

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

This guidance applies to the 2021 winter sports season (Jan. 19 – Mar. 15). 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 before March 1, 2021.

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. The guidance is based on the recognition that by their nature of play, certain sports are more likely to promote exposure to the virus that causes COVID-19 (SARS-CoV-2) through respiratory droplets as well as the fact that colder weather is forcing athletic activities indoors. 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.

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.



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Table 1: Risk Categorizations with Associated Sports, National Federation of State High School Associations, Sports Medicine Advisory Committee, May 2020

HIGHER RISK			
Sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants.			
<i>Wrestling</i>	<i>11-on-11 Football</i>	<i>Boys Lacrosse</i>	<i>Competitive Cheer</i>
<i>Martial Arts¹</i>	<i>Rugby¹</i>	<i>Boxing¹</i>	<i>Competitive Dance Teams</i>
MODERATE RISK			
Sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can't be cleaned between participants.			
<i>Basketball</i>	<i>Soccer</i>	<i>Tennis (doubles)</i>	<i>Girls lacrosse</i>
<i>Volleyball</i>	<i>Water polo</i>	<i>Swimming relays</i>	<i>Rowing/Crew</i>
<i>Baseball</i>	<i>Gymnastics</i>	<i>Pole vault</i>	<i>(with two or more rowers in shell)</i>
<i>Softball</i>	<i>Ice hockey</i>	<i>High jump</i>	<i>7-on-7 football</i>
	<i>Field hockey</i>	<i>Long jump</i>	
LOWER RISK			
Sports that can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between use by competitors.			
<i>Individual running events</i>	<i>Running/Cross Country (staggered starts)</i>	<i>Weightlifting</i>	<i>Rowing/Crew (single sculling)</i>
<i>Throwing events (javelin, shot put, discus)</i>	<i>Individual swimming</i>	<i>Alpine skiing/snowboarding</i>	<i>Tennis (singles)</i>
	<i>Golf</i>	<i>Sideline cheer</i>	

¹ Identified as “Level 1” risk by United States Olympic & Paralympic Committee: Sports Event Planning Considerations Post-COVID-19, May 7, 2020 – v0.14, <https://www.teamusa.org/-/media/TeamUSA/Documents/Coronavirus/USOPC-Sports-Event-Planning-Considerations-V1.pdf>

Risk Categorization for Various Sports

In developing this guidance, DPH has relied on guidance for risk categorization of various sports published by the National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee¹, 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 believes that NFHS, and in particular their Sports Medicine Advisory Committee, is 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. Table 1 lists the current risk categorizations defined by NFHS, with applicable individual sports identified for each category.

In assigning risk categories, NFHS considered the fact that direct person-to-person spread via respiratory droplets is the most likely route of transmission for COVID-19, the factors associated with the generation of respiratory droplets and the dynamics of their travel between individuals, and the specific aspects of normal play that require close contact or lend themselves to the implementation of mitigation strategies. The categorical decisions made by the NFHS Sports Medicine Advisory Committee were made with deference to guidance originally provided by the United States Olympic & Paralympic Committee.²

Risk Categorization for Various Athletic Activities

In addition to categorical risks applied to specific sports, similar risk levels can be applied to the types of progressive activities that are generally similar across sports. Sport-related activities can generally be divided into the following groupings (listed in order of risk):

Tier 1: Individual one-to-one training, Small group aerobic conditioning, Small group sport-specific non-contact skill development drills

Tier 2: Team practices, Intra-squad scrimmages

Tier 3: Interscholastic or in-state contests (2 teams)

Tier 4: In-state multi-team meets or tournaments

Tier 5: Interscholastic or other contests taking place outside of Connecticut or involving teams from outside of Connecticut

As with the risk assignment of individual sports, assigning risk to athletic activity-types requires attention to the size of the group participating in the activity, the ability of participants to utilize general public health prevention strategies (distancing, mask wearing, hand hygiene), the ability of coaches or other supervisors to control and ensure compliance from participants, the environment in which the activity is taking place, the dynamics of contact, and potential respiratory droplet spread involved with each activity.

At this time, DPH recommends the following for sports team activities based on the risk levels associated with individual sports and activities, as well as the current level of community COVID-19 transmission in our state, in order to help protect participant families and surrounding communities. The specific activities listed below, and the continued progression of the prescribed timeline, are based on the expectation that community case rates

¹ https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf

² <https://www.teamusa.org/-/media/583E88D9C2514F52816F8FC12F6FCA82.ashx>

across our state will begin to decline and that a steady reduction in case rates will continue throughout the Winter and Spring months.

Table 2: Recommendations for the Operation of Interscholastic, Club, and Recreational and Other Amateur Sports Activities

Activities	CT State Current Sports Risk Categories (from Table 1)					
	Lower Risk Sports		Moderate Risk Sports		Higher Risk Sports	
	Indoor*	Outdoor	Indoor*	Outdoor	Indoor*	Outdoor
Tier 1 Small group conditioning and non-contact drills	Recommend allowing if appropriate modifications are used	Recommend allowing	Recommend allowing if appropriate modifications are used	Recommend allowing	Recommend allowing if appropriate modifications are used	Recommend allowing
Tier 2 Team practices, intra-squad scrimmage	Recommend allowing if appropriate modifications are used	Recommend allowing if appropriate modifications are used	Recommend allowing if appropriate modifications are used	Recommend allowing if appropriate modifications are used	Not recommended	Not recommended
Tier 3 In-state contests between two teams	Recommend allowing if appropriate modifications are used	Recommend allowing if appropriate modifications are used	Recommend allowing if appropriate modifications are used	Recommend allowing if appropriate modifications are used	Not recommended	Not recommended
Tier 4 In-state multi-team meets or tournaments	Not recommended	Not recommended	Not recommended	Not recommended	Not recommended	Not recommended
Tier 5 Competitions involving other states	Not recommended	Not recommended	Not recommended	Not recommended	Not recommended	Not recommended

* In all cases, indoor activities should be restricted to the extent possible, with appropriate mitigation strategies (face covering masks, 6 ft or more distancing when possible, etc.) in place for all indoor activities and those outdoor activities where close contact is expected.

• **Lower Risk Sports:**

- **Tier 1 and 2** activities (conditioning, small group skill-building, team practices, etc.) should begin no earlier than **January 19, 2021**.
- **Tier 3** activities (competitions between two teams) should begin no earlier than **February 1, 2021**.
- Postpone all **Tier 4** (tournaments/meets) and **Tier 5** (competitions involving other states) activities.

- **Moderate Risk Sports:**
 - **Tier 1 and 2** activities (conditioning, small group skill-building, team practices, etc.) should begin no earlier than **January 19, 2021**.
 - **Tier 3** activities (competitions between two teams) should begin no earlier than **February 1, 2021**.
 - Postpone all **Tier 4** (tournaments/meets) and **Tier 5** (competitions involving other states) activities.
- **Higher Risk Sports:**
 - **Tier 1** activities (conditioning, small group non-contact skill-building) should begin no earlier than **January 19, 2021**.
 - Postpone all **Tier 2-5** activities.
- **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 resumption 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.³
 - 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

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 close contact between participants must include the use of appropriate mitigation strategies to help lower the risk to participants from COVID-19.

³ https://portal.ct.gov/-/media/DECD/Covid_Business_Recovery-Phase-2-1/Sports_FitnessCenters- C12_V101192021.pdf

COVID-19 Mitigation Strategies

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, which will most likely not occur prior to Spring 2021.

Mask Wearing

Any athletic activities occurring indoors, as well as those occurring outdoors that involve 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. Where the nature of play is such that two or more athletes would not be expected to have any close contact (i.e. tennis singles, individual running, etc.) athletes are not required to wear face coverings during active competition, although it is still strongly encouraged. Face covering masks should still be worn at all times by individuals not engaged in active competition in these settings.

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 or while using certain gymnastics apparatus).⁴ 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

Recently, the Centers for Disease Control and Prevention (CDC) published new risk-based guidance and procedures for shortening the required quarantine period for individuals identified as close contacts of a known COVID-19 case. 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. However, 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. This would preclude gathering with other athletes for engagement in team sports prior to completion of a full 14-day quarantine period. 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, and other participants should not be allowed to engage in athletic activities until at least 14 days after their quarantine period begins.

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

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.

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, DPH also agrees with NFHS and other governing bodies that not all sports are equal in their risk for their potential to spread infectious respiratory droplets, and therefore certain sports and activities have more potential to be conducive to the spread of COVID-19 infections in our communities. This, coupled with recent changes in the data trends for COVID-19 infections, our understanding of the dynamics and the role of asymptomatic drivers of spread in our communities, the impact of youth sports on in-person learning, and our continuing experiences both within our state and nationwide with outbreak events all point to the need for a continued cautious approach to organized athletic activities.