

Resocialization of Sports in the St. Louis Region
(Updated 5/16/20)

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 provide recommendations as it relates 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/or against other individuals, in any capacity during this time, holds an inherent risk of a child or teenager becoming infected and potentially them infecting other individuals such as their household members. Please consider this risk when allowing your child/teenager to participate in organized sports. Teams/Clubs/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 prior to these organizations' recommendations may create increased liability if an athlete is injured at a time when participation in practices or competitions may not be recommended.

GUIDING PRINCIPLES:

-The information regarding SARS-CoV-2, the virus causing the COVID-19 illness, is changing rapidly nationally and within 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 utilized should continue: frequent, effective hand hygiene, social distancing as able, disinfecting high touch areas, and avoid touching face.

-The Centers for Disease Control and Prevention (CDC) and White House Guidelines for [Opening Up America Again](#) form the basis of the recommendations to follow. 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 gradual phasing is to minimize disease spread as best as possible. 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/recommendations as related to sports must be followed. Additionally, schools and sports teams may place stricter criteria than what is listed.

-Regional COVID-19 disease rates will direct the utilization of these proposed guidelines, based on local and [state of Missouri Health Departments](#).

RECOMMENDATIONS:

I. Recommendations for all phases in both youth and high school activities

- i. Athletes, coaches, and officials/referees/umpires MUST undergo a [healthcare screening](#) prior to starting any activity (practice, scrimmage or games).
- ii. Practice or games times should be spaced out to decrease 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 (>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. only every 3 lockers being used etc.). Proper area for equipment storage and cleaning is recommended.
- v. No unnecessary individuals should be present (managers, extra coaches, non-participating athletes, etc.).
- vi. There should be no spectators allowed at any workouts or practices. Parents/caregivers can 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/caregiver can accompany the child to the health screening. The parent/caregiver should be wearing a mask/face covering.
- vii. During competitions, spectators should practice social distancing as permissible and spectators should wear masks/face covering. 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 team located within the St. Louis region.
- ix. No sharing of water bottles is recommended during practice. An individual athlete may use their own water bottle and should be clearly marked with their name and not shared with others. 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 for single use only, then discarded or washed properly.
- xii. No whirlpool or cold/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, having ice towels ready in addition to the cold tub is recommended for cooling during breaks and for covering 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 and officials/referees/umpires are recommended to wear masks/face coverings.
- xvi. Any equipment used during activities should be disinfected with Environmental Protection Agency (EPA) certified products between individual uses.
- xvii. Any jerseys used during these workouts should be washed daily and not switched to different players during workout.

II. Special Considerations for Athletes and Coaches

- i. Athletes and coaches who should consider delaying their participation in sports and activities are those with any of the following:
 1. Diabetes
 2. Chronic Lung Disease including Asthma
 3. Severe obesity (Body Mass Index >40)
 4. Chronic kidney disease
 5. Heart conditions

6. Immunocompromised (e.g. any transplant recipient, needing immunosuppressant medications (e.g. steroids, biologics, etc.), patients receiving chemotherapy, etc.)
 7. Age greater than 65 years
- ii. If you think that your child is immunocompromised, please check with your child's healthcare provider (Physician (MD/DO), Nurse Practitioner (NP), Physician Assistant (PA)) before returning them to sports.

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 (eg. working after practice, homeless). Coaches and administrators can make these exceptions. Social distancing should be maximized and proper cleaning should occur.
 2. Water bottles that can be clearly marked for individuals should be made available. Cleaning should occur after an individual uses them.
 3. For parents/caregivers that rely on public transportation or walk, an area away from practice should be set aside that allows for social distancing.
 4. Schools and organizations should attempt to have extra masks/face coverings available. These should be washed after each use if cloth-based.
 5. For athletes not able to wash workout clothes attempt should be made by the school and organizations to help in providing 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 transmission.

IV. Screening

- i. Every coach and athlete is required to be screened when they enter the campus or facility where the sporting activity will occur. Recommend wearing a mask/face covering until screened negative.
- ii. If an athletic trainer is employed at the organization or school, that 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 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 including surgical masks and gloves.
 - ii. Wear surgical mask at all times when on campus or facility for up to two days unless soiled or torn then discard immediately. It is recommended that gloves are to be worn at all times and changed between patients. Gloves may be removed while working with same patient if needed. Hand hygiene should be performed after removing the gloves and also before putting on gloves if time elapses 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 tables used for assessing athletes with hospital grade cleaner after each patient and wipe down entire AT room a minimum of twice daily.
 - iv. Limit the number of athletes in the athletic training room, must be able to have 6 feet of social distancing in athletic training room at all times and wear masks/face coverings. Only one athlete per treatment table should be permitted.
- 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 adults)

- ii. New or worsening cough
 - iii. Shortness of breath or trouble breathing
 - iv. Sore throat, different than your seasonal allergies
 - v. New loss of smell and/or taste
 - vi. Diarrhea or vomiting
 - vii. Do you have a household 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 adults is considered a fever).
 - i. Temperature assessment is much more important for screening adults
 - ii. Forehead thermometer/touchless thermometer is preferable
- iv. If an athlete/coach/official has positive finding on their COVID-19 screening they should be sent home immediately. If their parents are not present escort them to a designated isolation room or area away from others and have them wear a mask/face covering. They should then be directed to contact their primary care pediatrician, family practice, or internal medicine clinician for evaluation and potential COVID-19 testing. Those without a primary care clinician can be directed to a Virtual COVID-19 screening visit (see resources listed below). The athlete should not be allowed back until they have documentation demonstrating the SARS-CoV-2 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.
 - v. After the athlete/coach/official is screened they should receive an indicator that signifies that they have been screened (i.e. colored wrist band, sticker that changes daily, mark on hand) with the current date and initials of the screener. Athletes do not need to wear masks/face coverings during play.

V. Positive COVID 19 Athlete or Coach

- i. Notify the local public health authority. The 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 mitigate 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 prior to symptom onset should be excluded from practice for 14 days. Recommend teams keep documentation of names and contact information of opposing teams/coaches/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/face covering potentially none of her/his contacts will have to be excluded. In some cases, a mask/face covering may not be considered protective depending on the type of exposure.
 2. Coaches and staff in contact with the infected individual who were properly wearing a mask will likely not have to be excluded. In some cases, a mask may not be considered protective depending on the type of exposure.
- iii. [Returning to sports](#) post COVID-19 diagnosis
 1. Athletes/coaches must meet all the following criteria to return to sports
 - i. No fever (>100.4) for 72 hours without fever reducing medications
 - ii. Improvement in respiratory symptoms (cough, shortness of breath,)
 - iii. At least 10 days have passed since symptoms first appeared

- iv. Note for clearance from a medical provider (MD, DO, NP, PA)
 - i. Individuals without a medical provider can contact their local public health agency.

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 15th* 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 no outbreak of cases within your school or organization.
- ii. Please note the dates listed are pending continued decrease in COVID-19 cases in the region your organization is located. June 15th has been chosen based on the date of initial reopening of May 18th and the expected time for a resurgence of COVID-19 to be observed, 1-3 weeks after reopening.
- iii. 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/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 to be enforced by school administration, not the athletic trainer.
- iv. Athletes should not be interacting with anyone outside the area where their individual workout is located.
- v. Moving to phase 2 is contingent upon meeting the gating criteria above in the region your organization resides for the previous two weeks, and 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 facility, however this should be done with minimal protective equipment (i.e. helmets only for football). Team drills can occur where players are less than 6 feet apart, but this should be minimized to brief one-on-one drills. Most of the practice should utilize 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, allow ample time between sessions to clean area between teams. Half field use is permitted. Be sure that there is no interaction between teams.
- iii. Any equipment used should be disinfected between individual uses (i.e. helmets, bat, stick 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 no outbreak within your school or organization

4. Phase 3

- i. During this phase, team practices with full equipment and contact drills is permissible. (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 permitted during this phase.
 - iii. During competitions, spectators should practice social distancing as permissible and spectators should wear masks/face coverings. 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.
 - iv. Any equipment used should be disinfected between individual uses (i.e. 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 no outbreak of cases at your school or organization.
- 5. Phase 4
 - i. During this phase, full team practices, scrimmages, and game competitions are permitted. Any scrimmages or games should be played only against team located within the St. Louis region.
 - ii. During competitions, spectators should practice social distancing as permissible and spectators should wear masks/face coverings. 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.
 - iii. Any equipment used should be disinfected between individual uses (i.e. 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 15th* 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 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/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 to be enforced by school administration, not the athletic trainer.
 - iii. Athletes should not be interacting 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 no 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 permitted during this phase. Should allow for proper acclimatization before playing opponents.
 - iii. Any equipment used should be disinfected between individual uses (i.e. bat, stick, helmets, sleds etc.).
 - iv. If the same field or gym will be used back to back, allow ample time between sessions to clean area between teams. Be sure that there is no interaction between teams.
 - v. Any equipment used should be disinfected between individual uses (i.e. 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 (i.e. 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 no outbreak of cases at your school or organization.
4. Phase 3
- i. During this phase, full team practices, scrimmages, and game competitions are permitted. Any scrimmages or games should be played only against team located within the St. Louis region.
 - ii. Any equipment used should be disinfected between individual uses (i.e. bat, stick, helmets, sleds etc.).
 - iii. 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 (i.e. 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 15th has been chosen based on the date of initial reopening of May 18th 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.

POINTS OF CONTACT:

SSM Health

Katie Smith, MEd, ATC, LAT
Katie.Smith2@ssmhealth.com

Mercy

Jason Muchow, MHA, ATC
Jason.Muchow@Mercy.Net

BJC HealthCare

Paul Jenkins, PT, MSPT

paulgj@bjc.org

RESOURCES:

www.ssmhealth.com/coronavirus-updates

www.mercy.net/covid

www.bjc.org/Coronavirus

www.cdc.gov/coronavirus

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

CONTRIBUTORS:

Jamil R. Neme, MD, CAQSM
Primary Care Sports Medicine, SLUCare
Physician Group
Assistant Professor, Saint Louis University
School of Medicine

Katie Smith, MEd, ATC, LAT
Sports Medicine Outreach Manager
SSM Health

Scott G. Kaar, MD
Sports Medicine and Orthopedics
Surgeon, SLUCare Physician Group
Associate Professor, Saint Louis University
School of Medicine
Head Team Physician of the SLU Billikens

Jason G. Newland, MD, MEd
Professor of Pediatrics
Pediatric Infectious Diseases
Washington University School of Medicine
St. Louis Children's Hospital

Mark Halstead, MD
Associate Professor of Pediatrics and
Orthopaedics
Co-Director, Young Athlete Center
Washington University School of Medicine
St Louis Children's Hospital

Jeffrey J. Nepple, MD, MS
Assistant Professor of Orthopaedic Surgery
Director, Young Athlete Center
Washington University School of Medicine
St. Louis Children's Hospital

Paul G. Jenkins, PT, MSPT.
Rehabilitation Supervisor, Children's
Specialty Care Center
Coordinator, Young Athlete Center

Jason Muchow, MHA, ATC
Director of Sports Medicine & Orthopedics
Mercy Clinic

Brian L. Mahaffey, MD, CAQSM
Medical Director, Mercy Sports Medicine
Team Physician and Coordinator of Major
League Medical Services, St. Louis
Cardinals

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