



**BOE/CO**  
**Friday Packet** *(Wed.)*  
**November 24, 2021**

Upcoming Meeting Dates

CIAC Winter 2021-2022 Sports Guidance



Upcoming Board of Education Meeting Dates **2021**

<b>November 30</b>	<b>7:00 PM</b> <b>7:30 PM</b>	Organizational Meeting Regular Meeting CO Board Room and Virtual 501 Kings Hwy East
<b>December 1</b>	<b>3:30 PM</b>	Finance Committee Meeting Superintendent Conference Room 501 Kings Hwy East
<b>December 7</b>	<b>5:00 PM</b>	Policy Committee Meeting Superintendent Conference Room 501 Kings Hwy East
<b>December 8</b> <i>WEDNESDAY</i>	<b>8:00 PM</b>	Special/Town Hall <a href="#">Fairfield Woods Middle School Auditorium</a> 1115 Fairfield Woods Road
<b>December 14</b>	<b>7:30 PM</b>	Regular Meeting CO Board Room and Virtual 501 Kings Hwy East



**The Connecticut Interscholastic Conference  
2021-2022 Winter Sports COVID-19 Guidance  
Effective for the CIAC Winter Sports Season  
(November 29, 2021)**

*This guidance is a fluid document and will be updated as more data, health metrics, and sport specific information become available.*

This document is aligned with the most recent guidance from the Connecticut State Department of Public Health (DPH) and was developed in consultation with CT DPH and members of the CSMS Sports Medicine Committee. In its consultation, the CSMS Sports Medicine Committee recognizes that the CIAC must consider education-based factors in addition to current medical science and align interscholastic sport guidance with CT DPH recommendations to maintain consistency for its member schools.

*The CIAC emphasizes that this plan is fluid and in a perpetual state of evaluation. COVID health metrics and data in Connecticut will continue to be closely monitored and the appropriateness of holding youth sport and/or interscholastic athletic contests can change at any time. The CIAC will continue to consult with our stakeholders and will adjust offerings as appropriate should the health metrics direct that action.*

The CIAC's rationale for these recommendations is based on its belief that maintaining a safe level of in-person instruction is the primary goal of our member schools and association. While prioritizing considerations that will sustain conditions for in-person learning, the CIAC strongly affirms that the value of structured physical activity is widely supported in research, especially in maintaining one's physical, cognitive, social, emotional, and mental health. As such, the CIAC will provide the best sports experiences possible to its member schools.

### **CIAC Winter Sports General Overview**

All winter CIAC sports are scheduled to start on time, play full regular seasons, and compete in CIAC state championship post-season play. Schools should make every effort to reschedule postponed games before the last date to count for CIAC tournament qualification. Multi-team events such as wrestling and indoor track meets should consider scheduling options that limit the number of idle student-athletes at events. CIAC sports committees will evaluate the percentage of games played throughout the regular season and adjust tournament qualifications if necessary.

### **COVID-19 and Flu Vaccination Joint Position Statement (CIAC, CT DPH, and CSMS Sports Medicine Committee)**

The Connecticut Department of Public Health (DPH), the Connecticut Interscholastic Athletic Conference (CIAC), the Connecticut State Medical Society (CSMS) Sports Medicine Committee, and many youth sports organizations in our state are joining together to encourage interscholastic athletic administrators and other youth athletic team administrators to help all their athletes stay on the field and in the classroom by helping them get vaccinated against COVID-19 and the flu, when eligible.

One strategy that is available right now for middle school and high school athletes that will help to ensure that they can have a healthy, safe, and uninterrupted winter sports season is getting vaccinated against COVID-19 and the flu. School athletic administrators and club sports organizers are also encouraged to work with DPH and/or their local health departments to host and sponsor mobile or other vaccine clinics to get middle and high school students and their eligible family members vaccinated.

***Vaccination of all eligible athletes, coaches, and officials is currently the most important mitigation strategy we have available for preventing COVID-19 and flu outbreaks on youth sports teams, and in the surrounding communities that support them.*** The more athletes, coaches, officials, and supporting family members who are vaccinated, the more likely interscholastic and other youth sports teams will be able to avoid repeated COVID-19 quarantines and testing of participants, to keep practicing and playing throughout the scheduled season, and to get back to a "new normal" for youth sports in our state. One major perk for getting COVID-19 vaccinated: individuals who are vaccinated do not need to quarantine if exposed to a COVID-19 case.

#### QUICK FACTS:

- Everyone aged 12 and older is now eligible for vaccination. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>
- The Pfizer vaccine is currently approved for youth aged 5 and older. It requires two shots, scheduled 3 weeks apart, which means athletes and coaches should get vaccinated now to be ready for the winter sport season.

- COVID-19 vaccines are safe, very effective, readily available, and free! Find the vaccine location nearest to you: [https://portal.ct.gov/vaccine-portal?language=en\\_US](https://portal.ct.gov/vaccine-portal?language=en_US)
- Remember: Fully COVID-19 vaccinated people do not have to quarantine or test after a known exposure to COVID-19, as long as they remain asymptomatic.

For more information on COVID-19 vaccination, including how to schedule a clinic for your participants, please visit: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Public-Health-Preparedness/2019-nCoV/Vaccination-Site--Plan---Checklist-Template-Final-Jan-27-2021.pdf>.

## **Masks**

In alignment with the CIAC's consultation with CT DPH and the CSMS Sports Medicine Committee, schools should continue to use the mask recommendations that have been in place for the Fall athletic season until their final scheduled in-person school day for the Fall semester (schools competing who have different final in-person days should defer to the later date for their competition). Once students are dismissed for the Winter holiday break, schools may begin to utilize (at their discretion) the revised masking rules for the winter sports season (see Table below).

These recommendations are based on the known benefits of vaccination and the allowances that such benefits can afford fully vaccinated student-athletes when engaged in high intensity performance. The decision to postpone implementation until after in-person learning ends for the Fall semester is based on newly implemented protocols that allow students who are close contacts of a COVID-19 case to continue with in-person learning under certain circumstances and conditions (i.e. "Screen and Stay") and the desire of CSDE, DPH, and CIAC to prevent further learning loss by ensuring a maximum number of students are able to remain in classrooms in our state through the remainder of this semester.

The CIAC collects COVID-19 data related to interscholastic athletics and, along with its sports medicine advisory committee (SMAC), closely monitors any indication that participation in such activities creates a significant transmission risk. To date, CIAC and national data support that interscholastic athletic competition is not a source of significant COVID-19 spread. Rather, it is the activities around sport competition that pose the greatest risk. Interscholastic athletic competition provides a controlled cohort of student-athletes where adherence to all mask requirements can be monitored and strictly enforced. Allowing fully vaccinated student-athletes to participate in high intensity competitive experiences without wearing a mask does not change the CIAC position that masks should be worn indoors at all times in non-competitive activities and throughout the instructional school day. The CIAC will continue to collaborate with the CSMS Sports Medicine Committee and the CT DPH on mask requirements as the winter season progresses and will change this guidance when appropriate. Specifically, CIAC will closely monitor the experience of schools with the implementation of more relaxed masking rules during interscholastic competitions taking place over the holiday recess and will determine prior to the start of the Winter academic session, in close collaboration with CSMS, CSDE and DPH, whether new masking protocols should continue or if reverting to previous protocols is warranted. As mentioned previously, CIAC will monitor all protocols for interscholastic athletics continuously and will make any changes when deemed necessary by CIAC and our partners.

**Table: Existing and New Guidance from CT DPH for Masking during Youth Athletic Activities**

Sport	Existing Fall Guidance	New Guidance by Vaccination Status <i>(not for use by CIAC schools prior to school holiday recess)</i>	
		Fully Vaccinated Participants	Partially vaccinated or Unvaccinated Participants
<b>Basketball</b>	Masks <b>required</b> in all settings indoors.	Masks <b>not required</b> in-game; masks required in all other settings (practice, sidelines, bench, locker rooms, etc.)	Masks <b>required</b> in-game and in all other settings (practice, sidelines, bench, locker rooms, etc.)
<b>Ice Hockey</b>	Masks <b>required</b> in all settings indoors.	Masks <b>not required</b> in-game; masks required in all other settings (practice, sidelines, bench, locker rooms, etc.)	Masks <b>required</b> in-game and in all other settings (practice, sidelines, bench, locker rooms, etc.)
<b>Indoor Track (Running)</b>	Masks <b>required</b> in all settings indoors.	Masks <b>not required</b> in-race; masks required in all other settings (practice, sidelines, bench, locker rooms, etc.)	Masks <b>required</b> in-race and in all other settings (practice, sidelines, bench, locker rooms, etc.)
<b>Indoor Track (Throwing/Jumping)</b>	Masks can be removed temporarily during active jumps/throws in competition settings; required at all other times indoors.	Masks can be removed temporarily during active jumps/throws in competition settings; required at all other times indoors.	Masks can be removed temporarily during active jumps/throws in competition settings; required at all other times indoors.
<b>Wrestling</b>	Masks should not be worn in-match or during practice while actively grappling; masks required in all other settings (non-grappling practice, sidelines, bench, locker rooms, etc.)	Masks should not be worn in-match or during practice while actively grappling; masks required in all other settings (non-grappling practice, sidelines, bench, locker rooms, etc.)	Masks should not be worn in-match or during practice while actively grappling; masks required in all other settings (non-grappling practice, sidelines, bench, locker rooms, etc.)
<b>Swimming/Diving</b>	Masks should not be worn in the water; masks required in all other settings (dry land practice, sidelines, bench, locker rooms, etc.)	Masks should not be worn in the water; masks required in all other settings (dry land practice, sidelines, bench, locker rooms, etc.)	Masks should not be worn in the water; masks required in all other settings (dry land practice, sidelines, bench, locker rooms, etc.)

		<b>New Guidance by Vaccination Status</b> <i>(not for use prior to school holiday recess)</i>	
<b>Sport</b>	<b>Existing Fall Guidance</b>	<b>Fully Vaccinated Participants</b>	<b>Partially vaccinated or Unvaccinated Participants</b>
<b>Cheerleading/ Dance</b>	Masks <b>required</b> during competitive routines and in all other settings (practice, sideline cheer, bench, locker rooms, etc.); masks may be removed temporarily during stunting/tumbling but must be immediately replaced	Masks <b>not required</b> during competitive routines and should not be used during stunting/tumbling; masks required in all other settings (practice, sideline cheer, bench, locker rooms, etc.)	Masks <b>required</b> during competitive routines and in all other settings (practice, sideline cheer, bench, locker rooms, etc.); masks may be removed temporarily during stunting/tumbling but must be immediately replaced
<b>Gymnastics</b>	Masks should not be used during competition or practice on apparatus or while tumbling; masks required in all other settings (practice, sideline cheer, bench, locker rooms, etc.)	Masks should not be used during competition or practice on apparatus or while tumbling; masks required in all other settings (practice, sideline cheer, bench, locker rooms, etc.)	Masks should not be used during competition or practice on apparatus or while tumbling; masks required in all other settings (practice, sideline cheer, bench, locker rooms, etc.)

- Mask are **required on buses** in accordance with the Federal Order (CDC) requiring mask use on public transportation, including school buses.
- **Officials** – Swim, indoor track, wrestling officials, cheer, and dance judges will wear masks regardless of vaccination status for CIAC interscholastic athletic competitions. Basketball and hockey officials who are fully vaccinated for COVID-19 will not be required to wear a mask while officiating. Partially vaccinated or unvaccinated basketball and hockey officials are required to wear a mask while officiating. Officials, regardless of vaccination status, must wear a mask at all times when not actively officiating (e.g., locker, pre-game warm-ups, halftime, player introductions, etc.)

The CIAC recommends that school districts inform parents/students requesting an exemption from the required mitigation strategies (such as mask-wearing) that such mitigation strategies are mandatory for all students participating in interscholastic sports. However, students who have, or assert that they have, a disability may be entitled to reasonable modifications under Section 504 of the Rehabilitation Act (Section 504) and/or Title II of the Americans with Disabilities Act (ADA). School districts should inform students/parents that if they wish to request such modifications under Section 504 and/or the ADA, they must follow a process whereby the school district would determine (1) whether the student has a disability entitling him/her to “reasonable modifications,” and (2) if so, what “reasonable modifications” would be appropriate. This process must be highly individualized and case-specific and may warrant consultation with legal counsel in connection with specific requests for disability-related modifications. School districts may already have a process in place to evaluate such requests in connection with their curricular program, which process can be considered for adaption for extracurricular programming, including athletics.

### Quarantine, Contacts, Isolation

Fully vaccinated students/staff who are a close contact with a known COVID-19 case do not have to quarantine from sports or other activities, provided they remain asymptomatic after close contact with a known COVID-19 case (Interim Recommendations for COVID-19 Prevention in Connecticut’s PreK-12 Schools, July 2021). However, it is recommended that these individuals wear a mask while around other individuals indoors until they receive a negative COVID-19 test (taken between days 5 and 7 from the date of contact) or for a full 14 days if they do not get tested.

Partially vaccinated or unvaccinated asymptomatic students/staff who are a close contact of a known COVID-19 case will quarantine for 10 days (i.e., return to activities on day 11) with a negative test on day 8 or later, or for a full 14 days (i.e., return to activities on day 15) without a test.

Students/staff who experience COVID-19 symptoms after close contact with a known COVID-19 case regardless of vaccination status will quarantine for 10 days (with a negative test on day 8 or later) or 14 days without a test.

Weekly testing for athletes who are not yet fully vaccinated is recommended (Interim Recommendations for COVID-19 Prevention in Connecticut's PreK-12 Schools, July 2021).

**Guidance on Return-to-Play after COVID-19 Infection** (The following recommendations are informed by the AAP COVID-19 Interim Guidelines: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/> )

#### **Returning to play after COVID positive test:**

COVID-19 can affect the heart and lungs of the person infected. One uncommon but serious complication of COVID-19 is a heart condition called myocarditis. Myocarditis is an inflammation of the heart muscle (myocardium). Myocarditis can affect the heart muscle and the heart's electrical system, reducing the heart's ability to pump and causing rapid, abnormal heart rhythms (arrhythmias) which can cause cardiac arrest. Exercise can increase the likelihood of permanent heart damage in myocarditis and increase the possibility of arrhythmias and sudden cardiac death. Student athletes who have tested positive for COVID-19 should follow the guideline noted below to decrease risk of developing complications from COVID-19 infection.

#### **What to do if a participant had COVID-19 or has it during the season?**

A COVID-19 positive child who is either **asymptomatic** or **mildly symptomatic** (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy) should not exercise until they are cleared by a licensed medical provider. The licensed medical provider will perform a history with emphasis on cardiopulmonary symptoms and complete physical examination. If this evaluation was completed and no contraindications to participation were identified, no further testing is warranted. The patient may then begin a gradual return to play after 10 days have passed from date of the positive test result and at least 24 hours without symptoms off-fever reducing medications. If the licensed medical provider identifies any new or concerning history or physical examination findings at this visit, appropriate further testing or consultation should be ordered and participation will not be allowed until that testing is completed and no contraindications to participation are identified. Written documentation of medical clearance for return to sport must be provided by the medical provider.

Children with **moderate** symptoms of COVID-19 (≥4 days of fever >100.4°F, myalgia, chills, or lethargy or were in a hospital not an intensive care unit), should not exercise until they are cleared by a licensed medical provider. In addition to a history and complete physical exam appropriate additional testing should be ordered as determined by examination. Consultation or referral to a cardiologist is recommended, and they may request further, more extensive, testing. If cardiac evaluation is normal, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and at least 10 days of symptom resolution has occurred off fever-reducing medicine. Written documentation of medical clearance for return to sport should be provided by the medical provider.

For patients with **severe** COVID-19 symptoms (ICU stay and/or on a ventilator) or **multisystem inflammatory syndrome in children (MIS-C)**, it is recommended they be restricted from exercise for a minimum of 3 months. The student athlete should be evaluated by a licensed medical provider for a history and complete physical examination. In addition, they should be referred to a cardiologist prior to resuming training or competition. In addition to the initial evaluation and work-up, student athletes should have a coordinated evaluation at the time of returning to play for final clearance. Written documentation of medical clearance for return to sport should be provided by the medical provider.

A graduated return-to-play protocol can begin once an athlete has been cleared by a licensed medical provider (cardiologist for **moderate** to **severe** COVID-19 symptoms) and feels well when performing normal activities of daily



living. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to student athletes who experienced **moderate** COVID-19 symptoms as outlined above. If the student athlete experiences any symptoms of chest pain, palpitations, syncope, shortness of breath or exercise intolerance, during this return to play protocol, they should stop exercise and inform their medical provider.

**The following progression was adapted from Elliott N, et al, infographic, *British Journal of Sports Medicine*, 2020:**

**Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less:** Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

**Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less:** Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

**Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less:** Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

**Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes:** Normal training activity - intensity no greater than 80% maximum heart rate.

**Stage 5: Day 7 - Return to full activity/participation (i.e., - Contests/competitions).**

#### **Spectator/Fan Attendance**

Decisions regarding regular season spectator/fan attendance should be made at the individual district and school level, in consultation with the local health department and in the context of any state or local mandates in place at any time. The CIAC supports the plans established by school districts that direct the presence of adults on campus at this time. Notwithstanding the above, permissible regular season spectator/fan attendance will be governed by local districts' current operating plan. The CIAC will determine spectator/ fan attendance protocol for its state championship tournaments.