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

This updated guidance is being released for the 2021 Summer sports season. DPH will continue to monitor pandemic metrics and will issue updated guidance if/when they are necessary and appropriate.

Introduction

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

Risk Categorization for Various Sports

DPH has been consistent in the assertion that, by their nature of play, the environment in which activities take place (e.g., indoors vs. outdoors), local, statewide, and regional community rates of COVID-19, the vaccination status of participants, and other factors, certain sports are more likely to promote exposure to the virus that causes COVID-19 (SARS-CoV-2) through aerosol-sized and larger respiratory droplets. The Centers for Disease Control and Prevention (CDC) recommends consideration of several different variables in assessing the potential risks for COVID-19 spread, including:

- Community levels of COVID-19
- Vaccination status of participants
- 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)

It should be noted that currently no COVID-19 vaccine is approved for use in children younger than 12 years old, and many vaccine-eligible youth will not be fully vaccinated for at least some portion of the summer sports season. As such, the risk of COVID-19 transmission among these participants and any unvaccinated or at-risk family members remains.
COVID-19 Mitigation Strategies

There are several strategies that can be implemented to impact the risk considerations listed above. To help facilitate compliance with mitigation strategies and communicate expectations to participants and their families, **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 and provide those protocols, along with a **point-of-contact**, to the appropriate local health department

- **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

- encourage participating adults and age-eligible children to **get vaccinated** to reduce their risk and the risk to others from COVID-19

**Mask Wearing**

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.

1) In accordance with Governor Ned Lamont’s current Executive Order regarding mask use for the prevention of COVID-19, masks **must be used** during **indoor** athletic activities by **all participants who are not fully vaccinated** (i.e., any coaches, athletes, officials, spectators, etc. who are not at least 14 days past their second dose of Pfizer or Moderna vaccine or their first dose of Johnson & Johnson vaccine) **at all times**. Of note, **organizers of any athletic activity involving children younger than 12 years old** should plan for continuous mask wearing by all participants during any indoor athletic activity, as there is currently no COVID-19 vaccine approved for these children.

2) DPH recommends that masks continue to be used during **outdoor** athletic activities by **all participants who are not fully vaccinated** (i.e., any coaches, athletes, officials, spectators, etc. who are not at least 14 days past their second dose of Pfizer or Moderna vaccine or their first dose of Johnson & Johnson vaccine) when **appropriate distancing cannot be reliably and consistently maintained** (e.g., inside dugouts, bench areas, crowded spectator areas, etc.).
Quarantine Requirements

CDC has recently published new guidance 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. However, quarantined athletes, coaches, officials, and other participants who are either not fully-vaccinated or have not recovered from a known COVID-19 infection in the prior 90 days should not be allowed to engage in athletic activities until at least 14 days after their quarantine period begins. Alternatively, 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 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.

Out-of-State Competition

DPH recommends that teams or individuals traveling outside of Connecticut for more than 24 hours for the purposes of engaging in athletic competition follow the CDC guidance for Travel during COVID-19.