



**CIAC Request for Endorsement of Changes to Existing
Interscholastic Athletic Mask and Return-to-Play Guidance
To Be Effective February 10, 2022**

February 7, 2022

Dear Commissioner Juthani and Tom,

The CIAC, in collaboration with its Sports Medicine Advisory Committee medical experts, is requesting changes to DPH mask mandates and return-to-play recommendations. CIAC winter championships begin on Thursday, February 10, with indoor track and field. The CIAC has collected meaningful data and collaborated with the Connecticut State Medical Society (CSMS) Sports Medicine Committee to make informed decisions in operating interscholastic athletics throughout the pandemic. As the CIAC prepares for winter post-season play, it is requesting DPH's endorsement of the following changes to existing interscholastic athletic guidance to go into effect on Thursday, February 10, 2022:

- CIAC student-athletes can participate in indoor competitions without wearing masks, regardless of vaccination status. Student-athletes must wear a mask indoors at all times when not actively competing (e.g., bench, locker room, bus, etc.). CIAC COVID-19 winter sports data support this request.
- Student-athletes who have tested positive for COVID-19 should follow the return-to-play guidance endorsed by the American Medical Society for Sports Medicine (AMSSM) and the National Federation of State High School Associations (NFHS). CIAC's opinion is that the AMSSM has more experience in this area than the American Academy of Pediatrics (AAP), as evidenced by the AMSSM's recent study, [Cardiopulmonary Considerations for High School Student-Athletes During the COVID-19 Pandemic](#) (AMSSM-NFHS, January 2022).
- The CIAC may operate interscholastic athletics under the requested changes given its proven ability to monitor COVID-19 metrics for its member schools and the similarity of its oversight structure to collegiate governing bodies exempt from DPH and state mandates.

General Rationale After Implementing Mask Requirements During the CIAC Winter Sports Season.

In the 2021-2022 CIAC fall and winter sports seasons, masks have been required during practice and competition for indoor sports, except in those instances where masks presented a safety risk. The CIAC, its member school principals, athletic directors, athletic trainers, league commissioners, and officials have enforced mask requirements to the extent possible without penalizing student-athletes and teams. Despite extensive efforts, student-athlete compliance with mask requirements is average at best.

As COVID-19 cases rapidly drop, it is increasingly challenging to require masks anywhere, especially sports. The only strategy remaining to enforce mask requirements in interscholastic athletics is to take punitive action against individual student-athletes and teams.

The CIAC, in consultation with its medical experts, feels data supports that interscholastic athletic competitions are not a source of high COVID-19 transmission. Given the increase in anxiety, depression, and social, emotional, and mental health issues among school-aged youth, the CIAC does not feel it is appropriate to take punitive action against individual student-athletes or teams because of masks. A recent study found "adolescents who played a sport during the COVID-19 pandemic described fewer symptoms of anxiety and depression and had better physical activity and quality-of-life scores compared with adolescent athletes who did not play a sport (McGine et al., 2022). However, the current DPH

guidance for interscholastic athletics will leave CIAC with no other option than to take punitive action in its state tournaments.

Consider a scenario in which a track student-athlete wins the 1600 or 3200-meter race while wearing their mask below the nose and mouth. The second-place finisher has worn the mask over their mouth but below their nose. The third-place finisher wore their mask over their nose and mouth throughout the entire race. Given the current mask requirement for indoor sports, should the first and second-place finisher be disqualified from the race? Or, if a similar scenario occurs in the 55-meter race, should student-athletes be disqualified in that event when at most, it will be 15 seconds in duration?

Understanding that CIAC indoor track participants are among the lowest percentage of student-athletes testing positive for COVID-19 in the 2021-2022 winter sports season, and, in this activity, participants are literally running away from each other as fast as they can, it is difficult to justify taking punitive action against a participant or team for masks. A similar example exists for each CIAC winter sport.

The CIAC seeks DPH's approval for its interscholastic athletics to take place without the requirement of masks while student-athletes are engaged in active play.

The Rationale for Student-Athletes to Compete in CIAC Interscholastic Athletics Without Wearing a Mask, Regardless of Vaccination Status

During the 2021-2022 CIAC interscholastic winter sports season, mask requirements during competition have aligned with DPH recommendations. In basketball, ice hockey, track running events, and dance, student-athletes have worn masks while engaged in competitive play. In wrestling, gymnastics, cheerleading, swimming, and track and field jumping and throwing events, student-athletes have competed without masks for safety reasons.

The CIAC collects COVID-19 interscholastic sport-related data in two-week intervals. Athletic directors at each school submit the data provided by school district COVID-19 liaisons and local health departments. Approximately sixty-nine percent (69%) of CIAC member schools have submitted data in the first six weeks of the winter sports season. The CIAC has analyzed its data to compare COVID-19 positivity rates among sports in the current season and data collected from the 2020-2021 winter sports season. In its analysis, the CIAC finds that:

- In the current CIAC winter sports season, the percentage of student-athletes who have tested positive in basketball (Boys-13.1%; Girls-15%) is similar to the rate of wrestlers (12.4%).
- In the current CIAC winter sports season, the percentage of student-athletes who have tested positive in ice hockey (8.8%) and indoor track (Boys-5.8%; Girls-7.7%) is similar to the rate of gymnastics (8.8) and boys swimming (9.8%).
- In the 2020-2021 winter sports season (10-week reporting period), 2.1% (307 out of 14,867 participants) of student-athletes tested positive for COVID-19.
 - 0.1% of cases were traced back to an interscholastic athletic sports practice as the source of spread.
 - 0.5% of cases were traced back to an interscholastic athletic competition as the source of spread.
- In the current CIAC winter sports season (6-week reporting period), 9.1% (2,724 out of 29,794 participants) of student-athletes tested positive for COVID-19.

- 0.7% of cases were traced back to an interscholastic athletic practice as the source of spread.
- 0.8% of cases were traced back to an interscholastic athletic competition as the source of spread.
- In the 2020-2021 winter sports season, 31% of CIAC interscholastic teams were fully or partially quarantined due to COVID-19.
- In the current CIAC winter sports season, 23%% of interscholastic teams have been fully or partially quarantined due to COVID-19.

Based on these results, the CIAC and CSMS Sports Medicine Committee have concluded that:

- It is appropriate for interscholastic athletes to compete without wearing masks, regardless of vaccination status. Even in times of high community spread, the controlled environment of interscholastic athletics significantly reduces the risk of transmission in organized practice and competition settings, provided mitigations strategies are applied to all activities around structured practices and competitions. This conclusion aligns with previous research that suggests “indoor youth sports can operate safely with appropriate protocols in place, even within communities of high COVID-19 transmission, even when athletes are not yet vaccinated or wearing masks during play” (Krug et al., 2021).
- Even during Connecticut’s highest positivity rate surge in the pandemic to date, CIAC interscholastic athletic practices and competitions provided safe, structured physical activity, with less than 1% of student-athlete COVID-19 cases stemming from these experiences.
- In track and field and ice hockey, where CIAC student-athletes wear masks, a lower percentage of athletes have tested positive for COVID-19 than their swimming peers, who are not wearing masks. Ice hockey and gymnastics rates are equivalent.
- Dancers are the lowest percentage of student-athletes testing positive for COVID-19.

Comparison of CIAC Winter Sports COVID-19 Data Between the 2020-2021 and 2021-2022 Seasons	Winter 2020-21 Jan 19-Mar 28 (10 Weeks)	Number of Students, Athletes, Teams, Practices and Games	Winter 2020-21 Percent Total	Winter 2021-22 Nov 29-Jan 21 (6 Weeks)	Number of Students, Athletes, Teams, Practices and Games	Winter 2021-22 Percent Total
Number of COVID-positive athletes.	307	14867	2.065%	2724	29794	9.143%
Number of COVID-positive cases that were contact traced back to a sports practice as the source of spread among student-athletes.	27	19300	0.140%	118	16164	0.730%
Number of COVID-positive cases that were contact traced back to a sports game as the source of spread among student-athletes.	30	6164	0.487%	45	5363	0.839%
Number of teams that were required to fully or partially quarantine due to COVID-19 exposure.	297	965	30.777%	315	1347	23.385%

CIAC 2021-2022 Winter Sports COVID-19 Positive Cases	Total Number of Student-Athletes In Each Sport	Total Number of Athletes Testing Positive for COVID-19	Percent of Athletes Testing Positive in Each Sport
Basketball - Boys	5246	689	13.134%
Basketball - Girls	3533	531	15.030%
Cheerleading	3100	237	7.645%
Dance	3100	44	1.419%
Gymnastics	454	40	8.811%
Ice Hockey - Boys	1492	132	8.847%
Indoor Track - Boys	4651	270	5.805%
Indoor Track - Girls	4123	317	7.689%
Swimming - Boys	1699	167	9.829%
Wrestling	2396	297	12.396%
Total:	29794	2724	9.143%

The Rationale for Endorsing the Return-to-Play Guidance Issued by the American Medical Society for Sports Medicine (AMSSM) and the National Federation of State High School Associations (NFHS)

In consideration of recent studies, the AMSSM and NFHS expert task force updated cardiac assessment and return-to-play guidelines for high school student-athletes with prior SARS-CoV-2 infection. Compared to AAP guidance, which is broad guidance encompassing all pediatric age groups, the AMSSM and NFHS expert task force explicitly focused on the student-athlete demographic who engage in interscholastic competition. As the AMSSM and NFHS task force guidance directly applies and appertains to the CIAC's student-athlete population, it is more appropriate that its recommendations be the standard for high school athletes. Therefore, the CIAC requests that DPH endorse the AMSSM and NFHS return-to-play guidelines for high school athletes who test positive for COVID-19.

The updated AMSSM and NFHS recommendations (January 2022) include:

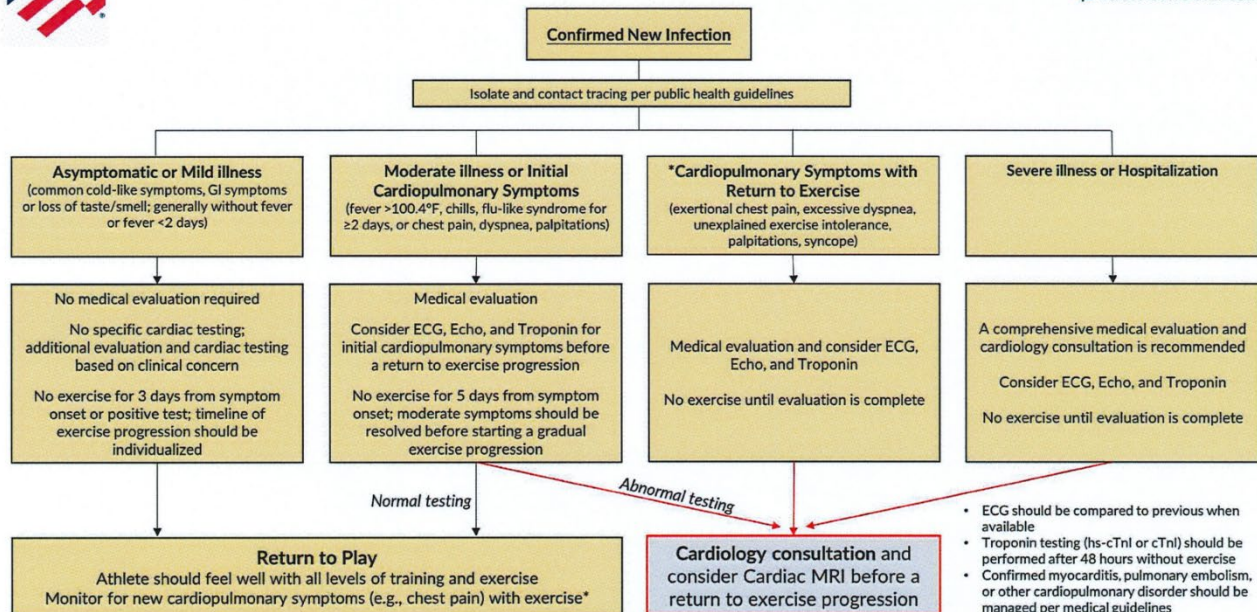
- **Asymptomatic and mild symptoms:** Athletes with asymptomatic infections or only mild symptoms (e.g., common cold-like symptoms generally without fever, gastrointestinal symptoms, or loss of taste/smell) do not require formal medical evaluation or cardiac testing. However, athletes with any specific concerns should check-in with a clinician (e.g., physician, nurse practitioner, physician assistant, or athletic trainer) to determine if further clinical evaluation is needed. Athletes should be 3 days from symptom onset or positive test before beginning an exercise progression (while complying with public health guidelines for isolation).
- **Moderate and cardiopulmonary symptoms:** Athletes with moderate symptoms (e.g., fever > 100.4°F, chills, flu-like syndrome for 2:2 days) or initial cardiopulmonary symptoms (e.g., chest pain, dyspnea, palpitations) should be evaluated by a clinician. Cardiac testing (e.g., ECG, TTE, troponin) is recommended for athletes with cardiopulmonary symptoms during the acute phase

of infection. Athletes with remote infections and moderate symptoms > 3 months ago who never received a work-up but have returned to full activity without symptoms do not need a medical evaluation or additional cardiac testing. Cardiology consultation and cardiac MRI should be considered for abnormal results and as clinically indicated. We recommend athletes are 5 days from symptom onset and that moderate symptoms are fully resolved before starting an exercise progression.

- **Severe symptoms:** Athletes with severe disease requiring hospitalization, including those diagnosed with multisystem inflammatory syndrome in children (MIS-C), should undergo formal evaluation with a cardiovascular specialist prior to starting an exercise progression.
- **Cardiopulmonary symptoms on return to exercise:** All athletes with SARS-CoV-2 infections should be closely monitored for new cardiopulmonary symptoms as they return to exercise. In general, athletes should feel well as they return to any level of training and exercise. Athletes with cardiopulmonary symptoms when they return to exercise (e.g., exertional chest pain, excessive dyspnea, syncope, palpitations, or unexplained exercise intolerance) should undergo additional cardiac testing (e.g., ECG, TTE, troponin) if not already performed and be evaluated by a cardiologist with consideration for a cardiac MRI or other investigations as indicated.
- **Return-to-sport exercise progression:** The return-to-sport progression and timeline should be individualized and is based on numerous factors including baseline fitness, severity and duration of COVID-19 symptoms, and tolerance to progressive levels of exertion. Most athletes will require a graded exercise progression. Athletes with systemic symptoms or illnesses of longer duration will require a more gradual exercise progression over at least a few days. Absent special indications, a prolonged return-to-sport timeline is not supported by evidence and further restriction from sports participation can contribute to detraining, increased injury risk, and mental health concerns.
- **Preparticipation Physical Evaluation (PPE):** Additional history questions during a routine PPE should consider if the athlete had a COVID-19 illness. If yes, consider clarifying: when, what symptoms, and if the athlete is experiencing any new symptoms with exercise, especially chest pain.



Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic



The following doctors are members of the AMSSM-NFHS expert task force:

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Thank you for considering the CIAC's request to continue to provide safe and meaningful interscholastic athletic experiences to its member school student-athletes.

Sincerely,

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