



Connecticut Junior Soccer Association
2021 Fall COVID-19 Guidance & Club Certification



This guidance is a fluid document and will most likely be updated throughout the fall season

The CJSA emphasizes that this plan is fluid and in an ongoing state of evaluation. COVID health metrics and data in Connecticut will continue to be closely monitored and the appropriateness of holding youth sports or necessary safety measures can change at any time.

Vaccination of all eligible athletes, coaches, and officials is currently the most important mitigation strategy we have available for preventing COVID-19 outbreaks on youth sports teams, and in the surrounding communities that support them. The more athletes, coaches, officials, and supporting family members who are vaccinated, the more likely youth sports teams will be able to avoid repeated quarantines and testing of participants, to keep practicing and playing throughout the season, and to get back to a “new normal” for youth sports in our state. One major perk for getting vaccinated: individuals who are vaccinated do not need to quarantine if exposed to a COVID-19 case.

QUICK FACTS:

- Everyone aged 12 and older is now eligible for vaccination. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>
- The Pfizer vaccine is currently approved for youth aged 12 and older. It requires two shots, scheduled 3 weeks apart, which means athletes and coaches should get vaccinated now to be ready for the Fall sport season.
- COVID-19 vaccines are safe, very effective, readily available, and free! Find the vaccine location nearest to you: https://portal.ct.gov/vaccine-portal?language=en_US
- Remember: Fully vaccinated people do not have to quarantine or test after a known exposure to COVID-19, as long as they remain asymptomatic.

Masks

In alignment with current youth sport recommendations, athletes, regardless of vaccination status, will not be required to wear masks during outdoor activities, practice, or competition. There is no requirement outdoors for bench personnel or spectators.

When indoors (indoor practice, games, etc.) masks should be worn in alignment with current executive orders pertaining to mask requirements.

Spectator Attendance

Notwithstanding the above, permissible spectator attendance and regulations may be governed by local club, facility and or local municipality.

Quarantine, Contacts, Isolation

Fully vaccinated players/coaches who are a close contact with a known COVID-19 case do not have to quarantine from sports or other activities, provided they remain asymptomatic after close contact with a known COVID-19 case and wear a mask until receiving a negative COVID-19 test (taken between days 3 and 5 from the date of contact) or 14 days without a test.

Unvaccinated players/coaches who remain asymptomatic after close contact with a known COVID-19 case will need to quarantine for 10 days (with a negative test between days 7 and 10) or 14 days without a test.

Vaccinated and unvaccinated players/coaches who experience COVID-19 symptoms after close contact with a known COVID-19 case will need to quarantine for 10 days (with a negative test between days 7 and 10) or 14 days without a test.

Guidance on Return to Play after COVID-19 Infection (The following recommendations are informed by the AAP COVID-19 Interim Guidelines: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>)

Returning to play after COVID positive test:

COVID 19 can affect the heart and lungs of the person infected. One uncommon but serious complication of COVID 19 is a heart condition called myocarditis. Myocarditis is an inflammation of the heart muscle (myocardium). Myocarditis can affect the heart muscle and the heart's electrical system, reducing the heart's ability to pump and causing rapid, abnormal heart rhythms (arrhythmias) which can cause cardiac arrest. Exercise can increase the likelihood of permanent heart damage in myocarditis and increase the possibility of arrhythmias and sudden cardiac death. Student athletes who have tested positive for COVID 19 should follow the guideline noted below to decrease risk of developing complications from COVID 19 infection.

What to do if a participant had COVID-19 or has it during the season?

In a covid19 positive child who is either **asymptomatic** or **mildly symptomatic** (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy) should not exercise until they are cleared by a licensed medical provider. The licensed medical provider will perform a history with emphasis on cardiopulmonary symptoms and complete physical examination. If this evaluation was completed and no contraindications to participation were identified, no further testing is warranted. The patient may then begin a gradual return to play after 10 days have passed from date of the positive test result and at least 24 hours without symptoms off-fever reducing medications. If the licensed medical provider identifies any new or concerning history or physical examination findings at this visit, appropriate further testing or consultation should be ordered and participation will not be allowed until that testing is completed and no contraindications to participation are identified. Written documentation of medical clearance for return to sport should be provided by the medical provider.

Children with **moderate** symptoms of COVID-19 (≥4 days of fever >100.4°F, myalgia, chills, or lethargy or were in a hospital not an intensive care unit), should not exercise until they are cleared by a licensed medical provider. In addition to a history and complete physical exam appropriate additional testing should be ordered as determined by examination. Consultation or referral to a cardiologist is recommended and they may request further, more extensive, testing. If cardiac evaluation is normal, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and at least 10 days of symptom resolution has occurred off fever-reducing medicine. Written documentation of medical clearance for return to sport should be provided by the medical provider.

For patients with **severe** COVID-19 symptoms (ICU stay and/or on a ventilator) or **multisystem inflammatory syndrome in children (MIS-C)**, it is recommended they be restricted from exercise for a minimum of 3 months. The student athlete should be evaluated by a licensed medical provider for a history and complete physical examination. In addition, they should be referred to a cardiologist prior to resuming training or competition. In addition to the initial evaluation and work-up student athletes should have a coordinated evaluation at the time of returning to play for final clearance. Written documentation of medical clearance for return to sport should be provided by the medical provider.

A graduated return-to-play protocol can begin once an athlete has been cleared by a licensed medical provider (cardiologist for **moderate** to **severe** COVID-19 symptoms) and feels well when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to student athletes who experienced **moderate** COVID-19 symptoms as outlined above. If the student athlete experiences any symptoms of chest pain, palpitations, syncope, shortness of breath or exercise intolerance, during this return to play protocol, they should stop exercise and inform their medical provider.

The following progression was adapted from Elliott N, et al, infographic, *British Journal of Sports Medicine*, 2020:

Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less- Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes -Normal training activity - intensity no greater than 80% maximum heart rate.

Stage 5: Day 7 - Return to full activity/participation (i.e., - Contests/competitions).

Certify your club into the Fall 2021
Season.