

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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### **Updated Guidance for the Operation of Interscholastic, Youth and other Amateur Sport Activities during the COVID-19 Pandemic**

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*This guidance applies to the 2021 Spring sports season (March 19 – May 27). Given the dynamic nature of the pandemic, this guidance may be revised prior to the end of the season. DPH and DECD will continue to monitor pandemic metrics and will issue updated guidance for the spring sports season on or around May 17, 2021.*

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#### **Introduction**

In the interest of primary prevention of COVID-19 disease, the Connecticut Department of Public Health is offering revised guidance for the continued operation of sports activities for private, municipal, and interscholastic youth and adult sports leagues.

While the spread of COVID-19 within and among athletic teams during practice and play presents a risk to participants and their families, there are additional potential down-stream effects of these activities as well. Most notably, the ability of school districts to continue to offer in-person learning opportunities can be compromised by the dynamics of quarantine and isolation such that, when individual cases appear on youth athletic teams, all children who have had contact with that case (teammates and recent opponents) are unable to attend school in-person, and adult coaches and parents may not be able to attend work, for an extended period of time. Additionally, if that individual youth case inadvertently attends school in-person during their infectious period, their classmates and teachers may be required to quarantine and miss out on in-person learning as well. This negative effect on in-person learning could be significantly intensified in the case of youth club sports, where an individual team may involve youth from many different school districts.

The guidance herein is based on the recognition that by their nature of play, the environment in which activities take place (e.g. indoor vs. outdoors), local, statewide, and regional community rates of COVID-19, and other factors, certain sports are more likely to promote exposure to the virus that causes COVID-19 (SARS-CoV-2) through respiratory droplets. Sports organizations should pay specific attention to these risks when making a determination whether or not to engage in activities in the coming months, should inform players and parents of the risks of participation, and should be aware of any additional restrictions or requirements from their local health department or other local agencies.

## Risk Categorization for Various Sports

In developing previous versions of this guidance, DPH had relied on guidance for risk categorization of various sports published by the National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee<sup>1</sup>, to categorize individual and team sports, and the various activities common to all sports, according to their differential risk for the spread of COVID-19 among teammates, between teams, and in the wider community. As a national governing board for high school athletics, DPH believed that NFHS, and in particular their Sports Medicine Advisory Committee, was uniquely positioned and well-qualified to make these independent assessments of risk for various sports based on their training, knowledge, and experience with high school level athletics. While DPH still believes that the NFHS Sports Medicine Advisory Committee is best suited to make these independent assessment of variable risk, as of January 27, 2021 NFHS has indicated that it “no longer endorses the use of the tiered ‘Potential Infection Risk by Sport’”.<sup>2</sup> Instead, NFHS recommends that local decision-makers strongly consider five separate factors in assessing the potential for COVID-19 transmission related to high school athletics:

1. COVID-19 rates of participants in any given sport are directly proportional to prevailing community disease rates.
2. Participants in non-contact sports show lower rates of COVID-19 than contact sports.
3. Participants in outdoor sports show lower rates of COVID-19 than indoor sports.
4. Face mask use while participating in indoor sports results in COVID-19 rates comparable to the rates found in outdoor sports.
5. The great majority of sports-related spread of COVID-19 does not appear to occur during sports participation, but from social contact. [*Public health precautions*] must continue to be emphasized in the locker room, on the sidelines, and while traveling, dining and interacting in the community.

Similarly, the Centers for Disease Control and Prevention (CDC) recommends consideration of several different variables in assessing the potential risks for COVID-19 spread. With regards to differentiating the variable risk for individual sports in relation to the transmission of COVID-19 and resulting downstream effects, DPH believes the most important of the considerations offered by CDC include:

- Community levels of COVID-19
- Level of intensity of activity
- Physical closeness of players
- Length of time that players are close to each other or to staff
- Setting of the sporting event or activity
- Size of the team
- Ability to engage in physical distancing while not actively engaged in play (e.g., during practice, on the sideline, or in the dugout)

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<sup>1</sup> <https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15-2020-final.pdf>

<sup>2</sup> <https://www.nfhs.org/media/4295118/nfhs-smac-statement-on-risk-of-covid-19-during-high-school-sports-january-27-2021-final.pdf>

Rather than relying on simplified and rigid “risk categories” to singularly define individual sports, both NFHS and CDC recommend considering the overall risk of participation in athletic activities to be a continuum represented by many different variables, some of which can be mitigated to affect the overall risk profile of a particular sport or activity. Both NFHS and CDC also recommend that athletic organizers pay special attention to COVID-19 case and test positivity rates locally and in surrounding communities, as higher baseline or rapidly increasing community rates may be indicative of increasing risk associated with group activities such as athletics.

<i>Lowest Risk</i>	<i>Risk Considerations</i>	<i>Highest Risk</i>
Non-contact sports	<b>Frequency of contact</b>	Contact occurring on every play
Very infrequent contact within 6 ft. of others	<b>Duration of contact</b>	Extended direct contact throughout
Equivalent to at rest (e.g. standing/walking)	<b>Intensity of contact</b>	Direct contact, forceful exertion (e.g. tackling, grappling)
Outdoors	<b>Environment</b>	Indoors
Individual competitors, small teams (e.g. golf, tennis, gymnastics)	<b>Size of teams</b>	Many competitors at once, very large teams (e.g. football, soccer, track)
Small group conditioning, non-contact skill building	<b>Type of activity</b>	Contests between more than 2 teams and/or different geographic areas

### COVID-19 Mitigation Strategies

There are several strategies that can be implemented to impact the Risk Considerations listed in the table above. The ability to operationalize and ensure compliance with appropriate mitigation strategies is an important factor that should be considered and applied to decision-making for various sports. DPH continues to recommend that youth sports organizations thoughtfully consider and discuss with participant families any changes to the way sports have traditionally operated across different age groups prior to instituting those changes for their athletes. After those discussions have taken place, we advise that if organizations or participant families feel that the implementation of, and consistent compliance with, the COVID-19 protective measures presented in this guidance document

are impractical, unadvisable, or undesirable for any reason, then participation in those activities by individual participants, or the organization as a whole, continue to be postponed until the requirements for the use of mitigation strategies changes.

The continuation of athletic activities by any sports organization, team, or individual is predicated on timely and complete participation in contact tracing activities initiated by the state or local health contact tracing teams. In addition, any athletic activities occurring indoors or in outdoor settings where activities involve frequent close contact between participants must include the use of appropriate mitigation strategies (such as mask wearing) to help lower the risk to participants from COVID-19. To help facilitate compliance with mitigation strategies and communicate expectations to participants and their families, school **Athletic Directors, athletic club organizers, and facility operators** should:

- develop and implement **specific written protocols** for the COVID-19 prevention strategies to be used during practices and contests
- provide those complete written protocols, along with a **point-of-contact**, to the appropriate local health department prior to the commencement of activities
- check with municipalities and private facility operators regarding any additional restrictions for the use of their indoor or outdoor spaces. Details regarding the operation of athletic facilities can be found on the DECD website.<sup>3</sup>
- **educate coaches and parents** about the risks of COVID-19 spread during athletic activities and the need for strict compliance with protocols, including requirements for quarantine/isolation of cases and close contacts
- keep **detailed rosters** of participants for all practices and games with appropriate contact information and make that information available to health officials upon request for the purposes of contact tracing
- stress the importance of information-sharing with health authorities performing contact tracing and make it clear to coaches and participant families that **cooperation with contact tracing is a requirement** of participation with their athletic organization
- consider **specific rule changes** designed to **reduce the frequency, intensity, and duration of contact** between participants

### **Mask Wearing**

Any athletic activities occurring indoors, as well as those occurring outdoors that involve frequent close contact between participants, require the use of a mask that completely covers the nose and mouth, and that is worn directly on the face (i.e. not attached to a helmet or other equipment), at all times, including during active play. This requirement applies to all participants, coaches, officials, spectators, and any other individuals associated with athletic events.

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<sup>3</sup> [https://portal.ct.gov/-/media/DECD/Covid\\_Business\\_Recovery-Phase-2-1/Sports\\_FitnessCenters- C12\\_V101192021.pdf](https://portal.ct.gov/-/media/DECD/Covid_Business_Recovery-Phase-2-1/Sports_FitnessCenters- C12_V101192021.pdf)

DPH feels that the use of masks during athletic and other activities for “source control” (that is, to control the spread of respiratory droplets from the mouth and nose of the wearer) is necessary to protect participants, their families, and their school communities against the increasing risk of COVID-19 infection. Of note, the latest guidance from the American Academy of Pediatrics (AAP) recommends that youth athletes wear cloth face coverings when they are on the sidelines, in the locker room, and traveling as well as during group training and active competition (except in pools, during active wrestling competitions, and while using certain gymnastics apparatus).<sup>4</sup> The statement from AAP indicates that the coverings have been shown to be well-tolerated during exercise and can effectively prevent the spread of the virus that causes COVID-19. As with any COVID-19 mitigation strategy, if organizations or participant families feel that the use of masks during any athletic activities is either impractical, unadvisable, or undesirable for any reason, then those activities should be postponed until the requirement for mask use is no longer in place.

### Quarantine Requirements

The Centers for Disease Control and Prevention (CDC) has published risk-based guidance and procedures for shortening the required quarantine period for individuals identified as close contacts of a known COVID-19 case.<sup>5</sup> As a result, DPH has revised its guidance as well to include options for reducing quarantine periods in some situations from the traditional 14 days (e.g. return to in-person learning). In addition, CDC has recently published new guidance<sup>6</sup> indicating that individuals **who remain free from any COVID-19 symptoms** and are either fully vaccinated (i.e. 14 days after their final vaccine dose) or have fully recovered from a known COVID-19 infection in the prior 90 days do not need to quarantine if they have been identified as a close contact of a known COVID-19 case.

Both CDC and DPH have made clear that the ability to end quarantine prior to 14 days is conditioned on a person’s ability to continue with daily COVID-19 symptom screening and continuous mask use when outside of the home, as well as the necessity of avoiding gatherings with people who are not in their immediate household, who are over 65 years old, or who have medical conditions that place them at increased risk for COVID-19. As such, regardless of whether a shortened quarantine period allows individuals to engage in daily activities prior to completing a full 14-day post-contact period of separation, athletes, coaches, officials, and other participants should not be allowed to engage in athletic activities until at least 14 days after their quarantine period begins. However, CDC’s determination of residual risk for infection after close contact does indicate that individuals ending quarantine after 10 days with a negative molecular (PCR) test within 48 hours prior to release (i.e. on day 8 or later) have a similar residual risk profile for infecting others as those individuals who would end quarantine after 14 days without testing. As such, quarantined athletes, coaches, officials, and other participants can be allowed to return to participation in athletics after completing 10 days of quarantine, provided a PCR test collected at day 8 or later is negative **and** no symptoms associated with COVID-19 were experienced throughout the entire quarantine period.

### Return-to-Play after COVID-19 Infection

Although the symptoms and disease course of COVID-19 in younger people appear on average to be somewhat milder than those of older individuals, there is the potential, and documented cases, of

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<sup>4</sup> <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

<sup>5</sup> <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html>

<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

severe disease complications in people of all ages. Furthermore, the long-term health effects and impacts on organ systems function resulting from even mild or asymptomatic COVID-19 disease is still unknown, although there have been some studies implicating blood clotting and cardiac effects as potentially under-recognized longer-term sequelae. As such, DPH recommends that health screening and clearance requirements for allowing athletes to begin a phased return to activities after COVID-19 infection should incorporate the American Academy of Pediatrics' (AAP) guidance for return-to-play and include specific cardiac evaluations.<sup>4</sup>

### **Out-of-State Competition**

Teams or individuals traveling outside of Connecticut for more than 24 hours for the purposes of engaging in athletic competition should follow the CDC guidance for *Travel during COVID-19*.<sup>7</sup> This includes (but is not limited to) the need for individuals who engaged in athletic competitions during travel to quarantine at home for a full 7 days upon returning *and* getting a COVID-19 antigen or PCR test between days 3-5 **or** quarantine for a full 10 days upon return without testing. Students should not return to school or other activities outside the home prior to the completion of the full quarantine period regardless of a negative test result and should continue to remain away from school and other activities if they have any symptoms of COVID-19. Exemption from the mandated quarantine is allowed for individuals who are fully vaccinated (i.e. 14 days after their final vaccine dose) and/or for individuals who have fully recovered from a known COVID-19 infection in the prior 90 days, provided those individuals remain free of any symptoms associated with COVID-19.

### **Recommendations for Spring 2021 Interscholastic, Club, and Recreational Athletic Activities**

In the absence of independent assessments of risk from national governing bodies like the National Federation of State High School Associations (NFHS), DPH has made the following assessments for the risk of COVID-19 spread on the basis of the contact characteristics, environment, and other aspects of practice and play for individual sports, with significant input from the Connecticut Interscholastic Athletic Conference (CIAC), the Connecticut State Medical Society's Committee on the Medical Aspects of Sports, the Connecticut chapter of the American Academy of Pediatrics, the Yale University School of Public Health, as well as the most recent guidance and statements from NFHS and CDC. The continued operation of youth and amateur sports in Connecticut is based on the expectation that community case rates across our state will continue to steadily decline throughout the Spring months. As such, at this time DPH recommends the following strategies be used in addition to all routine and broadly applied COVID-19 risk mitigation strategies, based on the risk levels associated with individual sports and activities:

- Sports that by their design and nature of play involve **frequent face-to-face direct contact with high exertion** among participants (e.g. traditional *11-v-11 football* with offensive/defensive line play, *martial arts* sparring/grappling, *rugby*, and *wrestling*) should implement the following additional mitigation strategies both indoors and outdoors:
  - **Mask wearing** (multi-layer completely covering the nose and mouth and worn directly on the face) by all participants, including during active competition. Officiating guidance should be revised to allow for stoppages to address and correct the placement of masks that are displaced during competition. Specifically for wrestling, where the American Academy of Pediatrics has

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<sup>7</sup> <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

advised against mask wearing during competition due to the potential choking risk, DPH recommends that masks continue to be used during all practice-related activities but can be removed when an athlete is actively engaged in a wrestling contest (i.e. at a match or meet). Masks should be kept in place prior to the beginning of the match and replaced immediately after the match has ended.

- **Limiting contests** to 2 teams only and involve teams that are closely associated geographically.
  - **Cohorting** of athletes during practices to minimize the number of students requiring quarantine in the event a positive test result for an athlete or coach is found in any given week.
  - **Enhanced education and communication** with participant athletes and their families regarding the risks associated with COVID-19, the increased potential for spread of potentially infectious respiratory droplets among players engaged in athletic activities involving repeated face-to-face close contact with exertion, the resulting downstream impacts on in-person learning in the event a positive case is identified within a team or with an opponent, and acknowledgement of the safety risks that may be associated with the mitigation strategies in use during these activities.
- Sports that by their design and nature of play involve **intermittent direct contact and/or contact with more moderate exertion** among participants, that is generally not face-to-face (e.g. *basketball, cheerleading, crew, dance teams, field hockey, 7-v-7/flag/touch football, ice hockey, boys lacrosse, girls lacrosse, soccer, ultimate frisbee, and volleyball*) should implement the following additional mitigation strategies for all indoor activities and should consider adopting them for all outdoor activities as well:
    - **Mask wearing** (multi-layer completely covering the nose and mouth and worn directly on the face) by all participants, including during active competition. Officiating guidance should be revised to allow for stoppages to address and correct the placement of masks that are displaced during competition.
    - **Cohorting** of athletes during practices to minimize the number of students requiring quarantine in the event a positive test result for an athlete or coach is received in any given week.
    - **Rule changes** should be implemented to reduce the number, frequency, duration, and intensity of close contacts among participants to the extent feasible. Examples include directing officials to call games “tighter” to reduce contact, revising or eliminating “face-offs” in boys lacrosse, reducing the amount of lifting and acrobatics involved with cheer and dance teams, and others.
  - Sports that by their design and nature of play involve **infrequent direct contact and/or contact with low exertion** among participants (e.g. *baseball, cross country, fencing, softball, track and field, and tennis (doubles)*) should implement the following additional mitigation strategies for indoor activities, and should consider adopting them for outdoor activities as well, in certain situations where close contact could be expected (e.g. home plate areas, group starting lines, etc.):
    - **Mask wearing** (multi-layer completely covering the nose and mouth and worn directly on the face) by all participants, including during active competition. It is strongly advised that, at a minimum to protect the catcher, the home plate umpire should be masked and batters should be masked until they reach base safely during active baseball/softball competition. Mask

wearing is still required at times when not actively competing and close contact with others could be expected (i.e. in bench/dugout areas, in spectator areas, during warm-up exercises, when traveling with others outside of your household, during team meetings, etc.).

- **Cohorting** of athletes during practices to minimize the number of students requiring quarantine in the event a positive test result for an athlete or coach is received in any given week.
- Sports and associated activities where the nature of play is such that two or more athletes would be expected to have **no direct contact and/or only rare contact within 6 feet** (e.g. *cheer/dance (specifically during tumbling runs and acrobatics), individual dance routines, golf, gymnastics, swimming/diving, and tennis (singles)*) do not require mask wearing during active competition either indoors or outdoors. However, face coverings should still be worn at all times by individuals not actively engaged in competition indoors and at times and in settings where close contact with others could be expected outdoors (i.e. in bench/dugout areas, in spectator areas, during warm-up exercises, when traveling with others outside of your household, during team meetings, etc.).

DPH agrees that there are real and significant benefits of athletic activity for physical and mental health and well-being for both children and adults. However, not all sports are equal in their potential to spread infectious respiratory droplets, and therefore certain sports and activities have more potential to negatively impact communities. This, coupled with our understanding of the dynamics and the role of asymptomatic drivers of spread in our communities, the potential impact of youth sports outbreaks on in-person learning, and our continuing experiences both within our state and nationwide with community spread of COVID-19 all point to the need for a continued cautious approach to organized athletic activities.



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