



**The Connecticut Interscholastic Conference
2021-2022 Winter Sports COVID-19 Guidance
Updated January 11, 2022
To Align with January 10 DPH Update**

This guidance is a fluid document and will be updated as more data, health metrics, and sport specific information become available.

Highlights of Guidance Updates on 1/10/2022

- Quarantine timeline updated to reflect current CDC and DPH standards for K-12 schools. (Page 6 & 7)
- Return-to-play updated to reflect current American Academy of Pediatrics (AAP) standards. (Page 8 & 9)
- Updated guidance on participating in sports activities deemed a safety risk in which to wear a mask when quarantine, isolation, or testing protocols require a mask (e.g., wrestling). (Page 4, 5, 6 & 7)
- Student-athlete physical validation extended to 15 months. (Page 10)
- New DPH position on out-of-state competition. (Page 10)
- Updated message on COVID-19 Vaccination. (Page 3)

Highlights of Guidance Updates on 12/22/2021

- On December 22, CT DPH Commissioner Juthani issued the following masking guidance, “Due to the rapid emergence of the new highly transmissible Omicron variant, the Connecticut Department of Public Health is halting guidance that would have allowed fully vaccinated athletes, coaches, and officials to participate in athletic competitions without masks as of December 23. DPH is now advising that all participants continuously wear a mask over the nose and mouth during all indoor athletic activities to help reduce the spread of COVID-19 in our state and region.”
- Updated masking rules for the winter sports season can be found in Table 1.
- *Fully vaccinated wrestlers identified as a close contact:* Athletic directors and district medical staff should consult their local DPH on the status of fully vaccinated wrestlers who are determined to be a close contact. Wrestling is a sport where wearing a mask while competing is a safety risk. Permitting a fully vaccinated wrestler to continue wrestling without a mask should be considered in the context of close contact. Close household contact may be a higher risk than other instances. Therefore, consultation with local DPH and a district’s medical doctor when considering the status of a fully vaccinated wrestler who is a close contact is appropriate.
- **Sample Pre-Game COVID-19 Statement by Public Address Announcer:**
A reminder that the CIAC and its member schools promote adherence to all CT DPH COVID-19 guidance and expect good sportsmanship from student-athletes, coaches, and spectators. We request cooperation from all spectators in wearing a facemask while in attendance and supporting all the participants positively. Failure to comply with CIAC, CT DPH, or local school district COVID-19 guidance and acts of unsportsmanlike behavior will be grounds for removal from this event.
- **Sample Pre-Game Class Act Sportsmanship Statement to be Read by Team Captains**
To be read on the public address system by the captains at all CIAC basketball games:
To be read by the Home Team Captain:
Welcome to today’s game between _____ and _____
(opposing school and mascot nickname).
We view the basketball court as an extension of the classroom where we learn the principles of sportsmanship, fair play, and respect for others. Today we ask for your enthusiastic support for these important principles as you root for your respective team.

To be read by the Visiting Team Captain:
We also ask that you support the student-athletes from both participating schools by honoring our request to treat all the players, coaches, and officials with courtesy and respect. Thank you, and enjoy today’s game.

This document is aligned with the most recent guidance (1/10/2022) from the Connecticut State Department of Public Health (DPH). The original guidance was developed in consultation with CT DPH and members of the CSMS Sports Medicine Committee. In its consultation, the CSMS Sports Medicine Committee recognizes that the CIAC must consider education-based factors in addition to current medical science and align interscholastic sport guidance with CT DPH recommendations to maintain consistency for its member schools.

The CIAC emphasizes that this plan is fluid and in a perpetual state of evaluation. COVID health metrics and data in Connecticut will continue to be closely monitored and the appropriateness of holding youth sport and/or interscholastic athletic contests can change at any time. The CIAC will continue to consult with our stakeholders and will adjust offerings as appropriate should the health metrics direct that action.

The CIAC's rationale for these recommendations is based on its belief that maintaining a safe level of in-person instruction is the primary goal of our member schools and association. While prioritizing considerations that will sustain conditions for in-person learning, the CIAC strongly affirms that the value of structured physical activity is widely supported in research, especially in maintaining one's physical, cognitive, social, emotional, and mental health. As such, the CIAC will provide the best sports experiences possible to its member schools.

CIAC Winter Sports General Overview

All winter CIAC sports are scheduled to start on time, play full regular seasons, and compete in CIAC state championship post-season play. Schools should make every effort to reschedule postponed games before the last date to count for CIAC tournament qualification. Multi-team events such as wrestling and indoor track meets should consider scheduling options that limit the number of idle student-athletes at events. CIAC sports committees will evaluate the percentage of games played throughout the regular season and adjust tournament qualifications if necessary.

COVID-19 and Flu Vaccination Joint Position Statement (CIAC, CT DPH, and CSMS Sports Medicine Committee)

The Connecticut Department of Public Health (DPH), the Connecticut Interscholastic Athletic Conference (CIAC), the Connecticut State Medical Society (CSMS) Sports Medicine Committee, and many youth sports organizations in our state are joining together to encourage interscholastic athletic administrators and other youth athletic team administrators to help all their athletes stay on the field and in the classroom by helping them get vaccinated against COVID-19 and the flu, when eligible.

Vaccination is currently the most important and effective strategy for preventing COVID-19 infections and transmission during athletic activities. Athletic organizations should strongly encourage all eligible participants to get fully vaccinated against COVID-19 (i.e., 2 weeks after the 2nd dose of Pfizer or Moderna mRNA vaccines or the single dose of Johnson & Johnson vaccine), and to receive a booster dose when eligible, to provide the best available protection for themselves, their families, and their communities. Vaccination can help athletes, coaches, and officials avoid interruptions and/or cancellations of athletic activities because, unlike unvaccinated or partially vaccinated individuals, fully vaccinated athletes, coaches, officials, and other participants:

- no longer need to quarantine after exposure to a known COVID-19 case if they remain asymptomatic
- do not need to be included in regular screening testing programs for COVID-19

Despite the availability of COVID-19 vaccines for individuals as young as 5 years old, and individuals as young as 12 years old being eligible for booster vaccine doses, many vaccine-eligible youth will not be fully vaccinated during the Winter sports season. The risk of COVID-19 transmission among these participants and any at-risk family members remains significant.

Masks

An appropriate mask is one that completely covers the nose and mouth, is worn directly on the face (i.e., not attached to a helmet or other equipment), and fits closely without significant gaps or openings. DPH currently advises individuals that **the wearing of masks by all individuals, regardless of vaccination status**, when interacting with other individuals in any indoor setting is the best way to prevent COVID-19 transmission in these settings.

Although a previous version of this guidance indicated that, based on community case rates and the predominantly circulating variants at that time, fully vaccinated athletes, coaches, and officials could be allowed to participate in contests without wearing a mask after December 23, 2021. However, at this time due to the rapid emergence and significantly increased transmissibility of the new Omicron variant of SARS-CoV-2, DPH is now advising that masking during all athletic activities should continue for all participants, regardless of vaccination status.

Masks should be worn at all times while participating in any athletic activities indoors by all participants, except specified below, including during competitions, practices, while sitting in bench areas, while spectating, and during entry and exit. In addition, masks continue to be required on buses in accordance with the Federal Order (CDC) requiring mask use on public transportation, including school buses. With the current circulation of a more transmissible variant of SARS-CoV-2, and the large number of children and adults in our state who have not yet received a booster dose of COVID-19 vaccine, the continuous and correct wearing of masks at all times during all athletic activities, in which it safe do so, is more important than ever. Coaches, officials, and athletic organizers should take steps to ensure that masks are not only worn by all participants at all times, but worn correctly (i.e., completely covering the nose and mouth).

Due to the risk of entanglement and choking, athletes participating in certain athletic activities (e.g., wrestling match, swimming or diving events, indoor track jumping events, cheer/dance/gymnastics stunting) may engage in these contests without a mask regardless of vaccination status.

The updated masking rules for the winter sports season are described in Table 1.

The CIAC collects COVID-19 data related to interscholastic athletics and, along with its sports medicine advisory committee (SMAC), closely monitors any indication that participation in such activities creates a significant transmission risk. ***To date, CIAC and national data support that interscholastic athletic competition is not a source of significant COVID-19 spread. As there is no known increase to COVID-19 transmission through sports competition, the CIAC and its SMAC are not convinced of the benefit of mask-wearing during competition. However, with the understanding that CIAC member schools have followed DPH guidance throughout the pandemic, the CIAC has aligned mask guidance in this document with CT DPH guidance.*** The CIAC will continue to collaborate with the CSMS Sports Medicine Committee and the CT DPH on mask requirements as the winter season progresses and change this guidance as appropriate.

CIAC's COVID-19 mitigating strategies and its rules and regulations maintain a safe environment for interscholastic athletic competition and provide the best opportunity to complete an entire winter sports season. Please be reminded that the CIAC Board of Control has the authority and duty to enforce its rules and regulations and, if deemed necessary, assess penalties including but not limited to fines, probation, or prohibition.

Since the onset of the pandemic, CIAC's focus has been on safely returning student-athletes to as many interscholastic athletic experiences as possible. Any lack of adherence to COVID-19 mitigation strategies increases the potential of negatively impacting teams and potentially threatens the ability to complete a sports season.

Table1 : Updated Guidance from CT DPH for Masking during Youth Athletic Activities (1/10/2022)

Sport	Masking Guidance
Basketball	Masks are required in all settings indoors.
Ice Hockey	Masks are required in all settings indoors.
Indoor Track (Running)	Masks are required in all settings indoors.
Indoor Track (Throwing/ Jumping)	Masks can be removed temporarily during active jumps/throws in competition settings; required at all other times indoors.
Wrestling	Masks should not be worn in-match or during practice while actively grappling; masks required in all other settings (non-grappling practice, sidelines, bench, locker rooms, etc.).
Swimming/Diving	Masks should not be worn in the water; masks are required in all other settings (dry land practice, sidelines, bench, locker rooms, etc.).
Cheerleading/ Dance	Masks are required during competitive routines and in all other settings (practice, sideline cheer, bench, locker rooms, etc.); masks may be removed temporarily during stunting/tumbling but must be immediately replaced.
Gymnastics	Masks should not be used during competition or practice on apparatus or while tumbling; masks required in all other settings (practice, sideline cheer, bench, locker rooms, etc.).

- **Officials** – Officials must wear masks at all times, regardless of vaccination status.
- **Coaches** – Coaches must wear masks at all times, regardless of vaccination status.
- **Spectators** – Spectators must wear masks at all times, regardless of vaccination status.

The CIAC recommends that school districts inform parents/students requesting an exemption from the required mitigation strategies (such as mask-wearing) that such mitigation strategies are mandatory for all students participating in interscholastic sports. However, students who have, or assert that they have, a disability may be entitled to reasonable modifications under Section 504 of the Rehabilitation Act (Section 504) and/or Title II of the Americans with Disabilities Act (ADA). School districts should inform students/parents that if they wish to request such modifications under Section 504 and/or the ADA, they must follow a process whereby the school district would determine (1) whether the student has a disability entitling him/her to “reasonable modifications,” and (2) if so, what “reasonable modifications” would be appropriate. This process must be highly individualized and case-specific and may warrant consultation with legal counsel in connection with specific requests for disability-related modifications. School districts may already have a process in place to evaluate such requests in connection with their curricular program, which process can be considered for adaption for extracurricular programming, including athletics.

Quarantine, Contacts, Isolation

CDC has recently published [new guidance](#) for individuals who have either tested positive for COVID-19 or have been identified as a [close contact of a known COVID-19 case](#). In addition, DPH recently updated guidance for PreK-12 schools with a greater focus on more immediate symptom recognition, isolation, and quarantine of close contact who are not fully vaccinated. As such, DPH advises the following for athletic activities:

For individuals who develop ANY symptoms that could be associated with COVID-19

- **Immediately isolate** at home
- **Test** for COVID-19 (either a self-test or at a testing site)
 - If test result is **positive** or if no test is taken,
 - continue isolation for at least 5 days. Return to team activities on day 6 or later only when fever-free for 24 hours and other symptoms are significantly improved.
 - **Wear a mask** when around others outside of your household for a full 10 days. Do not engage in athletic activities within 6 feet of others during which wearing a mask is not advised due to safety reasons (e.g., competitive wrestling) for a full 10 days (*see Table above for winter sport-specific masking safety guidance*).
 - If test result is **negative**,
 - return to team activities when fever-free for 24 hours and other symptoms are significantly improved.
 - Continue to wear a mask around others until symptoms resolve.

For individuals identified as a close contact of a COVID-19 case and never develop any symptoms

- If **fully vaccinated** (i.e., 14 days after their final vaccine dose, with or without a booster dose), or fully recovered from COVID-19 in the prior 90 days:
 - **Quarantine is not required** away from athletics or other activities as long as a mask is consistently and correctly used.
 - **Test** 5 days after being notified of the close contact (*note: testing is not recommended for individuals who have recovered from COVID-19 within the prior 90 days, as a positive test result may be residual and not reflective of current infection*).
 - Share the test result with the individual responsible for managing COVID-19 protocols for the organization so that contact tracing can occur if needed.
 - *Wear a mask when around others outside of your household for a full 10 days. Do not engage in athletic activities within 6 feet of others during which wearing a mask is not advised due to safety reasons (e.g., competitive wrestling) for a full 10 days (see Table above for winter sport-specific masking safety guidance).*

- If **not fully vaccinated**, and have not had COVID-19 in the prior 90 days:
 - **Quarantine** away from athletic activities for a **full 5 days**.
 - **Test** for COVID-19 (either a self-test or at a testing site) on day 5 or later (*note: testing is not recommended for individuals who have recovered from COVID-19 within the prior 90 days, as a positive test result may be residual and not reflective of current infection*).
 - If test result is **negative**, return to team activities on day 6 or later.
 - If test result is **positive** or if no test is taken, continue isolation through day 10; return to team activities after 10 days assuming symptoms do not develop.
 - *Wear a mask when around others outside of your household for a full 10 days. Do not engage in athletic activities within 6 feet of others during which wearing a mask is not advised due to safety reasons (e.g., competitive wrestling) for a full 10 days (see Table above for winter sport-specific masking safety guidance).*

Return-to-Play after COVID-19 Infection (DPH Position in January 10, 2022 Updated Youth Sports Guidance)

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 [severe disease complications](#) in people of all ages. In addition, it is not yet known whether the currently circulating Delta and/or Omicron variants, or other SARS-CoV-2 variants will affect children differently than what has been the experience to date. 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 all youth athletes receive health screening and clearance from a healthcare provider prior to resuming athletic activities after recovering from COVID-19. Post-COVID

athletic health screening and a phased approach to a return to athletic activities should incorporate the American Academy of Pediatrics' (AAP) guidance for [Return to Sports and Physical Activity](#).

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-19 positive test:

“The AAP recommends not returning to sports/physical activity until children or adolescents have completed isolation, the minimum amount of symptom-free time has passed, they can perform normal activities of daily living, and they display no concerning signs/symptoms. For all children and adolescents 12 years and older, a graduated return-to-play protocol is recommended. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to children and adolescents who experienced **moderate** COVID-19 symptoms.

All children and adolescents and their parents/caregivers should monitor for chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope when returning to exercise. If any of these signs and/or symptoms occur, the AAP recommends immediately stopping exercise and the athlete should see their pediatrician for an in-person assessment. Consideration should be given for pediatric cardiology consultation.

Recent literature has reported a much lower incidence of myocarditis, 0.5% to 3%, than earlier in the pandemic. Children and adolescents who were found to have myocarditis were in the asymptomatic or mildly symptomatic category. Therefore, the phone/telemedicine visit should include appropriate questions about chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope. Any child or adolescent who reports these signs/symptoms should have an in-office visit that includes a complete physical examination, and consideration for an EKG should be given prior to clearance to return to physical activity.”

[\(https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/\)](https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/)

When Should a Student-Athlete Pause Return-to-Play Protocols

If a student-athlete develops chest pain, shortness of breath out of proportion to upper respiratory infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to a healthcare provider for an in-person exam.

AAP Gradual Return-to-Play Plan: 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.

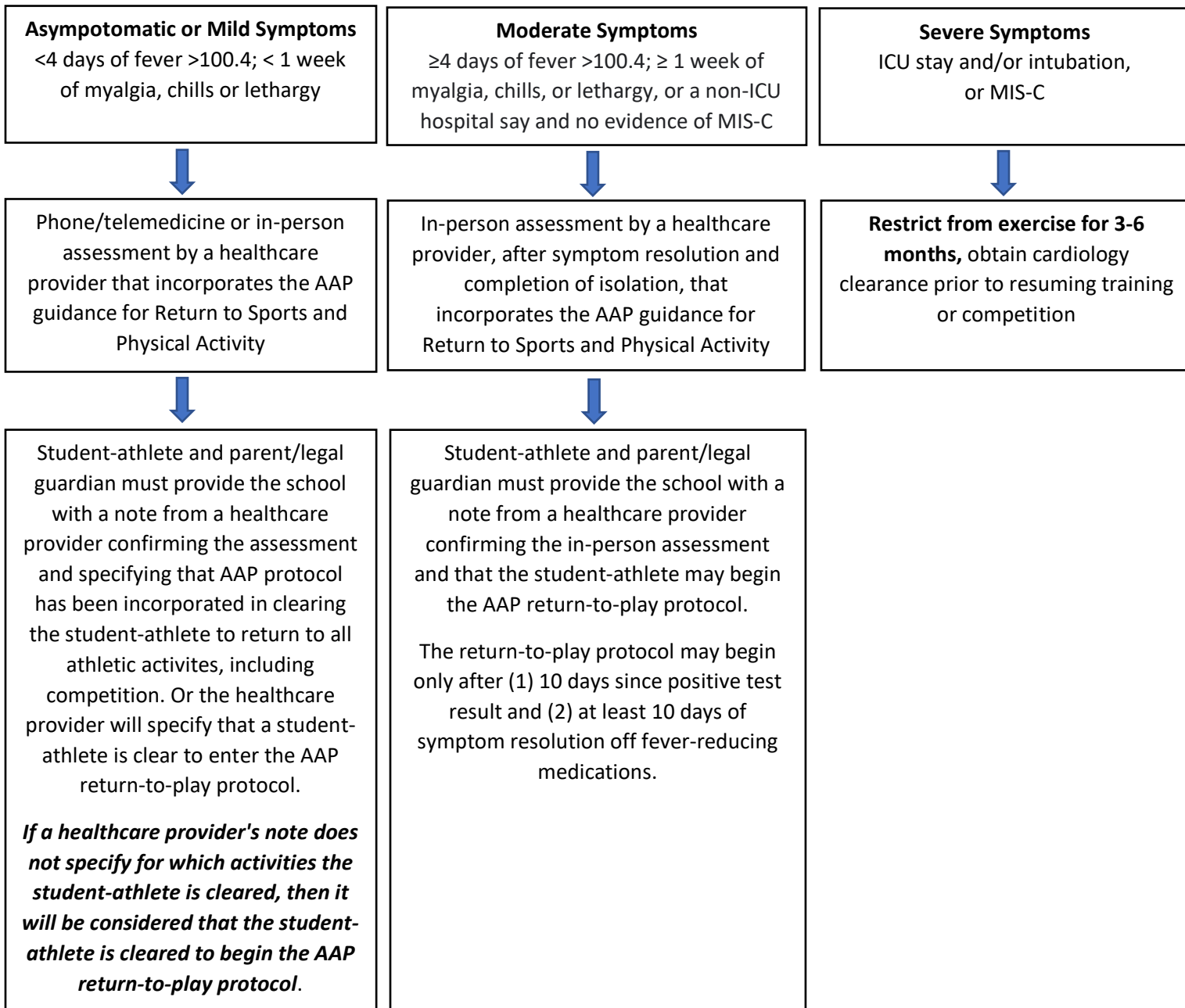
Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

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).

CIAC School Documentation and Protocol for Return-to-Play After Testing Positive for COVID-19



Spectator/Fan Attendance

Decisions regarding regular season spectator/fan attendance should be made at the individual district and school level, in consultation with the local health department, and in the context of any state or local mandates in place at any time. The CIAC supports the plans established by school districts that direct the presence of adults on campus at this time. Notwithstanding the above, the local districts' current operating plan will govern permissible regular season spectator/fan attendance. The CIAC will determine spectator/ fan attendance protocol for its state championship tournaments.

Student-Athlete Sports Physical Requirement

In collaborating with the Connecticut State Medical Society, Sports Medicine Committee, it is appropriate to extend the validation of physicals to 15-months due to the high demand for medical appointments. Yearly sports physicals to assess injury risk and receive health guidance from doctors are critically important. Again, the coronavirus is a health pandemic, and students should receive a physical within the 13-month standard when possible.

Out-of-State Competition (Per DPH January 10, 2022, Youth Sports Guidance Update

Currently, areas of “substantial” or “high” COVID-19 transmission risk ([as defined by CDC](#)) are widespread throughout the country. As such, DPH recommends that athletes, coaches, and other participants who are not fully vaccinated refrain from traveling out-of-state to participate in athletics at this time. DPH recommends that those teams or individuals choosing to travel outside of Connecticut for the purposes of engaging in athletic activities follow all of the current [CDC guidelines for Travel during COVID-19](#).