities need to promote frequent and effective, hand hygiene with ample hand sanitizer (at least 60% ethanol or 70% isopropanol) dispensers and areas with soap and water in many different locations.
  - iv. The use of locker rooms is not recommended during these phases. If they are used, proper social distancing should apply within the locker room. (i.e. use only every third locker). Proper area for equipment storage and cleaning is recommended.
  - v. No unnecessary individuals should be present (such as managers, extra coaches, non-participating athletes, etc.).
  - vi. Spectators are not recommended at any workouts or practices. Parents or caregivers should remain in their cars during this time. No congregating should be allowed in the parking lot or fields. A drop-off line for practices is recommended to avoid unnecessary exposure. For younger children, one parent or caregiver can accompany the child to the health screening. The parent or caregiver should wear a mask or face covering.
  - vii. During competitions, spectators should practice social distancing as permissible and spectators should wear masks or face covering. There is no specified limit on number of spectators, but organizations and schools may want to put in limits based on other factors (i.e. gym size) to promote social distancing.
  - viii. Any scrimmages or games should be played only against teams located within the St. Louis region.
  - ix. Do not share water bottles during practice. An individual athlete may use their own water bottle, and it should be clearly marked with their name. Cups may be used to drink water but should only be for single use.
  - x. Coolers should be properly sanitized after each use, and a new cooler should be used for each team or group. [CDC guidance for cleaning and disinfecting should be followed.](#)
  - xi. Ice towels should be used only once, then thrown out or washed properly.
  - xii. No whirlpools, cold tubs, or hot tubs should be used during any of the listed phases. Best practice for emergency use still applies.
    1. Have a cold water immersion tub on-site or within 5 minutes of the field.
    2. On field, it is recommended to have ice towels ready, in addition to the cold tub, for cooling during breaks and to cover the head in the event that an athlete has an exertional heatstroke and needs to be immersed.
  - xiii. No team huddles should take place.
  - xiv. No handshakes or fist bumps should take place.
  - xv. Coaches, officials, referees, and umpires should wear masks or face coverings.
  - xvi. Any equipment used during activities should be disinfected with Environmental Protection Agency (EPA) certified products between each use.
  - xvii. Any jerseys used during these workouts should be washed daily and shouldn't be shared with other players during workout.

- xviii. Any balls used (basketball, baseball, soccer ball etc.) can be used during any of the listed phases, however it should be disinfected as much as feasible during the activity.
- II. Special Considerations for Athletes and Coaches
- i. Several risk factors have been associated with more severe disease in adults. Specific conditions in children/teenagers are less clear, however those with underlying conditions may be more likely to have severe COVID-19 illness.
  - ii. Current Risk Factors
    - 1. Age greater than 65 years
    - 2. Severe obesity (Body Mass Index >40)
    - 3. Chronic Lung Disease including moderate or severe asthma
    - 4. Diabetes
    - 5. Chronic kidney disease
    - 6. Heart conditions
    - 7. Immunocompromised (e.g. any transplant recipient, needing immunosuppressant medications (e.g. steroids, biologics, etc.), patients receiving chemotherapy, etc.)
      - i. If you think that your child is immunocompromised, please check with your child's healthcare provider.
  - iii. Adults should consider delaying participation in these activities if risk factors are present. Consultation with your healthcare provider (Physician, Nurse Practitioner, Physician Assistant) is recommended if you have questions.
  - iv. Children/Teenagers with risk factors should consider consulting with your healthcare provider about participation since limited data exist and in many cases (well-controlled diabetic or asthmatic) an increased risk is likely not present.
- III. Social Considerations/Assessments
- i. Exceptions may be needed for some of these conditions based on circumstances.
    - 1. Showers may be needed after practice in some circumstances (like having to work after practice, homelessness, etc.). Coaches and administrators can make these exceptions. Social distancing should be maximized and proper cleaning should take place.
    - 2. Water bottles that can be clearly marked for individuals should be made available. They should be cleaned after an individual uses them.
    - 3. For parents or caregivers that walk or rely on public transportation, an area away from practice should be set aside that allows for social distancing.
    - 4. Schools and organizations should attempt to have extra masks or face coverings available. If they are cloth-based, they should be washed after each use.
    - 5. For athletes not able to wash their workout clothes, schools and organizations should attempt to help provide this for them.
  - ii. Additional situations may arise based on social vulnerabilities. Schools and organizations should attempt to think of these situations and develop solutions that continue to practice the key elements of preventing COVID-19 spread.
- IV. Screening
- i. Every coach and athlete is required to be screened when they enter the campus or facility where the sporting activity will take place. They should wear a mask or face covering until they screen negative.
  - ii. An athletic trainer (AT) who is employed at the organization or school is the ideal person to complete this screening. If no athletic trainer is employed, or additional help is needed for screenings, then specific individuals (preferably someone medically trained) should be assigned to complete the screening:
    - i. If the high school employs a Certified Athletic Trainer or other health care provider, the following items are recommended:
      - i. Personal Protective Equipment should be worn, including surgical masks and gloves.

- ii. Wear surgical mask at all times when on campus or in the facility. Mask can be worn for up to two days unless soiled or torn, then discard immediately. Gloves should be worn at all times and changed between patients. Gloves may be removed while working with the same patient if needed. Hand hygiene should be performed after removing the gloves and before putting on gloves (if there is a gap in time between removing and putting on a new pair of gloves). Masks should be stored in a paper bag when not in use.
  - iii. Athletic Trainer should clean any tables used for assessing athletes with hospital grade cleaner after each patient and wipe down entire AT room at least twice a day.
  - iv. The number of athletes in the athletic training room should be limited and there should be space for 6 feet of social distancing in athletic training room at all times. People inside the room should wear masks or face coverings. Only one athlete per treatment table should be allowed.
- iii. The screening should include the following questions:
  - 1. Today or in the past 24 hours have you had any of the following symptoms:
    - i. Fever (temperature greater than 100.4 for children and greater than 100 for individuals over the age of 18)
    - ii. New or worsening cough
    - iii. Shortness of breath or trouble breathing
    - iv. Sore throat that is different from your seasonal allergies
    - v. New loss of smell or taste, or both
    - vi. Diarrhea or vomiting
    - vii. Do you have a household member or close contact who has been diagnosed with COVID-19 in the past 2 weeks?
  - 2. Temperature check with a thermometer is recommended but not required (temperature greater than 100.4 for children and greater than 100 for individuals over the age of 18 is considered a fever).
    - i. Temperature assessment is much more important for screening adults
    - ii. Forehead thermometer or touchless thermometer is preferred
- iv. If an athlete, coach, or official has positive finding on their COVID-19 screening, they should be sent home immediately. If the athlete's parents are not present, escort the athlete to a designated isolation room or an area away from others. They should wear a mask or face covering. They should then be directed to a virtual COVID-19 screening visit (see resources listed below). The athlete should not be allowed back until they have documentation showing the SARS-CoV-2 test was negative or a note from their healthcare provider stating they don't need to be tested and their symptoms are not due to COVID-19.
- v. After the athlete, coach, or official is screened negative, they should receive an indicator that shows they have been screened (for example: a colored wrist band, a sticker that changes daily, a marking on hand) with the current date and initials of the screener. Athletes do not need to wear masks or face coverings during play.

#### V. Positive COVID 19 Athlete or Coach

- i. Notify the local public health authority. A school nurse, athletic trainer, healthcare provider, or member of the organization should create and provide a line list of all close contacts and their contact information to the health department. This will ensure timely and efficient contact tracing which is necessary to stop the spread of disease.
- ii. If an athlete or coach not wearing a mask is confirmed to have COVID-19, the following should occur:

1. All participants that have practiced or competed with this individual (up to 48 hours before they started showing symptoms) should be excluded from practice and play for 14 days. Teams should keep documentation of names and contact information of opposing teams, coaches, and officials for contact tracing purposes.
  - i. Exception could be made if all activities were done practicing appropriate social distancing
  - ii. If a coach is positive and was wearing a mask or face covering, it is possible that none of their contacts will have to be excluded from play or practice. In some cases, a mask or face covering may not be considered protective depending on the type of exposure.
2. Coaches and staff who were in contact with the infected individual while properly wearing a mask may not need to be excluded from practice and play. In some cases, a mask may not be considered protective depending on the type of exposure.
- iii. [Returning to sports](#) post COVID-19 diagnosis with no or only mild symptoms (not hospitalized). The rationale behind the following guidelines is based on the myocardial injury, cardiac dysfunction, and arrhythmias that have been in association with COVID-19.
  1. Athletes/coaches must meet all the following criteria to return to sports
    - i. At least 14 days have passed since symptoms first appeared. During this time the athlete/coach should not participate in any exercise while monitoring of clinical worsening of symptoms.
    - ii. Symptoms have resolved, no fever (>100.4) for 72 hours without fever reducing medications, improvement in respiratory symptoms (cough, shortness of breath)
    - iii. The patient should be evaluated and provide a note for sport participation from a medical provider (MD, DO, NP, PA).
      - i. Individuals without a medical provider can contact their local public health agency.
      - ii. Given the potential for COVID-19 to affect the heart, providers should utilize current sport pre-participation screening evaluations with a low threshold to obtain additional work-up (i.e. high sensitivity troponin, ECG, Echo) or referral to cardiology if concerned.
      - iii. Medical providers should take into consider the intensity level of sport participation and exercise to help guide their decision to pursue additional evaluation.
  2. After returning, the athlete/coach should increase participation and exercise in a gradual and individualized process while monitoring for exercise fatigue or worsening symptoms. This individualized process should be generated as a joint decision between the medical provider, coach and athletic trainer.
  3. If symptoms worsen or new symptoms occur during gradual return of play such as, but not limited to, chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope the athlete/coach should be evaluated by a medical provider.
  4. All practices and competitions should have individuals who are familiar with CPR, the chain of survival, and how to use Automated External Defibrillators (AEDs).

## VI. Activity Type and Phases

### i. High-frequency of contact sports

1. These sports include: Baseball, Basketball, Boxing, Cheerleading, Crew/Rowing, Dance Team, Fencing, Floor Hockey, Field Hockey, Tackle/Flag/Touch Football,

Ice Hockey, Lacrosse, Martial Arts, Racquetball, Rugby, Soccer, Softball, Team Handball, Ultimate Frisbee, Volleyball, Water Polo, Wrestling.

2. Phase 1

- i. Starting June 15<sup>th</sup>\* phase 1 is recommended for return to sports, however this is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases within your school or organization.
- ii. During this phase, individual workouts are allowed to begin on campus or at the organization's facility. However, no more than 10 individuals, including coaches, are recommended in a space. The space should be separated by a barrier or large enough distance that individuals can maximize social distancing. No players or coaches should be within 6 feet of each other. There should be no interaction between groups of 10 during this phase. All machines or equipment should be wiped down with disinfectant after each use. Gathering limitations and cleaning should be enforced by school administration, not the athletic trainer.
- iii. Athletes should not interact with anyone outside the area where their individual workout is located.
- iv. Moving to phase 2 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no outbreak of cases within your school or organization.

3. Phase 2

- i. During this phase, team workouts and practices are allowed to begin on campus or in the organization's facility, however this should be done with minimal protective equipment (for example, only wearing helmets for football). Team drills can take place where players are less than 6 feet apart, but this should be minimized to brief one-on-one drills. Most of the practice should use social distancing.
- ii. No two teams should be in the same location at one time. If the same field or gym will be used back-to-back, teams should allow plenty of time between sessions to clean area between teams. Half-field use is allowed. Be sure that there is no interaction between teams.
- iii. Any equipment used should be disinfected between individual uses (such as: helmets, bats, sticks, etc.).
- iv. Social distancing should apply as much as possible during these team workouts and practices.
- v. Moving to phase 3 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak within your school or organization

4. Phase 3

- i. During this phase, team practices with full equipment and contact drills are allowed. (Football should be sure to acclimatize with half shells first and then full equipment during this phase, as recommended by Missouri State High School Activities Association (MSHSAA).
- ii. Intra-squad scrimmages are allowed during this phase.
- iii. During competitions, spectators should practice social distancing as allowed and spectators should wear masks or face coverings. No specified limit on number of spectators but organizations and schools may want to put in limits based on other factors (such as their gym's size) to promote social distancing.
- iv. All equipment used should be disinfected between individual uses (such as sticks, helmets, sleds etc.).

- v. Moving to phase 4 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases at your school or organization.
5. Phase 4
- i. During this phase, full team practices, scrimmages, and game competitions are allowed. Scrimmages and games should only be played against teams located within the St. Louis region.
  - ii. During competitions, spectators should practice social distancing as able and spectators should wear masks or face coverings. No specified limit on number of spectators but organizations and schools may want to put in limits based on other factors (such as gym size) to promote social distancing.
  - iii. All equipment used should be disinfected between individual uses (such as bat, stick, helmets, shoulder pads, sleds, etc.).
  - iv. This phase is recommended until the fall sports season resumes.
- ii. Low-frequency of contact sports
- 1. These sports include: Diving, Extreme sports, Gymnastics, Rodeo, Water skiing, Adventure Racing, Bicycling, Canoeing/Kayaking, Field Events (high jump, pole vault, javelin, shot-put), Golf, Handball, Horseback Riding, Skating (ice, in-line, roller), Skateboarding, Weight lifting, Windsurfing, Surfing, Badminton, Bodybuilding, Bowling, Golf, Orienteering, Fishing, Riflery, Rope Jumping, Running, Sailing, Scuba Diving, Swimming, Table Tennis, Tennis, Track.
2. Phase 1
- i. Starting June 15<sup>th</sup>\* phase 1 is recommended for return to sports, however this is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no outbreak of cases within your school or organization.
  - ii. During this phase, individual workouts are allowed to begin on campus or at the organization's facility. However, no more than 10 individuals, including coaches, are recommended in a space. The space should be separated by a barrier or large enough distance that individuals can maximize social distancing and no players or coaches should be within 6 feet of each other. There should no interaction between groups of 10 during this phase. All machines or equipment should be wiped down with disinfectant after each use. Gathering limitations and cleaning should be enforced by school administration, not the athletic trainer.
  - iii. Athletes should not interact with anyone outside the area their individual workout is located.
  - iv. Moving to phase 2 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases at your school or organization.
3. Phase 2
- i. During this phase, team workouts and practices are allowed to begin on campus or facility.
  - ii. Inter-squad scrimmages are allowed during this phase. Should allow for proper acclimatization before playing opponents.
  - iii. All equipment used should be disinfected between individual uses (such as the bat, stick, helmets, sleds, etc.).
  - iv. If the same field or gym will be used back-to-back, allow plenty of time between sessions to clean area between teams. Be sure that there is no interaction between teams.

- v. All equipment used should be disinfected between individual uses (such as ball, bat, stick, etc.).
  - vi. During competitions, spectators should practice social distancing as permissible and spectators should wear masks. No specified limit on number of spectators but organizations and schools may want to put in limits based on other factors (such as gym size) to promote social distancing.
  - vii. Moving to phase 3 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and there can be no current outbreak of cases at your school or organization.
4. Phase 3
- i. During this phase, full team practices, scrimmages, and game competitions are permitted. Scrimmages and games should only be played against teams located within the St. Louis region.
  - ii. All equipment used should be disinfected between individual uses (such as bat, stick, helmets, sleds etc.).
  - iii. During competitions, spectators should practice social distancing as able and spectators should wear masks or face coverings. No specified limit on number of spectators but organizations and schools may want to put in limits based on other factors (such as gym size) to promote social distancing.
  - iv. This phase is recommended until the fall sports season resumes.

\*Dates listed are pending continued decrease in COVID-19 cases in the region your organization is located. June 15<sup>th</sup> has been chosen based on the date of initial reopening of May 18<sup>th</sup> and the expected time for a resurgence of COVID-19 to be observed, 1-3 weeks after reopening. If there is an increase in cases within your region or organization, it is recommended you return back to the previous phase and potentially will need to stop sports. Dates are subject to change per this recommendation at any time based on local health department guidance. Additional recommendations for August and beyond will be available at a later date after additional information is gathered and more up to date data is available.

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### **RESOURCES:**

[www.ssmhealth.com/coronavirus-updates](http://www.ssmhealth.com/coronavirus-updates)

[www.mercy.net/covid](http://www.mercy.net/covid)

[www.bjc.org/Coronavirus](http://www.bjc.org/Coronavirus)

[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>

## **RESOURCES FROM INDIVIDUAL SPORTS ORGANIZATIONS:**

[USA Gymnastics Guide for Safe Reopening of Gyms](#)

[USA Gymnastics Guide for Safe Reintegration of Gymnastic Activity](#)

[USA Baseball Position Statement](#)

[US Tennis Association Recommendations](#)

[US Golf Association Back2Golf Recommendations](#)

[Dance USA Recommendations Return to Dance](#)

[US All Star Federation: Club Cheer and Dance Teams](#)

[USA Track and Field Recommendations](#)

[USA Water Polo Updates Regarding COVID-19 - USA Water Polo](#)

[USA Swimming: Coronavirus](#)

[US Lacrosse: Return to Play](#)

[US Lacrosse: Lacrosse at Home](#)

[US Youth Soccer Return to Activity](#)

[US Youth Football](#)

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2. CDC Handwashing Guidelines. CDC.gov. <https://www.cdc.gov/handwashing/when-how-handwashing.html> Last reviewed April 2, 2020.
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## **FAQ's for the Resocialization of Sports in the St. Louis Region**

(Updated 5/28/20)

The St. Louis Sports Medicine COVID-19 Task Force has created this frequently asked questions guide to help individuals understand the Resocialization of Sports Recommendations.

### **Where can I find information about moving from one phase to the next?**

We will provide updates on our websites regarding the gating criteria being met for each phase. This can be found on the SSM Health, BJC and Mercy websites. Additionally, you can reach out to any of the outreach coordinators listed on the recommendations for updates.

### **How often should we disinfect equipment like baseballs, basketballs, or football?**

We recommend that you disinfect any ball as often as is feasible during your activity. For example, disinfect the ball between each session, drill, inning, or quarter. Any time there is enough stoppage in play that it is realistic to disinfect the ball it should be done. A ball can be used during any of the recommended phases, however during the early phases social distancing is recommended when doing so. [CDC guidance for cleaning and disinfecting should be followed.](#)

### **Phase 1 says individual workouts are allowed to begin but no more than 10 individuals, including coaches, are recommended in a space, does this mean I can only have 10 people in my facility at once?**

We recommend only having 10 individuals in a closed or separated space together at once. For example, in a gymnastics facility you could have multiple groups of 10 individuals together but they should be spread out in a way so there is no interaction between the groups and the start and end times should be staggered to allow for no additional interaction of groups. All of this is dependent of the size of your "space".

### **Should I send my child to practice with a face mask/covering?**

Yes, we recommend that individuals are wearing their face mask/covering while being screened and then anytime not doing vigorous physical activity. We also recommend you send a labelled bag with your child for them to store their mask in during practice.

### **Should I allow my child to participate if they have any of the underlying conditions listed?**

If your child has any of the conditions listed as risk factors we recommend you contact your child's primary care provider to discuss their condition and how returning to sports may affect their condition. Every patient's condition is unique and needs to be addressed by their treating provider.

### **What should I do if I answer yes to one of the screening questions?**

If you answer yes to any of the screening questions or have a fever as defined by the guidelines you should have a face cover on, be isolated and return home as soon as possible. We recommend you then contact your primary care provider for further guidance on COVID-19 testing. If you do not have a primary care provider SSM Health, BJC and Mercy all have resources for COVID-19 testing listed of the recommendations. You should not return back to activity until you have documentation demonstrating your COVID-19 test was negative or a note from their healthcare provider indicating they do not need to be tested and their symptoms are not due to COVID-19.

### **What do I need to do to return to sports after being diagnosed with COVID-19?**

In order to return post COVID-19 we recommend you to be fever free for a minimum of 72 hours, have improvement of respiratory symptoms, a minimum of 10 days have passed from when your symptoms first appeared, and you have a clearance note from a medical provider.

The full list of recommendation can be found on our website at

<https://www.ssmhealth.com/newsroom/2020/5/stl-health-care-systems-collaborate-youth-sports>.