

Return to Play After COVID-19 Infection

Summary Guidance for School Leadership

Rev. March 16, 2021

Guidance Rescinded

This guidance was issued/updated March 16, 2021 and is rescinded as of June 16, 2021. It is no longer in effect. Please see [COVID-19 Guidance for Vermont Schools](#) for current guidance related to the COVID-19 pandemic emergency.

Background

Return-to-Play after COVID-19 Infection - Adapted from the [American College of Cardiology](#) (ACC) and [American Academy of Pediatrics](#), reviewed by UVMHC Pediatric Cardiology March 3, 2021.

This guidance is informed by expert opinion and may apply to individuals who participate in any physical activity, organized or not, including but not limited to organized sports and physical education class. Clinical judgment is strongly encouraged in support of a shared decision-making process between health care professional and family. This set of recommendations will be revised as more information becomes available

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The [Medical Clearance Form](#) and [Return-to-Play after COVID-19 Infection protocols](#), including [Cardiac Screening in Pediatric Patients after COVID-19 Infection](#) are the responsibility of the child health care professional and warrant clinical judgment by the health care professional and shared decision making with children/youth and their family.

The Return-to-Play after COVID-19 infection protocol is intended for children/youth currently, or in the future, diagnosed with COVID-19 infection. A child/youth's medical home may decide to extend the period back 1-3 months, which is a clinical decision.

Before returning to play, children/youth with COVID-19 infection should be seen by their pediatric medical home after illness resolves. Children/youth who meet clinical criteria will need to undergo the [graduated Return-to-Play protocol](#) overseen and monitored by the patient, their family and their health care professional.

Children less than 12 years old can return to activity as tolerated after medical clearance by their pediatric medical home.

Communication among local teams, including sharing of the [Medical Clearance Form](#) and the [Graduated Return-to-Play paperwork collection](#) is important. Teams may consist of health professionals, school administrators, school nurses, athletic trainers, parents and athletes. The creation of policies and communication plans will assist in the collection of paperwork and the

dissemination of information to teachers, coaches, trainers and school nurses. Continued team-based care between school nurses and pediatric medical homes is encouraged. School nurses should advocate for families of students post-COVID-19 infection to communicate with their medical home before returning to activity.