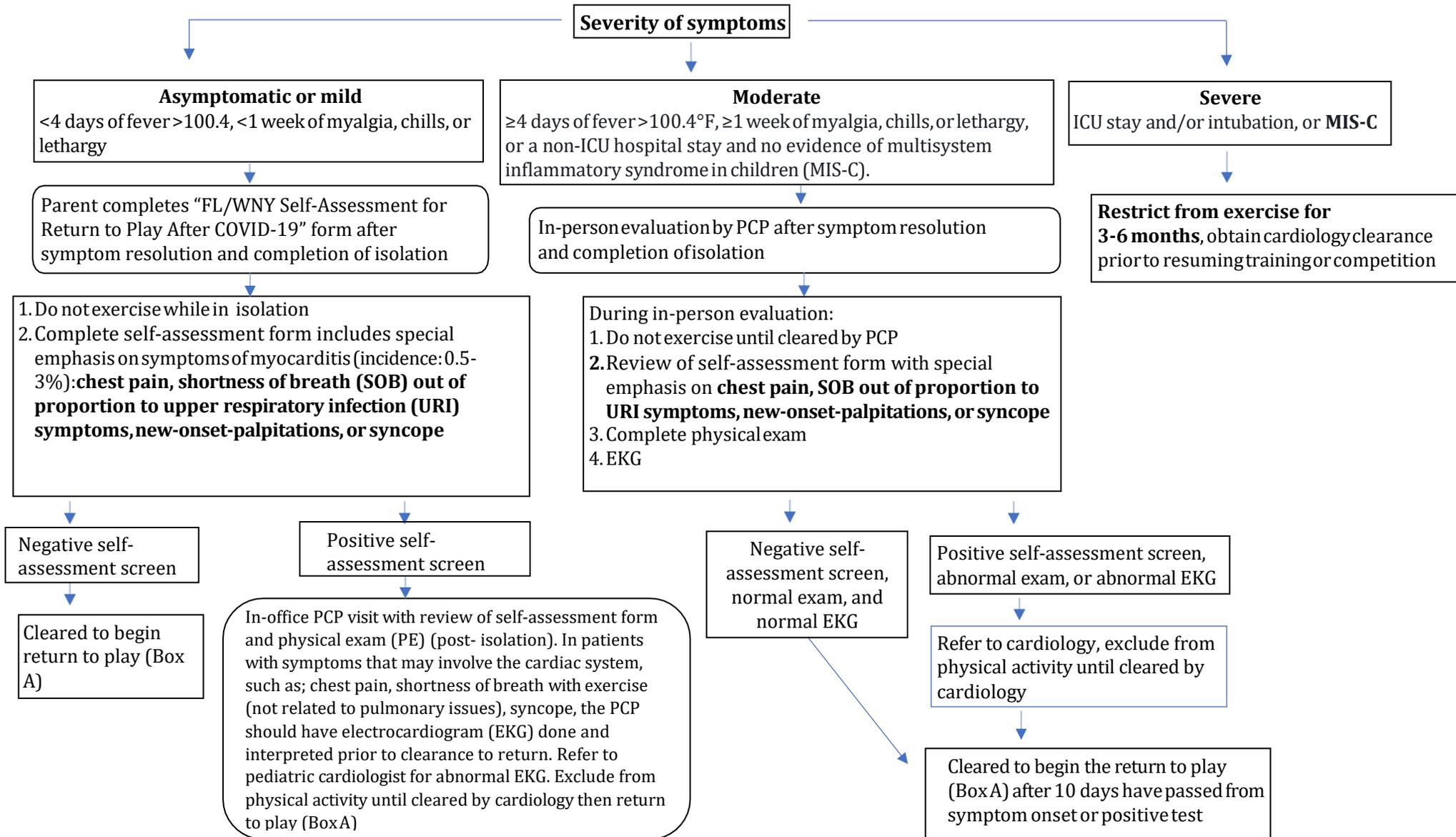


Finger Lakes/Western NY COVID Pediatric Return to Play After COVID Infection (Revised Jan 31, 2022)

Applies to all children 5 years and older with moderate/severe presentation

AND to youth 12 years and older participating in high intensity exercise/competitive sports only (NOT gym/physical education or recess) regardless of symptom severity.

Adapted from the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity by Anna Zuckerman, MD, FAAP and Jonathan Flyer, MD, FAAP, FACC. For detailed guidance, please refer to the [AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity](#). (Last updated 1/20/2022)



Finger Lakes/Western NY COVID Pediatric Return to Play After COVID Infection (Revised Jan 31, 2022)

Applies to all children 5 years and older with moderate/severe presentation

AND to youth 12 years and older participating in high intensity exercise/competitive sports only (NOT gym/physical education or recess) regardless of symptom severity.

Adapted from the AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity by Anna Zuckerman, MD, FAAP and Jonathan Flyer, MD, FAAP, FACC. For detailed guidance, please refer to the [AAP COVID-19 Interim Guidance: Return to Sports and Physical Activity](#). (Last updated 1/20/2022)

BOXA: Additional Guidance on Returning to Play (Note: if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.)

When should children and adolescents return to play?

- 1) Completed isolation and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerning signs/symptoms
- 4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?

- 5) <12yo: progress according to own tolerance
- 6) 12+: gradual return to physical activity
 - Asymptomatic / Mild symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.
 - Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), and a minimum of 4 days of gradual increase in physical activity (one light cardio workout on own, two light practices, one full practice), no games before day 5. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.

When should children and adolescents pause return to play?

- If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam and consider referral to Pediatric Cardiology

FL/WNY Self-Assessment for Return to Play After COVID-19

Patient/Student Name:

School:

Date of Birth:

Age:

Which sport (if any) is your child returning to:

Primary Care Physician's name:

Date COVID symptoms started (if known): _____

Date COVID positive test was taken: _____

Date the child's symptoms (other than loss of taste or smell) went away: _____

Did/was the child:

Have a fever of 100.4° or higher for 4 days or more? No Yes

Have chills, body aches for 7 days or more? No Yes

Very tired for 7 days or more? No Yes

Have to stay in the hospital because of COVID symptoms? No Yes

Admitted to the Intensive Care Unit (ICU) in the hospital, intubated,
or diagnosed with Multisystem Inflammatory Syndrome (MIS-C)? No Yes

In the last 24 hours has the child had:

Chest pain at rest or with activity? No Yes

Shortness of breath? No Yes

Excessive fatigue/tiredness with activity? No Yes

Skipped heart beats or a heartbeat not normal for the child? No Yes

Fainting or passing out that is not normal for the child? No Yes

If you answered yes to any of the above questions, please call your child's doctor to schedule a visit and do not have them re-start physical activity until cleared to do so.

By signing below, I confirm that the answers to the questions on this form are true to the best of my knowledge.

Parent Signature

Date

v.1/31/22

Return to Exercise After COVID

FAQs for Healthcare Providers

What current criteria should be met for children and adolescents to return to play?

The revised AAP Guidance published 1/27/2022, outlines the following criteria be met before considering any return to play and a less restrictive pacing for return to play is recommended:

- 1) Completed isolation and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerning signs/symptoms
- 4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?

- 5) <12yo: progress according to own tolerance
- 6) 12+: gradual return to physical activity
 - Asymptomatic/Mild symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3. *A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.*
 - Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), and a minimum of 4 days of gradual increase in physical activity (one light cardio workout on own, two light practices, one full practice), no games before day 5. *A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.*

Do pre-existing cardiac conditions, absent other risk factors or concerning symptoms, warrant EKG or referral?

This stipulation has been removed from the AAP guidelines. “Minor” cardiac conditions that should not raise alarm for an automatic referral to cardiology are small atrial or ventricular septal defects (ASD, VSD) or patent ductus arteriosus (PDA), repaired ASDs, VSD, PDAs or other lesions without significant residual lesions, mitral valve prolapse, vasovagal syncope, and many arrhythmias. These patients are typically seen infrequently (> 1 year between cardiology visits), are on no cardiac medications, and have no activity restrictions in place from their cardiologist. However, even these patients may require referral if there are concerning cardiac symptoms. For questions about whether a cardiac condition qualifies for automatic referral, please contact pediatric cardiology.

If I order an EKG, what findings require referral to cardiology?

Unless otherwise indicated in the official reading, minor EKG findings such as sinus arrhythmia (a normal finding), left or right axis deviation, incomplete right bundle branch block, and possible left ventricular hypertrophy do not need referral for exercise clearance following a COVID infection, but primary care providers can call or refer to cardiology if they have questions about EKG findings in general.

**What if a child has persistent loss of taste or smell, or prolonged nasal congestion or cough?
Do these symptoms raise concern for further cardiac evaluation?**

No. High risk systemic symptoms include fever >100.4, myalgia, chills, or profound lethargy. Prolonged loss of taste or smell, or respiratory symptoms are often still present after release from isolation, do not constitute increased risk for myocarditis, and do not require further evaluation or referral to cardiology.

Does this apply to college-age students? Who will see our older patients – 18 years and older?

Yes, patients who are 18 years and older who qualify as higher risk by severity of COVID symptoms or current cardiac symptoms/risk should have further evaluation as per the algorithm. Pediatric cardiology will see patients through age 17 years; those 18 years and older should be referred to adult cardiology.

Do you expect revisions of this algorithm in the future?

Yes. The AAP guidance is informed by expert opinion. We continue to work with specialists in pediatric cardiology from centers around the country as more children are seen with COVID-19 to determine what revisions can be made to both age limits and screening criteria, and we will update our community accordingly.

RETURNING TO PLAY AFTER A COVID-19 INFECTION: GUIDANCE FOR FAMILIES



COVID-19 can pose risks to kids and teens' hearts. This guidance was developed by physicians of the Finger Lakes Reopening Schools Safely health workgroup. This was based on American Academy of Pediatrics' guidelines for children to safely return to exercise (sports and physical education) after recovering from COVID-19. This guidance is intended to keep children as safe as possible.

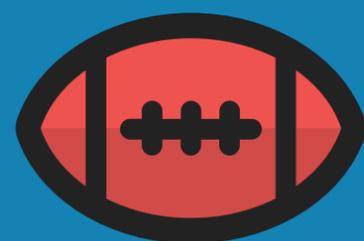
If kids ages 5 years and older have MODERATE or SEVERE COVID symptoms, with four days of fever of more than 100.4°F, or a week or more of muscle pain, chills or extreme tiredness, make an appointment with a pediatrician or health care provider. When? When released from isolation and fever free.



If your child is 12 years or older and engages in intense or competitive sports, and they have been diagnosed with COVID-19, you should complete a self-assessment form to determine if they need to see their health care provider once released from isolation and fever free. They should gradually return to sports when cleared to do so.

What to expect when you see your provider:

If kids ages 5 years and older with MODERATE symptoms have any concerning cardiac symptoms, they will need additional follow up. Your health care provider will help determine what next steps are needed.



If kids ages 5 years and older have had SEVERE symptoms, a pediatric cardiology team will work with you on a plan for a gradual return to sports, gym and recess.

Once your child is cleared, they can slowly return to activity. This gradual return will be over several days and will be guided by the child's health care provider, the school, and/or the pediatric cardiologist.

If your child develops cardiac symptoms during this gradual return to activity, they should stop exercise and see their health care provider or cardiologist for further evaluation.



VOLVIENDO A JUGAR DESPUÉS DE UNA INFECCIÓN DE COVID-19: GUÍA PARA LAS FAMILIAS



COVID-19 puede presentar riesgos para los corazones de niños y adolescentes. Esta guía fue desarrollada por médicos del grupo de trabajo de salud de Finger Lakes Reopening Schools Safely. Esto se basó en las pautas de la Academia Americana de Pediatría para que los niños vuelvan a hacer ejercicio de manera segura (deportes y educación física) después de recuperarse de COVID-19. Esta guía está destinada a mantener a los niños lo más seguros posible.

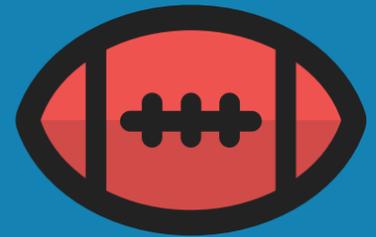
Si los niños mayores de 5 años tienen síntomas MODERADOS o GRAVES de COVID, con cuatro días de fiebre de más de 100.4 °F, o una semana o más de dolor muscular, escalofríos o cansancio extremo, programe una cita con un pediatra o proveedor de atención médica. ¿Cuándo? Cuando sea liberado del aislamiento y esté libre de fiebre.



Si su hijo tiene 12 años o más y participa en deportes intensos o competitivos, y se le ha diagnosticado con COVID-19, deben completar un formulario de autoevaluación para determinar si necesitan ver a su proveedor de atención médica una vez que salgan del aislamiento y no tengan fiebre. Deben volver gradualmente a los deportes cuando se les autorice a hacerlo.

QUÉ ESPERAR CUANDO VEA A SU PROVEEDOR:

Si los niños de 5 años o más con síntomas MODERADOS tienen síntomas cardíacos preocupantes, necesitarán un seguimiento adicional. Su proveedor de atención médica lo ayudará a determinar los próximos pasos necesarios.



Si los niños de 5 años o más han tenido síntomas GRAVES, un equipo de cardiología pediátrica trabajará con usted en un plan para un regreso gradual a los deportes, el gimnasio y el recreo.

Una vez que su hijo ha sido declarado curado, puede volver lentamente a la actividad. Este regreso gradual será durante varios días y será guiado por el proveedor de atención médica del niño, la escuela y/o el cardiólogo pediátrico.

Si su hijo desarrolla síntomas cardíacos durante este regreso gradual a la actividad, debe dejar de hacer ejercicio y consultar a su proveedor de atención médica o cardiólogo para una evaluación adicional.

