

## WHA COVID-19 Return to Play Guidelines

- Any players, coaches or spectators exhibiting symptoms or signs of an illness should not be at the ice arena or at any other WHA function until their symptoms resolve.
- Participants should utilize the South Dakota High School Activities Association (SDHSAA) COVID-19 Participant/Coach Monitoring Form to screen themselves prior to any on-ice activity.
- Squirt age players and younger (2010 birth year and younger) should dress from home. Players may put on gloves, helmets and skates at the rink upon arrival. Goalies are the only exception, they will be provided a place to put leg pads on.
- PeeWee age players and older (2009 birth year and older) must limit time in locker room to 15 minutes prior to practices and 30 minutes prior to games.
- Players must wear cloth or medical grade masks at all times in locker rooms.
- Players should vacate the rink immediately following any scheduled activity.
- For Squirt age players and younger (2010 birth year and younger), only one parent/guardian may remain in the rink for the duration of practice. Parents are highly encouraged to utilize the stands and socially distance.
- For PeeWee age players and older (2009 birth year and older), parents must drop off players for practice at player entrance located at northeast location of ice arena and should not stay to observe practice.
- Coaches and team managers are encouraged to use Zoom, Skype, etc. to hold any parent/team meetings that will last more than 15 minutes.
- Attendees must wear masks for any in-person team meeting, held in an indoor facility, lasting more than 15 minutes.
- Preseason parent/team meeting will be held outside in parking lot area with no access to ice arena. Will do earlier, before weather gets cold.
- Avoid sitting in large groups of players on benches during practices.
- During games, all DIBS volunteers in the scoring booth **MUST** wear masks. The scoreboard panel, laptops computers and desk should be sanitized after every game.
- During games, all DIBS volunteers working in the concession area **MUST** wear mask and gloves at all times.
- No sharing of water bottles or any other equipment, bring your own labeled water bottle.
- No pre or post game handshakes.
- No buses for high school travel trips. Recommend carpools with max of 3 players for vehicle.
- All game spectators will observe rink rules for social distancing.

- No gear to be left at the Maas Ice Arena.

### **WHA Management of Confirmed COVID-19 Cases**

- No player, coach, parent or sibling should enter the rink if exhibiting symptoms of COVID-19 (fever, cough with difficulty breathing, unexplained sore throat, unexplained diarrhea/vomiting/abdominal pain, severe headache, loss of taste or smell).
- Inform Serena Schlapkohl ([whaexecdir@gmail.com](mailto:whaexecdir@gmail.com)) immediately when a player, coach or other team personnel tests positive, somebody in a player's household has tested positive or when a player or coach has been exposed to somebody confirmed to have COVID-19.
- Any team members and coaches of a confirmed positive COVID-19 case must refrain from meeting, practicing, visiting the rink and competing in any games pending further direction from the South Dakota Department of Health (SDDH).
- Any confirmed positive COVID-19 case must have SDHSSA return to play form completed prior to return to activities
- Any South Dakota Department of Health confirmed close contact must self-quarantine for 14 days from the date of potential exposure.
- WHA leadership will notify all teammates and coaches when a player on that team has tested positive, but WHA will keep the individual's identity anonymous. All information will be treated in compliance with HIPAA.
- WHA leadership will notify the entire association when a player or coach tests positive for COVID-19 but the individual's identity will remain anonymous. All information will be treated in compliance with HIPAA.





(Insert School Logo Here)

### **SDHSAA COVID-19 MONITORING FORM RESPONSE GUIDE**

	Yes (Any response)	No	Action
Section 1	X		Follow school guidance on school illness policy (symptom free for 24 hours without use of fever reducing medication)
Section 2		X	

	Yes (Any response)	No	Action
Section 1	X		Contact healthcare provider for evaluation/possible testing OR self-quarantine for 14 days from symptom onset and/or potential exposure
Section 2	X		

	Yes (Any response)	No	Action
Section 1		X	Contact the South Dakota Department of Health for further guidance.
Section 2	X		

**NOTES:**

- ANY PARTICIPANT WITH A SOUTH DAKOTA DEPARTMENT OF HEALTH CONFIRMED POSITIVE COVID-19 TEST RESULT MUST HAVE THE RETURN TO PLAY FORM COMPLETED PRIOR TO RETURN TO ACTIVITIES.
- ANY SOUTH DAKOTA DEPARTMENT OF HEALTH CONFIRMED CLOSE CONTACT MUST SELF-QUARANTINE FOR 14 DAYS FROM DATE OF POTENTIAL EXPOSURE AND COMMUNICATE DAILY SCREENING PER SDDOH GUIDANCE.



# SDHSAA COVID-19 Return to Play Form

If a participant has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP)

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Positive Test: \_\_\_\_\_

**THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION**

Date of Evaluation: \_\_\_\_\_

Criteria to return (Please check below as applicable)

- 14 days have passed since symptom onset, during which the individual has been asymptomatic for at least the last 7 days without use of fever-reducing medication
- Individual was not hospitalized due to COVID-19 infection.
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with exercise	YES	NO
Unexplained Syncope/near syncope	YES	NO
Unexplained/excessive dyspnea/fatigue w/exertion	YES	NO
New palpitations	YES	NO
Heart murmur on exam	YES	NO

**NOTE:** If any cardiac screening question is positive or if participant was hospitalized, consider further workup as indicated. May include ECG, cardiac biomarkers, Echocardiogram, CXR, PFT's, Chest CT, or cardiology consult.

Individual HAS satisfied the above criteria and IS cleared to return to activity.

**OPTIONAL:** Due to moderate or severe symptoms with COVID-19, the participant should perform the stages of the Graduated Return to Play Progression prior to full clearance

Individual HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

### Medical Office Information (Please Print/Stamp):

Evaluator's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Evaluator's Address: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

### **Graduated Return to Play (RTP) Progression After COVID-19 Infection**

In participants who have had moderate or severe symptoms with COVID-19 or their provider had any concerns for rapid RTP, the athlete should complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the participant should be referred back to the evaluating provider who signed the form.

- **Stage 1: (2 Days Minimum)** Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- **Stage 2: (1 Day Minimum)** Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- **Stage 3: (1 Day Minimum)** Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- **Stage 4: (2 Days Minimum)** Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Stage 5: Return to full activity**

If required by health care provider, the participant has completed the 5 stage RFP progression under the supervision of school personnel: \_\_\_\_\_